Form **990**

Department of the Treasury Internal Revenue Sorrice

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

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

Open to Public Inspection

AI	For the	e 2008 ca	lendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 20	09
8 (Check d	Please	C Name of organization	D Employer ider	ntification number
•	tcb-cap	Use IAS		ļ	
		Part or	THE QUEENS BOROUGH PUBLIC LIBRARY	_	
	Chauti Mauri	lype	Doing Business As	11	-1904262
	الهدادون العدادون) See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		
]lemi	n. Specific	89-11 MERRICK BLVD.	71	8-990-0700
	Amen	ded lions	City or town, state or country, and ZIP + 4	G Gross recorpts \$	106,998,354.
	Apple	<u></u>	<u>JAMAICA, NY 11432-5242</u>	H(a) Is this a grou	<u> </u>
	Dend	F Nar	ne and address of principal officer:THOMAS W. GALANTE	for alfiliates?	Yes X No
				H(b) Are all affiliate:	s included? Wes Wo
			us: X 501(c) (3) ◀ (insert no.)	If "No," attac	ch a list. (see instructions)
			EENSLIBRARY.ORG	H(c) Group exem	
<u>K</u> 1	type of	organizatio	in: [X] Corporation	a) of lormation: 190	7 M State of legal domicile: NY
Pi	art I	Summ			
u	1	Briefly de	scribe the organization's mission or most significant activities: PROVIDES	LIBRARY SE	RVICES TO THE
& Governance	Į.	RESID	DENTS OF QUEENS COUNTY NY		· · · · · · · · · · · · · · · · · · ·
Ē	2	Check thi	is box 🕨 🛄 if the organization discontinued its operations or disposed of mo	ore than 25% of its as	ssets.
ð	3	Number o	of voting members of the governing body (Part VI, line 1a)		3 18
9	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4 18
		Total num	iber of employees (Part V. line 2a)		5 1841
3	6	Total num	iber of volunteers (estimate if necessary)		6 0
Activities	7a	Total gros	s unrelated business rovenue from Part VIII, line 12, column (C)		7a 27,082.
	b	Net unrela	nted business taxable income from Form 990-T, line 34	<u> </u>	7ь 0.
	1		<u> </u>	Prior Year	Current Year
ų	8	Contribut	ions and grants (Part VIII, line 1h)	98,008,76	<u>0. 101,569,129.</u>
Ę	9	Program :	service revenue (Part VIII, line 2g)	3,270,74	
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	2,597,10	
•	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	154,75	
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,031,36	5. 105,365,683.
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		
₩,	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5:10)	71,384,07	7. 82,476,190.
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		
å	Ь	Total tund	Braising expenses (Part IX, column (D), line 25)		
W	17	Other exp	enses (Part IX, column (A), lines 11a 11d, 11t-24f)	30,314,03	<u>2. 25,886,189.</u>
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	101,698,10	
	19	Revenue	less expenses. Subtract line 18 from line 12	2,333,25	<u>62,996,696.</u>
ō S				Beginning of Year	
Nel Assels or Fund Balances	20	Total asse	ets (Part X, line 16)	65,929,33	1. 134,852,541.
₹	21	Total liabil	lities (Part X, line 26)	27,455,95	2. 95,302,631.
		Net asset	s or lund balances. Subtract line 21 Irom line 20	38,473,37	9. 39,549,910.
Pa	ert II	Signa	ture Block		
		Under penal	Higs of perkry, I declare that I have examined this return, including accompanying schedules and statement to Declaration of preparer (other than offices) is based on all information of which propare has any knowled	s, and to the best of my kno	wledge and belief, it is true, correct,
			,		
Sìg	n.	.			
Her	ŧ	* *	alure of officer	Date	
			OMAS W. GALANTE, DIRECTOR or print name and little		
		Preparer's			reparer's identifying number og instructions)
Paid	i	signature		sell. Employed > []	ed miner Residential
	Biel's	Fem's name			
nze	Only	Self-employ	•9 ▶1225 FRANKLIN AVENUE SUITE 200		
		gr	GARDEN CITY, NY 11530	Phone no. >	· 516-240-3300
May	y the II	RS discus	s this leturn with the preparer shown above? (see instructions)		X Yes No

			GH PUBLIC LIBRA		11-1904262	Page 2
Pa	rt III Statement of Program					
1	Briefly describe the organization's m		HEDULE O FOR CO		CERTITARA	
	THE MISSION OF THE			IDE QUALITY		
			ING OPPORTUNITI		OOKS AND A ATIONAL.	
			EET THE INFORMA			
_			EDS AND INTERES		VERSE AND	
2	Did the organization undertake any	algraficant program sen	vices during the year which w	ere not listed on	r—	
	the prior Form 990 or 990-E2?				Yes	LX No
	Il "Yes", describe these new service				—	
3	Did the organization cease conducti		changes in how it conducts,	any program services?	\Yes	LXJ No
	Il "Yes", describe these changes on					
4	Describe the exempt purpose achie					
	Section 501(c)(3) and 501(c)(4) orga				ants and	
	allocations to others, the total exper	nses, and revenue, il en	ly, for each program service to	eported.		
		<u> </u>			<u> </u>	
4 a	*	- · ·	6 . including grants of \$	* *	enue \$)
	PROVIDES LIBRARY S	SERVICES TO	<u>THE RESIDENTS C</u>	F QUEENS COU	<u>nty. New yo</u>	RK.
			· · · · · · ·			
			.			
				<u>-</u>		
				 		
		<u></u>				
4b	(Code:) (Expense	es S	including grants of \$) (Rev	renue \$	1
			-			
		-				
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			•			
				····		
	-		· · · · · · · · · · · · · · · · · · ·			
				 		
						
						
			-		<u> </u>	
40	(Code:) (Expense	es S	including grants of \$)(Rev	enue \$)
_				,,		•
			•			
	-		 			
						
						
						
				<u> </u>		
						· · · · ·
4d	Other program services. (Describe in	n Schedule O.1				
-	(Expenses \$	including grants of \$) [Reve	anue S	1	
de	Total program service expenses			IX, Line 25, column (B).)		
					Form 9	90 (2008)

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		783	1 MD
•	If *Yes.* complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^-	X
_	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
3	sublication? Without assemble Cabustile C. Basti	_		х
	public office? If "Yes," complete Schedule C, Part I	3	X	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	•	
٥	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the section 6033(e) notice and	_		.,
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	-	X.
6	Oid the organization maintain any donor advised funds or any accounts where 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,	l		
	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; 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
• •	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12_	x	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
143	Did the organization maintain an office, employees, or agents outside of the U.S.?	142		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			 "-
0		14b	l ,	x
	and program service activities outside the U.S.7 If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity		_	-^-
15		ı		x
	tocated outside the United States? If "Yes," complete Schedule F, Part II	15	├─	┢┻╌
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			١.,
	located outside the United States? If 'Yes,' complete Schedule F, Part III	16	 	X.
17	Did the organization report more than \$15,000 on Part IX, column (A), fine 11e7 If *Yes,* complete Schedule G, Part I	17	┝	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18_	 -	<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	┡	X
21	Oid the organization report more than \$5,000 on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and II	21	┡	X.
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 57 // "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			i
	last day of the year, that was issued after December 31, 20027 If "Yes," answer questions 24b-24d and complete Schedule K.			
	II "No", go to question 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		П
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c	\	
-	Did the organization act as an *on behalf of issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3) and 601(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
-46	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_x _
L	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	-500	 	} ^- -
0		AFL.		X
20	prior year? If "Yes," complete Schedule L. Pert I Was a loan to or by a current or tormer officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	╌	╁┸
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part If	ا		x
~		26	\vdash	┿
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		l	
	contributor, or to a person related to such an individual? If *Yes,* complete Schedule L, Part III	27	-	<u>.</u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part tX, column (A), line 17 If "Yes," complete Schedule I, Parts I and If	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,			1
	column (A), line 2? If "Yes," complete Schedule I, Parts I and Ill	22		X
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 employees, and highest compensated employees? If "Yes," complete	1		
	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	l		
	Schedule K. II *No*, go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ĺ. <u> </u>
C	Oid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Oid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			ļ
	Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		Х
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?			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	ti *Yes, * complete Schedule R, Part V, line 2	35	ļ	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	団		
	It "Yes," complete Schedule R, Part V, line 2	36	х	
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
			രവ	

#ilelitel Levelue Code.)		 soon policies not required by the
ection A. Governing Body	and Management	

			Tu	T
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		Yes	No
	processes, or changes in Schedule O. See Instructions.	ł	ł	
18	Enter the number of voting members of the governing body	ĺ	1	1
b	Enter the number of voting members that are independent		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		l
	officer, director, trustee, or key emptoyee?	_2		L X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors or trustees, or key employees to a management company or other person?	3	<u></u>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	X
6	Does the organization have members or stockholders?	6	<u> </u>	_X_
78	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
₿	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	
ь		8b	X	
9a	Does the organization have local chapters, branches, or allitietes?	9a	- * -	X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	915		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	İ
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedula O	11		X
<u>Sec</u>	tion B. Policies			
			Yes	No
125	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Þ	Are officers, directors or trustees, and key employees required to disclose annuelly interests that could give rise			
	to conflicts?	126	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	'		1
	in Schedule O how this is done	12c	_X_	
13	Does the organization have a written whistleblawer policy?	13		X
14	Does 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:	'		
D	The organization's CEO, Executive Director, or top management official?	15a	<u>X</u>	
ь	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see Instructions)	l '		[
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?	16p	<u> </u>	<u>X</u> _
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			İ
	in joint venture arrangements under applicable lederal tax law, and taken steps to saleguard the organization's			
Sec	exempt status with respect to such arrangements?	18b	L	
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 990-7 (501(c)(3)s only) available	lor		
10	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd lin:	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: D	.	
	LAWRENCE VEDILAGO - 718-990-0864			
	89-11 MERRICK BLVD., JAMAICA, NY 11432-5242			
632006		Form	990	2008

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be fisted. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter & in columns (D), (E), and (F) it no compensation was paid.
- 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.

(A) Name and Title	(B) Average			(C Posi	tion			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	tached on begins or crector	DE STREET PRODUCTION OF STREET	k a11	21	Hybest components		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JACQUELINE E. ARRINGTON SECRETARY		х		х				0.	0.	0.
JUDY E. BERGTRAUM, ESQ.				<u> </u>		1	Г			
BOARD OF TRUSTEES MEMBER		x	<u> </u>	Ĺ				0.	0.	0.
LEONARD T. D'AMICO										
BOARD OF TRUSTEES MEMBER		X	<u> </u>	<u> </u>	_	╙	<u> </u>	0.	0.	0.
JOSEPH R. FICALORA		۱							_ •	_
VICE PRESIDENT		Х	⊢	X	┝	⊢	ļ	<u> </u>	0.	0.
PATRICIA FLYNN		x				ı		0.	,	•
BOARD OF TRUSTEES MEMBER WILLIAM JEFFERSON		┻	┢	H	Н	╂─	H	<u> </u>	0.	0.
BOARD OF TRUSTEES MEMBER		x						o.	О.	0.
TERRI C. MANGINO		┢┻	╁╌	 	Н	H	Н			
BOARD OF TRUSTEES MEMBER		x]	'	1]		l o.	o.	0.
MARY ANN MATTONE		<u> </u>	ऻ	Г	Г	T	Т			
PRESIDENT		x		x				0.	0.	0.
JOEL A. MIELE, SR., P.E.					Ι	П				
BOARD OF TRUSTEES MEMBER		X		L.	L		L	0.	0.	_0.
GEORGE L. STAMATIADES			1	1						
BOARD OF TRUSTEES MEMBER		X	<u> </u>	!	_	Ļ	Ļ	0.	0.	0.
BDWARD SADOWSKY, ESQ.		l		١.		ı				
BOARD OF TRUSTEES MEMBER		X	┡	⊢	_	├		0.	0.	0.
GRACE LAWRENCE		١		!	Į .	Į i		ا ۾ ا		_
BOARD OF TRUSTEES MEMBER		X	⊢	⊢	⊢	⊢	┝	0.	0.	<u> </u>
TREASURER		x		x	İ			j o.		0.
MATTHEW M. GORTON		┢	H	^		-	Н			
BOARD OF TRUSTEES MEMBER		x		1				O.	0.	0.
LILLIAN GAVIN		ſ	Г		Γ	Π	Г			
BOARD OF TRUSTEES MEMBER		x	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	$oxed{oxed}$		$oxed{oldsymbol{oldsymbol{oldsymbol{eta}}}$	L	0.	0.	0.
ernest f. Hart, esq.						1				
ASSISTANT TREASURER		X	 -	X	<u> </u> -	ऻ	<u> </u>	0.	0.	0.
GABRIEL TAUSSIG, ESQ.		,	1						{ o.	_
BOARD OF TRUSTEES MEMBER	<u> </u>	X		Ł		<u>!</u>	<u> </u>	0.		990 (2008)

832007 12-18-66

Yes No
Did the organization tist any former officer, director or trustee, key employee, or highest compensated employee on tine 1a? If "Yes," complete Schedule J for such individual

For any individual tisted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
JMK CONSTRUCTION GROUP LTD	 	
1123 BROADWAY, NEW YORK, NY 10010	CONSTRUCTION MGMT	3,971,023.
VTLS		
1701 KRAFT DRIVE, BLACKSBURG, VA 240606350	SOPTWARE DEVELOPMENT	1,349,306.
FJC SECURITY SERVICES, INC.		
275 JERICHO TURNPIKE, FLORAL PARK, NY 11001	SECURITY SERVICES	638,610.
INTEGRATED DESIGN GROUP		-
6 EAST 39TH STREET, NEW YORK, NY 10016	INTERIOR DESIGN	528,281.
RP COOLING CORP		
43 OAK STREET, HICKSVILLE, NY 11801	HVAC MAINTENANCE	437,940.
2 Total number of Independent contractors (including those in 1) who received my from the organization	ore than \$100,000 in compensation	
CPE CCUPDITE T-2 POR DARM WIT CHOMICAN	> 000mm	000

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

	1 0 b c d e i	Federated campaigns Mambership dues Fundraising events Related organizations Government grants (contributional difference or or or or or or or or or or or or or	1a 1b 1c 1d 1d 1d 1d 1e 10 s, and 1 6	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512, 513, or 514
Program Service Contributions, gifts, grants Revenue and other almiliar amounts.	9 h	Mambership dues Fundraising events Related organizations Government grants (contribution) All other contributions, gifts, grants similar amounts not included abov Moncash contributions included in hees Total, Add lines 1a-11 FINES AND FEES	1b 1c 1d 1d 1d 10 1s, and 11 6	39,195.				
	2 a	FINES AND FEES		Business Code				
	2 a	FINES AND FEES		Business Code				
Program Service Revenue					7 040 672	L		1
Program Ser Revenue	C d	 		1	3,040,072.	3.048.672.		·
Program :	d e				 -		·-·	
£4	9							
<u>ዩ</u>	e i				_			· · · · · · · · · · · · · · · · · · ·
	•	***						· -
_ [•	All other program service rever	nue	<u> </u>	3.048.672.	<u> </u>		
+		Total, Add lines 2a-21			3.040.072.			
;	3	Investment income (including or other similar amounts)	***********		971,640.			971,640.
- 1 4	4	Income from investment of tax	exempt bond p	roceeds 🕨			<u> </u>	
- /	5	Royaties	********			<u> </u>		
1			(i) Real	(ii) Personal				
	6 a	Gross Rents						
		Less: rental expenses					1	
-	c	Rental income or (loss)						
- 1	d	Net rental income or (loss)					i	
- (·	_	Gross amount from sales of	(i) Securities	(ii) Other			_	
		-	1270601.	.,	!	1		
-	h	Less: cost or other basis						
1	•		1632671.			1		
- 1	_		_363071				1	
					262 020	! !		-262 020
	đ	Net gain or (loss)		<u> </u>	-362.070.			<u>-362,070.</u>
Other Revenue	8 9	Gross income from fundraising Including \$	of					
\$		contributions reported on line	1c). See	1				
#		Part IV, line 18				İ	1	
ξĺ	b	Less: direct expenses						
익		Net income or (loss) from fundi						_
- -		Gross income from garding act	-					
	. •	Part IV, line 19]	ı		ļ	1
	ь	Less: direct expenses						
-		Net income or (loss) from gami		_		[[,	ı
- 1 40		Gross sales of inventory, less r	_					
-1"	~ #	and allowances						
	h	Less: cost of goods sold					ļ	
J		Net income or (loss) from sales						
-	_	Miscellaneous Revenue		Business Code				
	1.0	USED BOOK SALES			111,230.	111,230.		
"		GIFT SHOP SALES		453220	27,082.		27,082.	
-	-	GTES CUCK BUTES		777220	21,002.	 		
ı	ن در	All other revenue]		
		Total. Add fines 11a-11d			138,312.	 		
۱		Total Revenue, Addines 15, 20, 3, 4				3,159,902.	27 062	609,570.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 65, 86, 96, and 105 of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	-			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members	<u> </u>			
5	Compensation of current officers, directors, trustees, and key employees	1,139,365.		1,139,365.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	59,482,408.	53,790,825.	5,691,583.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4.394.861.		97,981.	
9	Other employee benefits	12.923,584.	11,921,802.	1.001.782.	
٥	Payrol taxes	4,535,972.		459,116.	
1	Fees for services (non-employees):	-,,			
7	Management	261,300.	83,425.	177,875.	
-	Accounting	65,330.	VJ,96J.	65.330.	
Ģ	Accounting	92,758.		92,758.	
	Professional fundiaising services. See Part IV, line 17	35,730,			
ŧ	Investment management lees	86.337.		86,337.	
<u>'</u>	Other	00,,,,,			
9	Advertising and promotion	261,118.	3,025.	258,093.	
3	Office expenses	3,822,909.	2,677,773.	1,145,136.	
4	Information technology	1,333,671.	978,394.	355,277.	
,	Royalties				
B	Occupancy	1,039,666.	1,039,666.	· · · · · · · · · · · · · · · · · · ·	
,	Travel	79,267.		17,510.	
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
Ð	Conferences, conventions, and meetings	327,088.	194.019.	133,069.	
0	Interest	3,804.		3,804.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2.146.344.	2,058,911.	87,433.	
3	insurance	437,982.		437.982.	
4	Other expenses. Hemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
8	BOOKS. LIBRARY MATERIAL	9.651,121.	9,651,121.		
b	CONTRACTUAL	3.929.131.	3.156.977.	772,154.	
¢	EQUIPMENT RENTAL AND MA	1,473,764.	1,330,021.	143.743.	
đ	PROGRAMS	431,627.	431,627.		
ę	BOUIPMENT (NON-TECH) AN	231,495.	156,300.	75.195.	
1	All other expenses	211.477.	33,297.	178.180.	
5		<u> 108,362,379.</u>	95,942,676.	12,419,703.	
8	Joint Costs, Check here - It following				
	SOP 98-2. Complete this line only if the organization		į	1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		<u></u>		Form 990 130

		Todation Oricot						
			(A) Beginning of year	- 1		(B) nd of		
	·		Dagitaling of year			110 01	year	
	1 1	Cash - non-interest-bearing	12,099,275.	-1- 		Δ1	<u> </u>	
	2	Savings and temporary cash investments		3		01		
	3	Pledges and grants receivable, net	7,579,350.	3	<u>_</u>	.92		
	4	Accounts receivable, net	136.531.	4		4	1.6	99.
	5	Receivables from current and former officers, directors, frustees, key		_ }				
		employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section	1	1				
	}	4958(I)(1)) and persons described in section 4958(c)(3)(B). Complete						
	•	Part II of Schedule L		-6				
農	7	Notes and loans receivable, net	5,426,088.	-7	5	<u>, 30</u>		
Assets	8	Inventories for safe or use	17,299.				<u>0,2</u>	
4	9	Prepaid expenses and deferred charges	356.228.	9		<u>56</u>	<u>5.1</u>	<u>52</u>
	10a	Land, buildings, and equipment: cost basis 10a 29.885.865.						
		Less: accumulated depreciation. Complete		ſ				
		Part VI of Schedule D	18,107,924.	10c	22	,62	<u>0,5</u>	04
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, line 11	16,775,529.	12	_ 15	,76	5.0	09
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	5,431,107.	15	4	.58	5.7	47
	16	Total assets, Add lines 1 through 15 (must equal line 34)	65,929,331.	16	134			
_	17	Accounts payable and accrued expenses	3,297,453.	17		,89		
	1 ''	Grants payable		18		, , ,	7 1 -	<u> </u>
	18	• •	2,529,894.	19	74	, 27	6 7	41
	19	Deferred revenue		20		, 4, ,	<u> </u>	34.
	20	Tax exempt bond liabilities		21				
9.	21	Escrow account liability. Complete Part IV of Schedule D		-21				
Lisbilities	22	Payables to current and former officers, directors, trustees, key employees,	1	ı				
3	1	highest compensated employees, and disqualified persons. Complete Part II						
_	l	ol Schedule L	4 150 000	22				
	23	Secured mortgages and notes payable to unrelated third parties	4,150,000.	23				
	24	Unsecured notes and toans payable	12 420 COF	24	4.0	4.3	2 8	20
	25	Other liabilities. Complete Part X of Schedule D	17,478,605.	25		<u>, 13</u>		
	26_	Total liabilities, Add lines 17 through 25	27.455.952.	26	95	.30	<u> </u>	31
		Organizations that follow SFAS 117, check here 🕨 💹 and complete	{					
20	١	lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets	32,247,421.	27		.24		
Ã	28	Temporarily restricted net assets	6,225,958.	26	10	<u>.30</u>	<u>8,5</u>	<u>90</u>
ᇴ	29	Permanently restricted net assets		29				
3	Į	Organizations that do not follow SFAS 117, check here 🕨 🔲 and	1					
Net Assets or Fund Balan	1	complete lines 30 through 34.						
2	30	Capital stock or trust principal, or current funds		30				
3	31	Paid-in or capital surplus, or land, building, or equipment fund	L	31	1			
ž	32	Retained earnings, endowment, accumulated income, or other funds		32				
ž	33	Total net assets or fund balances	38,473,379.	33	39	.54	9.9	10
	34	Total liabilities and net assets/fund balances	65.929.331.		134			
Pa		Financial Statements and Reporting						
٠٠٠			·	-			Yes	No
1	Acco	ounting method used to prepare the Form 990: 🔲 Cash 🛛 🛣 Accrual 🔲	Other		1			
2a		the organization's financial statements compiled or reviewed by an independent				28		x
- b		the organization's financial statements audited by an independent accountant?				2b	X	
c		es" to lines 2a or 2b, does the organization have a committee that assumes respo						
C		es to lines 28 of 20, does the digalitzation have a continuities in all assumes respo w, or compilation of its financial statements and selection of an independent acco				2c	_ x _	
		w, or compliation of its imancial statements and selection of an independent accordingly of a federal award, was the organization required to undergo an audit of ac				ΑΨ	_^_	
19			-			30	X.	1
5 .		and QMB Circular A-133? es,* did the organization undergo the required audit or audits?				3b	X	一
<u></u>	N IC	as' dun alle Rufferuresirii' renvesirio une redinago anen di diidas i """""""""""""""""""""""""""""""""""		******	****	_	000	<u></u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 50 t(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0042

Open to Public

Schedule A (Form 990 or 990-EZ) 2008

Internal Revenue Service Inspection Name of the organization Employer Identification number **OUEENS BOROUGH PUBLIC LIBRARY** 11-1904262 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)[A)(iii), (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name. 5 [___] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)[1](A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (lass section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. e Type III - Functionally integrated d Type Iti - Other b Type II a 📖 Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than toundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2005, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 1 1g(i) (ii) A family member of a person described in (i) above? 11g(li) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (vi) is the organization in cot. (i) organized in the U.S.? (iii) Type of (lv) is the organization (v) Did you notify the (i) Name of supported (II) EIN (vil) Amount of organization in col. (i) listed in your organization in col. SUDDOR organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see Instructions)) Yes Yes No

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

chedule A (Form 990 or 990 EZ) 2008 THE OUEENS BOROUGH PUBLIC LIBRARY 11-1904;
Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 11-1904262 Page 2 Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or liscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Giffs, grants, contributions, and membership lees received. (Do not include any "unusual grants.") <u> 76813731.|85347945.|87669321.|96178810.|100059755|446069562</u> 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to <u> 14917083.16162893.15956089.17181978.19998227.84216270.</u> the organization without charge 91730814.101510838103625410113360788120057982530285832 4 Total, Add thes 1 · 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. catumn (f) 530285832 6 Public Support, Subvoct time 5 from line Section B. Total Support Catendar year for tiscal year beginning in (e) 2008 (a) 2004 **(b) 2005** (c) 2006 (d) 2007 (f) Total |101510838|103625410|113360788|120<u>057</u>982|5302<u>858</u>32 91730814 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 922,431 2166457. 2803416. 2596656. 609.5709098<u>53</u>0. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly corried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 235.420 540245519 11 Total support. Add lines 7 through 10 15,550,529. 12 Gross receipts from related activities, etc. (see instructions) 13. First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.16 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 261 98.11 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and tine 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization _______________________________ 17s 10% -facts-and-circumstances test - 2008. 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 meets the "facts-end-circumstances" test. The organization qualifies as a publicly supported organization _______ 🗲 🛄 b 10% -lects-and-circumstances test - 2007. If the organization did not check a box on line 13, 16e, 16b, or 17e, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2009

art III Support Schedule for O	rganizations	Described in	Section 509(a	(2) (Complete only	il you checked the	Page box on line 9 of Pa
ection A. Public Support						
teridas year (or tiscal year beginning in)	[a] 2004	(b) 2005	(c) 2008	(d) 2007	(e) 2008	(f) Total
Gills, grants, contributions, and			I]
membership fees received. (Do not			:		1	
include any "unususi grants.")					<u> </u>	<u> </u>
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose				:		
Gross receipts from activities that						Ţ
are not an unrelated trade or bus-						1
iness under section 513						
Tax revenues levied for the organ-		<u> </u>				
gation's benefit and either paid to						
or expended on its behalf		,				
The value of services or facilities		 				
furnished by a governmental unit to						
the organization without charge]			1	ļ
Total, Add lines 1 5		 				<u> </u>
Amounts included on lines 1, 2, and					 	
3 received from disqualified persons		i I				
Amounts included on lines ? and 3 received	,			 -		
Rom other than disquelitied persons that exceed the greater of the of the lipial of times 9, 10c, 11, and 17 for the year or \$5,000						<u> </u>
Add lines 7s and 7b				_	. <u>.</u>	
Public support (Support); make ()		<u> </u>		<u> </u>	<u> </u>	
ction B. Total Support			· -	_		
endar year (or fiscal year beginning in)	(a) 2004	<u>fb) 2005</u>	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 6						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					<u> </u>	
Unrelated business taxable income						
(less section 511 taxes) from businesses		ļ		ĺ		
acquired after June 30, 1975						
Add lines 10a and 10b						
Net income from unveilated business activities not included in line 10b, whether or not the business is regularly carried on		<u> </u>		1		
Other income. Do not include gain or loss from the sale of capital	· · · · · · · · · · · · · · · · · ·					
Basels (Explain in Part IV.)	<u> </u>					1
First five years, if the Form 990 is for t	he organization'	a first, second, thir	d. lourth, or litth to	ax vear as a sectiv	on 501(c)f3) organ	ization.
check this box and stop here	-			*		
tion C. Computation of Public	Support Pe	rcentage	***************************************			111111111111111111111111111111111111111
Public support percentage for 2008 (6n			chimo (ff)		15	- -
		-			16	
Public support percentage from 2007 5						
	me <u>nt In</u> com	is Laireillens				
tion D. Computation of Invest				******	17	
Public support percentage from 2007 5 ction D. Computation of Invest investment income percentage for 200 Investment income percentage from 20	8 (line 10c, celu	mn (1) divided by lir	na 13. column (f))	******	17	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2008

line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ...

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public

QM8 No 1545-0047

Department at the Treasury Internal Revenue Service

632041 12-18-08

To be completed by arganizations described below.

If the organization enswered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Compalign Activities), then

Attach to Form 990 or Form 990-EZ.

Inspection

A Section 201/cl/3) Ordanisations: Co.	mpiele Parts FA and B. Do noi coi	mplate Part FC.		
 Section 501(c) (other than section 5 	501(c)(3)) organizations: Complete	Parts I-A and C below	w. Do not complete Part I-8.	•
 Section 527 organizations: Comple 	te Part I-A only.			
if the organization answered "Yes," t	• • •			•
 Section 501(c)(3) organizations that 			•	-
 Section 501(c)(3) organizations that 			(h)): Complete Part II·B. Do	not complete Part II-A.
If the organization answered "Yes," to	e Form 990, Part IV, line 5 (Prox)	Tax), then		
 Section 501(c)(4), (5), or (6) organization 	tions: Complete Part III.	·		
Name of organization			Emp	dayer identification number
THE OUI	RENS BOROUGH PUBL	<u>IC LIBRARY</u>		11-1904262
Part I-A To be completed by	y all organizations exem	ot under section	501(c) and section 5	27 organizations.
See the instructions for	Schedule C for details.		 	
1 Provide a description of the organ	ization's direct and indirect politics	al campaign activities	in Part IV.	
2 Political expenditures				Б <u></u>
3 Volunteer hours	***************************************		(+1aprox 1 1 1 1 1 1 1 1 1	
Part I-B To be completed t	y all organizations exemp	ot under section	501(c)(3).	
See the instructions for	Schedule C for details.			
1 Enter the amount of any excise tax				
2 Enter the amount of any excise ter	incurred by organization manage	rs under section 495	5	\$ <u></u>
3 If the organization incurred a secti				
4e Was a correction made?			-1	Yes No
to 11 *Vec * describe in Dart fV				
Part I-C To be completed t	y all organizations exemp	t under section	501(c), except section	on 501(c)(3).
See the instructions for	Schedule C for details.			
1 Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt fun	ction activities	5
2 Enter the amount of the filing orga		•		
exempt function activities				S
3 Total of direct and indirect exempt				
Form 1120-POL, line 17b			> :	5
4 Did the filing organization file Form				Yes No
5 State the names, addresses and e				
Enter the amount paid and indicat-	, ,		•	• •
promptly and directly delivered to				
If additional space is needed, prov				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
fot - zensa	fol-woresa	let en	filing organization's	contributions received and
			funds. If none, enter ·O	40 41
				delivered to a separate
		ľ		political organization. If none, enter 0.
		 	- -	" (NOTE, CINC) V.
	ſ	1		1
_ 		 	_	
	1	ł		1
-	 	 	-	<u> </u>
	ł ·	1		1
_ -	 	 		
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	1	<u></u>	<u></u>	<u></u>
HA For Privacy Act and Paperwor	k Reduction Act Notice, see the	Instructions for For	m 990. Schedule (C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 THE Part II-A To be completed by organ	OUEENS BOROUGH :	PUBLIC LIBRARY section 501(c)(3) that	7 11- filed Form 576	1904262 Page 2 88
(election under section 50	11(h)). See the instructions for t	Schedule C for details.		
A Check > if the filing organization below		··	 .	
	ked box A and *limited control*	provisions apply.		
Limits on Lot	obying Expenditures means amounts paid or incurr		(a) Filing organization's lotals	(b) Affikated group totals
ta Total tobbying expanditures to influence pu	blic opinion (grassroots lobbying))	·	
b Total tobbying expenditures to influence a li			·	<u> </u>
c Total lobbying expenditures (add lines 1a ar				
				<u> </u>
e Total exempt purpose expenditures (add lin				
f Lobbying nontaxable amount. Enter the am		both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable			<u> </u>
Not over \$500,000	20% of the amount on line			i
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the			ŀ
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	- 71		,
Over \$17,000,000	\$1,000,000.	7,7,7,000,000		
i Subtract fine 1f from line 1c. Enter D if line if there is an amount other than zero on eath reporting section 4911 tax for this year?		nization file Form 4720		Yes No
	4-Year Averaging Period United that made a section 501(h) eloc . See the instructions for lines	lion do not have to comp		
i, ot	bying Expenditures During 4-	Year Averaging Period		
Colendar year (or fiscal year beginning in) (a)	2005 (ъ) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount				
b Lobbying ceiling amount		1 1		1
(150% of line 2a, column(a))				
	į.]		1
c Total lobbying expenditures				.]
		1 1		1
d Grassroots non-taxable amount				
e Grassroots ceiling amount		[
(150% of line 2d, column (e))			<u> </u>	
f Grassports lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (form 990 or 990-EZ) 2008 THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904262 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details.

		(8)	(b)
		Yes	No	Amo	·
1	Ouring the year, did the tiling 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:				
	Volunteers?	_X			
þ	Paid stall or management (include compensation in expenses reported on lines 1c through 1i)?	X			
¢	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		X		·
*	Publications, or published or broadcast statements?		Χ_"		
- 1	Grants to other organizations for tobbying purposes?		X		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		77	.468
h	Raties, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Х		1.5	. 290
i	Other activities? If "Yes," describe in Part IV		X		
j	Total lines 1¢ through 1i			92	,758
20	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
ь	Il "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 Iding organization incurred a section 4912 tax, did it life Form 4720 for this year?				
Par	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5),	or secti	ion
	501(C)(6). See the instructions for Schedule C for details.				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>		
2					
3	Oid the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5),	or sect	ion
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	If Part III	i-A, quest	ion 3 is	
	answered "Yes." See Schedute C instructions for details.				
1	Ques, assessments and similar amounts from members				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) lax was paid).		- 1 1		
a	Current year		2a		
ъ	Carryover from tast year		26		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	It notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		""		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	and the second second second		[4 [
6	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
	IV Supplemental Information		·····		
	elete this part to provide the descriptions required for Part I-A, tine 1; Part I-B, line 4; Part I-C, line 5; an	d Part ILB	line 11 Also	complete	this nad
•	y additional information.		mio (6.7400)	- Conspictor	ma pan
	T II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
	1 11-D, DIMB A(1), OTHER BODDIING ACTIVITIES.				 -
5 A C	D A CONSULTANT FOR LOBBYING EXPENSES.				
·V1	D A CONSULTANT FOR BODDIING BAFENDES.	-			
					
					
_					

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yea," to Form 990, Part IV, line 5, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

imployer identification number

	THE QUEENS BOROUGH PUBLIC LI	IBRARY	11-1904262
Par		her Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the ass	els held in donor advi	ised funds
	are the organization's property, subject to the organization's exclusive legal con	itrol?	
	Did the organization inform all grantees, donors, and donor advisors in writing the		
	for charitable purposes and not for the benefit of the donor or donor advisor or		
Par	t II Conservation Easements. Complete if the organization answere	d "Yes" to Form 990.	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that a	pply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an hi	istorically important land area
	Protection of natural habitat	Preservation of certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation contribution	on in the form of a cor	nservation easement on the last day
	of the tax year.		
	•		Held at the End of the
a	Total number of conservation easements	**.*.**	23
b		*******	
_	Number of conservation easements on a certified historic structure included in		
	Number of conservation easements included in (c) acquired after 8/17/06		
	Number of conservation easements modified, transferred, released, extinguishe		
	year ▶	•	_
4	Number of states where property subject to conservation easement is located]	·	
	Does the organization have a written policy regarding the periodic monitoring, in		and
	enforcement of the conservation easuments it holds?		
	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easer		
	Amount of expenses incurred in monitoring, inspecting, and enforcing easemen		
	Does each conservation easement reported on line 2(d) above satisfy the requir		
	and section 170(h)(4)(B)(ii)?		
	In Part XIV, describe how the organization reports conservation easements in its		
	include, if applicable, the text of the footnote to the organization's financial state		
	conservation easements,		
Par	III Organizations Maintaining Collections of Art, Historics	Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8		
_		<u> </u>	
10	If the organization elected, as permitted under SFAS 116, not to report in its re-	enue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or resear		
	the footnote to its financial statements that describes these items.	Con an ionalicianica or pr	work agrams, broand, are dis vist ind
L	If the organization elected, as permitted under SFAS 116, to report in its revenu	e elalement and hala	nos shaet works of art. historical tras-
_	or other similar assets held for public exhibition, education, or research in further		
	·	signice of bodile service	ca, broads the londwid sulcoms las
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of an, historical treasures, or other sin		ei ĝani, brovide
2		r nums:	
2	the following amounts required to be reported under SFAS 116 relating to these		. •
2	Revenues included in Form 990, Part VIII, line 1		·
2	· · · · · · · · · · · · · · · · · · ·		▶ \$

	idule D (Form 990) 2008 THE OUE!	ENS BOROUG	H PUBLIC	LIBRARY	<u>, </u>	11-	190426	2 Pa	oe 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical	Treasures,	or Othe	r Similar A	sets (conf	inued)	
3		records, check an	y of the following	that are a signi	ficant use	of its collection	items (chec	:k eff	
	that apply):								
٥	Public exhibition		d Loan or e	xchange progr	ame				
b	Scholarly research								
c	Preservation for luture generations	·					·	-	-
4	Provide a description of the organization's co	llections and evola	in how they to othe	e the creenizet	ion's avan	ant auranea in	Dea YIU		
5	During the year, did the organization solicit or						Fall All.		
•	to be sold to raise funds rather than to be ma						П		
Par	t IV Trust, Escrow and Custodial	Arrango as pari or	Complete dese	collection?			Yes	┸	No
	reported an amount on Form 990, Part	X line 21	. Compete a mil	RINTERIOR SUSW	eled tes	to comi aan'	Part IV, tine	8 , C1	
	Is the organization an agent, trustee, custodia		dian, for analytical	ione or other o					—
10			•				— ъ.		
	on Form 990, Part X?				···· •······ ·		Yes	ш	No
Þ	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing table:				_		
							Amoun	<u>. </u>	
	Beginning balance					. 1c			
đ	Additions during the year								
¢	Distributions during the year				*******	1e			
- t	Ending balance	***-	***			11			
20	Did the organization include an amount on Fo	rm 990, Part X, line	217				Yes		No
	Il "Yes," explain the arrangement in Part XIV.								
	t V Endowment Funds. Complete it	organization answ	ered "Yes" to For	m 990, Part IV,	liле 10.				_
		(g) Current year	(b) Prior year			d) Three years b	ack (e) Four	vears b	ack
10	Beginning of year balance	1,000					1		
	Contributions						_		
	Investment earnings or losses			-					
-	Construction [1					_
-									_
_	Other expenditures for facilities			1					
	and programs	·		 					
	Administrative expenses			+		•	 		—
	End of year balance								
	Provide the estimated percentage of the year		38:						
9	Board designated or quasi-endowment		_%						
ъ	Permanent endowment >								
_	Term endowment >9	-							
За	Are there endowment funds not in the posses	sinagro ent to noits	ation that are hel	d and administ	ered for th	e organization			
	by:							Yes	No
	(i) unrelated organizations				*********		3a(i)		
	(II) related organizations	***************************************				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a(ii)	L	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				1		
4	Describe in Part XIV the intended uses of the	organization's end	owment funds.						_
Par				90, Part X, line	10.		-		_
	Description of investment	(a) Cost or o basis (investi	ther (b) C	ost or other is (other)		preciation	(d) Boot	ı value	
10	Land			<u> </u>	<u> </u>	,-			_
	Buildings		17 /	16.372.	1 1	10.919.	16.50	5.45	3
	Leasehold improvements		1 7 7	754.900.	 	50.025.		4.87	
				00,135.	5.1	17.848.		2,28	
	Equipment			14,458.		86,569.	4,00	<u>2,40</u> 7.88	
Tatat	Other	m GOR Part Y sak				- COC. DO	22,62		
	<u>, , , , , , , , , , , , , , , , , , , </u>	*** J3V, F6F A, COIL	****** 103, ### 1 VIII.	· s					

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 THE OUEENS [Part VIII Investments - Other Securities, Securi	BOROUGH PU	BLIC LIBRARY	11	-1904262	Page 3
	ie Form 990, Part X, li	ne 12.	·		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar		
Financial derivatives and other financial products					
Closely-held equity interests					
Other	·				
CERTIFICATE OF DEPOSIT	1,445,2	01. END-OF-Y	EAR MARKET	VALUE	
LONG TERM INVESTMENTS	14,319,8			VALUE	
				72.00	
	ì				
-					
				_	
			••		
Tatel. (Cot (b) should equal Form 990, Part X, col (B) hne 12.)					
Part VIII Investments - Program Related, s	ee Form 990, Part X,	line 13.			
(a) Description of investment type	(b) Book value		(c) Method of value		
	,-,	Cos	st or end-of-year mar	rkel value	
			<u> </u>		
	!				
	<u> </u>				
					_
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line			<u> </u>		
(a)	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book val	ψe
		· · · · · · · · · · · · · · · · · · ·			
······································		· • ·			
 		<u> </u>	···		
					
				<u> </u>	
					
Total, (Column fb) should equal Form 990, Pert X, col (B) is					
Part X Other Liabilities. See Form 990, Part X. (a) Description of liability	line 25.	(b) Amouni		·	
		(D) veriodini			
Federal Income taxes		10 100 100			
COMPENSATED ABSENCES PAYABLE		10,122,480.			
OTHER LIABILITIES		242,480.			
INTERFUND BORROWINGS		4,466,575.			
ACCRUED PAYROLL & RELATED		3,301,303.			
· · · · · · · · · · · · · · · · · · ·					
					
Total. (Column (b) should equal Form 990, Part X, col (B) is	na 26) 🛌 l	18,132,838.			

Part XI Reconciliation of Change in Net Assets from Form	DIC LIBRARY 11-190	4262 Page
The state of the s		366 600
		<u>.365,683</u>
2 Total expenses (Form 990, Part IX, column (A), line 25)		<u>.362,379</u>
A MARK CONTRACTOR OF THE CONTR		<u> 996,696</u>
		103.877
5 Donated services and use of facilities		
8 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		<u>.177.104</u>
		<u>.073.227</u>
D Excess of (deficit) for the year per linancial statements. Combine tines 3 ar	10 1	<u>.076.531</u>
Part XII Reconciliation of Revenue per Audited Financial S		
1 Total revenue, gains, and other support per audited financial statements	1 126	.210,950
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 4 444 444	
a Net unrealized gains on investments		
b Consted services and use of facilities	2a 19.998.227.	
c Recoveries of prior year grants	.2c	
d Other (Describe in Part XIV)	20 1.950.917.	
e Add lines 2a through 2d ,	2e 20	.845,267
		365,683
Amounts included on Form 990, Part VIII, tine 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	42	
b Other (Describe in Part XIV)		
		0
Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line		365,683
art XIII Reconciliation of Expenses per Audited Financial S	Statements With Expenses per Return	, , , , , , , , ,
Total expenses and losses per audited linancial statements		020,541
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	20 19.998.227.	
	20	
c Losses reported on Form 990, Part IX, line 25	2c	
	- 0 CEO 00C	
		658,162
Add lines 2a through 2d		362,379
Subtract line 2e from line 1	3 <u>108</u>	<u> </u>
Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	·	
b Other (Describe in Part XIV)	. <u>46 </u>	_
c Add lines 4e and 4h		0
5 Total expenses. Add lines 3 and 4c, (This should equal Form 990, Part I, lin	ne <u>18.) 5 11.08</u> ,	<u>.362,379</u>
Part XIV Supplemental Information		
omplete 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; Par	1 V, line 4; Parl
Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
ART XI. LINE 8 - OTHER ADJUSTMENTS:		
APITAL GRANTS: 5164107.		
THER ADJUSTMENT: 12997.		
	· · · · · · · · · · · · · · · · · · ·	· -
	Sehadula D	(Form 990) 200
	Control of the	** ~**** **** ***

SCHEDULE J (Form 990)

Compensation Information

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

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

Schedule J (Form 990) 2008

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 50 (c)(3) and 50 (c)(4) organizations must complete tines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these itams. First-class or charter travel				Yes	No
First-class or charter travel Mousing allowance or realizance to personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chautteur, chef)	First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Halth or social citib dues or initiation fees Discretionary spending account Personal services (e.g., maid, chautteur, cheft)	ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990.			
Travel for companions	Travel for companions Payments for business use of personal residence Health or social club dues or initiation test Payments for business use of personal sesidence Health or social club dues or initiation test Payments for personal services (e.g., maid, chaufteur, ched) b If he is is checked, did the organization follow a written policy regarding payment or relimbursament or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, irustees, and the CEO/Executive Cirector, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the componsation of the organization's CEO/Executive Director. Check all that apply.		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments	Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		First-class or charter travel			
Discretionary spending account Personal services (e.g., maid, chautteur, chef) If line tall is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantilation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Cirector, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 Ouring the year, did any person issted in Form 990, Part VII, Section A, line 1a: a Receive a severance payment from, a supplemental conqualitied retirement plan? b Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Onty 501(c)(3) and 501(c)(4) organizations must complete lines 6-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	Discretionary apending account Personal services (e.g., maid, chauteur, chef) b If her tails checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, inustees, and the CEO/Executive Director, reparding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the componsation of the organization's CEO/Executive Director. Check all that apply. Compensation committee X Written employment contract X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 4 Ouring the year, did any person fisted in Form 990, Part VII, Section A, line ta: a Raceive a severance payment form, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Por persons listed in Form 990, Part VII, Section A, hine ta, did the organization pay or accrue any compensation comingent on the revenues of: The organization? 5 Physics of the Section form 990, Part VII, Section A, kine ta, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 6 Pro persons listed in Form 990, Part VII, Section A, kine ta, did the organization pay or accrue any compensation contingent on the revenues of: 8 Pro persons listed in Form 990, Part VII, Section A, kine ta, did the organization pay or accrue any compensation contingent on the revenues of: 8 Pro persons listed in Form 990, Part VII, Section A, kine ta, did the organization pay or accrue any compensation contingent on the retermination. 8 Participate in Form 990, Part VII, Section A, kine ta, did the organization pay or accrue any compensation.		Travel for companions Payments for business use of personal residence			
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Beceive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 50 (c)(3) and 50 (c)(4) organizations must complete fines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only \$0.1(c)(3) and 50.1(c)(4) organizations must complete filnes 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? if "Yes," to time 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III.					
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Beceive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 50 (c)(3) and 50 (c)(4) organizations must complete fines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only \$0.1(c)(3) and 50.1(c)(4) organizations must complete filnes 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? if "Yes," to time 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III.	4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			1
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only 50 (c)(3) and 50 (c)(4) organizations must complete fines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	C Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of fines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete fines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? If "Yes," to fine 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? B Any related organization? If "Yes" to fine 6a or 6b, describe in Part III.	a		4a		X
C Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete tines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	C Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Onty 501(c)(3) and 501(c)(4) organizations must complete tines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to tine 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
Il "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	II "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only \$01(c)(3) and \$01(c)(4) organizations must complete fines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to time 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.			4c		X
Only 501(c)(3) and 501(c)(4) organizations must complete fines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	Only \$01(c)(3) and 501(c)(4) organizations must complete tines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to tine 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.)	
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? tt "Yes," to time 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? the organization? 6b X II "Yes" to time 6a or 6b, describe in Part III.					1
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? tt "Yes," to time 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? the organization? 6b X II "Yes" to time 6a or 6b, describe in Part III.		Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
	a The organization? b Any related organization? If "Yes," to fine 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to fine 6a or 6b, describe in Part III.	5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'	1	
	b Any related organization? If "Yes," to fine 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to fine 6a or 6b, describe in Part III.		contingent on the revenues of:			
	b Any related organization? If "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		The organization?	5a	<u> </u>	
- I a. I I 4	If "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the nel earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	b	-	.5b	<u> </u>	<u> </u>
II "Yes," to tine 5a or 5b, describe in Part III.	6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? II "Yes" to time 6a or 6b, describe in Part III.		If "Yes," to tine 5a or 5b, describe in Part III.]
6 For persons listed in Form 990, Part VII, Section A, line ta, did the organization pay or accrue any compensation	contingent on the nel earnings of: a The organization? b Any related organization? If "Yes" to tine 6a or 6b, describe in Part lift.	6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	•		
contingent on the net earnings of:	a The organization? b Any related organization? If "Yes" to tine 6a or 6b, describe in Part Iff.	_		[
a The organization?	b Any related organization? If "Yes" to line 6a or 6b, describe in Part Iff.	a	·	85	<u> </u>	
- 1 a. 1 1 3	II "Yes" to tine 6a or 6b, describe in Part III.			6ь		X
		7			1	
		7	For persons listed in Form 990, Part VII, Section A, tine 1a, did the organization provide any non-fixed payments			1
7 For Dersons listed in Form 980. Part VII. Section M. line 18, 00 introduction provide any normal payments in in	not described in lines 5 and 62 if "Yes," describe in Part III	•	not described in lines 5 and 67 if "Yes," describe in Part III	7	<u>L</u>	X
not described in lines 5 and 6? If "Yes," describe in Part III		Æ	Wate any amounts reported in Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the			
not described in lines 5 and 6? If "Yes," describe in Part III	100 000 000 11 11 11 11 11 11 11 11 11 1	•	initial contract exception described in Regs. section 53,4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
not described in lines 5 and 6? If "Yes," describe in Part III	100 000 000 11 11 11 11 11 11 11 11 11 1	8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		l	
not described in lines 5 and 6? If "Yes," describe in Part III	8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>

832 111 12-23-08

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if 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)(§-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	N-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	!	(i) Base compensation	(ii) Bonus & incentive compensation	(iil) Other compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	367,534.	0.	14,050.	33,679.	0.	415,263.	375,994.
THOMAS W. GALANTE	(ii)	0.	0.	0.		0.	0.	0.
	(i)	159.019.	0.	5.538.	14.572.	<u> </u>	179,129.	210.873.
CAROL L SHEFFER	(ii)	0.	0.	0.	0.		0.	0.
	(4)	204,921.	0.	5,538	18,778.	0.	229,237.	217,840.
MAUREEN O'CONNOR	(6)	0.	0.	<u></u> 0.	0.	0.	0.	0.
	m	156,970.	0.	3.898.	14.384.	0.	175,252.	164.239.
LISA EPPS	(1)	0.	<u> </u>	0.	0.	0.	0.	0.
	(i)	169,226.	<u> </u>	8,879.	15.507.		193,612.	166,708.
DARLENE ASKEW ROBINSON.	(6)	0.	0.	0.	0.	0.	0.	0.
	(i)	157,285.	0.	5,538.	14.413.	0	177,236.	181.951.
JAMES VAN BRAMER	(ii)	0,	0	0.	0.	0.	0.	0.
	(1)	154.319.	0.	11.574.	14,141.	0.	180.034.	171,856.
JAMES KELLER	(6)	0.	0.	0.	0.	<u></u>	0.	<u> </u>
	(i)	154.051.	0.	5.538.	14,116.	0.	173,705.	155,379.
ANGELICA HUYNH	<u>(ii)</u>	Q.	0.	0.	0.	0.		0.
	(1)	138,707.		10.114.	12,710.	0.	161.531.	153,352.
ANTHONY DREW	<u>(ii)</u>	<u> </u>	0.	0.	0.	<u> </u>	0.	<u>0.</u>
	(0)							
	Œ					<u>.</u>		;
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	(11)							
	(i)							
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SCHEDULE J-2 (Farm 990)

Continuation Sheet for Form 990

OMB No. 1545-00/7 Open to Public

Department of the Treasury Internal Revenue Sprinter

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization THE QUEE	NS BORO	UG	H	<u>PU</u>	BL	<u>IC</u>	L	IBRARY	Employer Ident 11-19(4262
Part I Continuation of Officers, D		<u> 1317</u>	lee			En	<u>npl</u>			
(A)	(B)	1			C)			(D)	(E)	(F)
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		1	=			1	l	(W-2/1099-MISC)		organization
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ANTHONY DREW	1	Τ	Г	Π	T		†		·	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
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 POINTS OF VIEW AND ADHERES	TO THE
PRINCIPLES OF INTELLECTUAL FREEDOM AS EXPRESSES IN THE LI	BRARY BILL OF
RIGHTS FORMULATED BY THE AMERICAN LIBRARY ASSOCIATION.	
	<u>.</u>
FORM 990, PART VI. SECTION A. LINE 10: THE RETURN IS REVI	EWED BY THE
LIBRARY'S CONTROLLER AND CHIEF FINANCIAL OFFICER PRIOR TO	REVIEW AND
APPROVAL BY THE CHIEF EXECUTIVE OFFICER.	
	
FORM 990, PART VI. SECTION B. LINE 12C: TRUSTEES AND EMPL	OYEES HAVE AN
OBLIGATION TO DISCLOSE CONFLICTS OF INTEREST ON AN ONGOIN	G BASIS AS PER
COMPANY POLICY. TRUSTEES ARE ASKED TO SIGN AND ACKNOWLED	GE THE RECEIPT OF
THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THE	LIBRARY'S
NON-UNION EMPLOYEES ARE REQUIRED TO SIGN A CONFIDENTIALIT	Y AGREEMENT WHICH
INCLUDES A CONFLICT OF INTEREST PROVISION.	·
	
FORM 990. PART VI. SECTION B. LINE 15: THE LIBRARY ROUTIN	ELY USES SALARY
SURVEYS AND MARKET SURVEYS GENERATED BY REPUTABLE COMPENS	ATION CONSULTANTS.
NATIONAL AND LOCAL SALARY SURVEYS USED TO DETERMINE POSIT	ION RANGES ARE
REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES.	
	·
FORM 990. PART VI. SECTION C. LINE 19: AVAILABLE UPON REC	uest.
	<u>.</u>

SCHEDULE R
(Form 990)
Department of the Tre

Related Organizations and Unrelated Partnerships

Attach to Form 990, To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

2008
Open to Public Inspection

Internal Revenue	Service	See separ	ate instructions.			Inspection
Name of the	organization	OUGH PUBLIC LIBRAR	·			Employer identification number 11-1904262
		OUGH FODDIC BIBIORY	<u> </u>	 -		
Pert I to	Sentification of Olsregarded Entitles					
	(A)	(B)	(C)	(O)	(E)	(F)
	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year asse	Direct controlling entity
				<u> </u>		
				<u></u>		
Part II Id	Sentification of Related Tax-Exempt Organiza	itions				
	(A) Name, address, and EIN of related organization	(8) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempl Code section	(E) Public charity status (if sectio 501(c)(3))	
11-300940		EDUCATIONAL AND CULTURAL				
11432		PROGRAMS	NEW YORK	501 (C)3	LINE 7	N/A
					<u> </u>	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(6) Primary activity	(C) Legal domicite (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Ciscreportion- ato affocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Farm 1065)	(J) General (menagin partner?	
		¢onnen)					Yes	No	K-1 (Farm 1065)	Yes	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Logal domicite (State or baregor country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(G) Shere of end-of-year assets	(H) Percentage ownership
		!					
		 				<u> </u>	
						<u> </u>	

Part V Transactions With Releted Organizations

Note. Complete fine 1 if any entity is listed in Parts II, III, or IV.			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 (iv) rent from a controlled entity		18		x
b Gift, grant, or capital contribution to other organization(s)		1b	X	
c Gift, grant, or capital contribution from other organization(s)		1¢		X
d Loans or loan guarantees to or for other organization(s)		10		X
e Loans or loan guarantees by other organization(s)	*********	10		X
f Sale of assets to other organization(s)	********	11		<u>x</u>
g Purchase of assets from other organization(s)		19	<u> </u> i	X
h Exchange of assets		1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	**********	11		X
} Lease of facifities, equipment, or other assets from other organization(s)		ij_		<u>X</u>
k Performance of services or membership or fundraising solicitations for other organization(s)	.,.	1k		<u>X</u>
Performance of services or membership or fundraising solicitations by other organization(s)		11	X	<u> </u>
m Sharing of facilities, equipment, mailing lists, or other assets	,-+4-+. · *******	1m	X	
n Sharing of paid employees		<u>In</u>	X	
o Reimbursement paid to other organization for expenses	******	10		<u>x</u>
p Reimbursement paid by other organization for expenses		tp	X	
q Other transfer of cash or property to other organization(s)		10	X	
r Other transfer of cash or property from other organization(s)	<u>.</u>	Ħ	<u> </u>	

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)_	(C) Amount involved
(1) THE QUEENS LIBRARY FOUNDATION	P P	99,005.
(2) THE OUEENS LIBRARY FOUNDATION		317,000.
(3) THE QUEENS LIBRARY FOUNDATION - DONATED SERVICES	В	639,744.
(4) THE QUEENS LIBRARY FOUNDATION	N	902,873.
(S) THE QUEENS LIBRARY FOUNDATION		<u>-58,441.</u>
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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)	(6)) }	(E)	(F) Disproper- tionate allecations?		(G)		(14)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all darkners bection 30 ticks organizations?	Share of end-of- n 90 1(3)3 year assets				Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Contra Date		
		country)	Yes	No		Yes	No	(Form 1065)	Yes	1	
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Department of the Treasury Internal Revenue Service (9)

Depreciation and Amortization

Business or activity to which this form relates

(Including Information on Listed Property)

See separate instructions.
 Attach to your tax return.

990 2008

Altechment Sequence No. 67

CMB No. 1545-0172

THE OUEENS BOROUGH PUBLIC LIBRARY FORM 990 PAGE 10 11-1904262 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250.000. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 3 800.000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar britishion for lax year, Subtract line 4 from tino 1. If zero or less, enter -0 - If married filing separately, see instructions (a) Description of property (b) Cost (business use cnty) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 **▶** 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 833.714 Other depreciation (including ACRS) Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2008 312.630. 17 18 If you are stocking to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery period (a) Classification of property tel Convention (a) Depreciation deduction only - see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L MM SΛ 27.5 yrs. Residential rental property h мм 27.5 yrs. S/I MM S/L 39 yrs. ì Nonresidential real property мм S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System Class life S/ι 20a S/L 12-year 12 yrs. S/L 40-year 40 yrs. мм Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 2,146,344. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 818251 11-08-08 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2008)

Form 4562 (2008)

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