Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

1(c), 527, or 4947(a)(1) or the internal Revenue Code (except private foundations)

lacktriangle Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
എെ 4 0
2018
Open to Public

AF	or tr	ie 201	8 calendar year, or tax year begin	ining 07/	' U⊥ , 2018, a	and ending			06/	730,2019
B c	heck if a	oplicable:	C Name of organization THE QUEENS BOROUGH PUE	BLIC LIBRARY			D	Employer ide	entifica	ation number
	Addre		Doing Business As					11-1904	262	
	7 '	change	Number and street (or P.O. box if mail is r	not delivered to street address	s) R	oom/suite	E	Telephone n	umber	
	Initia	return	89-11 MERRICK BOULEVAR	RD			(7	718) 99	0 - 0	700
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code	:					
	Amer		JAMAICA, NY 11432-5242	2			G	Gross receip	ts \$	141,358,694.
		cation	F Name and address of principal officer:	DENNIS WALCOT	ГТ		H(a) Is this a grou		n for Yes X No
	_ pend	ing	89-11 MERRICK BOULEVAR			242	H(b	subordinates Are all subord		
ı	Tax-ex	empt st) ◀ (insert no.)	4947(a)(1) or					(see instructions)
		_ '	WWW.QUEENSLIBRARY.ORG) (mocreno.)	1 4347 (4)(1) 01	021) Group exemp		
				Association Other	•	I Vear of fe				of legal domicile: NY
	art I		mmary	Association Other		L real of it	omation.	1007	State C	or regar dominone.
			y describe the organization's mission or		OTTERNS	T.TDDNDV	יוו ג סיד	CEODMC .	T. T 7 7 E	ZC DV
4	1		y describe the organization's mission or TIVATING PERSONAL AND IN							
Governance			ONG COMMUNITIES.	GROV	WIH AND E					
raa	_									
o Ve	2		k this box if the organization di	•	•					1 7
	3		per of voting members of the governing						3	<u> 17.</u>
Activities &	4		per of independent voting members of the						4	17.
ξ	5		number of individuals employed in cale		ne 2a)				5	1,965.
Ę			number of volunteers (estimate if necess	**					6	1,037.
⋖			unrelated business revenue from Part VI						7a	
	b	Net u	nrelated business taxable income from F	Form 990-T, line 34					7b	<u> </u>
								rior Year		Current Year
<u>e</u>	8	Contri	ibutions and grants (Part VIII, line 1h)		COPY FOR				3.	136,281,896.
enr	9	Progra	am service revenue (Part VIII, line 2g)						6.	1,236,976.
Revenue	10		tment income (Part VIII, column (A), line		PUBLIC INS	PECTION		772,73	_	552,406.
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		L		196,84		156,991.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	A), line 12)		132	,215,81	0.	138,228,269.
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)		L			0.	0.
	14	Benef	its paid to or for members (Part IX, colur	mn (A), line 4)					0.	0.
Ś	15		es, other compensation, employee bene				103	,414,60	7.	108,099,038.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)					0.	0.
e x	b	Total	fundraising expenses (Part IX, column (E	O), line 25) ▶	0.					
Ω̈́	17		expenses (Part IX, column (A), lines 11a				25	,464,32	9.	27,824,515.
	18		expenses. Add lines 13-17 (must equal				128	,878,93	6.	135,923,553.
	19		nue less expenses. Subtract line 18 from				3	,336,87	4.	2,304,716.
e s			·				Beginning	of Current Y	'ear	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				92	,270,05	2.	89,295,882.
Ass I Ba	21		liabilities (Part X, line 26)				32	,542,55	2.	27,605,444.
ĘĘ.	22		ssets or fund balances. Subtract line 21	from line 20				,727,50		61,690,438.
	rt II		gnature Block							<u> </u>
Und	der pe	nalties o	of perjury, I declare that I have examined thi	is return, including accompa	anying schedule	s and stateme	nts, and t	to the best of	my kı	nowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all infor	mátion of which	preparer has	any knowl	edge.		
Sig	n		Signature of officer					Date		
He			MICHAEL TRAGALE		CFO					
			Type or print name and title							
			Type preparer's name	Preparer's signature		Date		Chast	:, Р	TIN
Paic	i	PAU		dishamment of		3/2/2020		Check self-employe	"	P01384178
Pre	parer	<u> </u>	· DDO HGB TTD	A co. A.		1	I _			5381590
Use	Only		sname BDO USA, LLP	NEW VODE MY 10	1017 5001					-885-8000
N 4 -	. 415 - 1		s address > 100 PARK AVENUE		.\				Z	
			ccuss this return with the preparer showr	,	5) <u></u>					X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Form 990 (2018)

THE OUEENS BOROUGH PUBLIC LIBRARY 11-1904262 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: QUEENS LIBRARY TRANSFORMS LIVES BY CULTIVATING PERSONAL AND INTELLECTUAL GROWTH AND BY BUILDING STRONG COMMUNITIES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 120,173,136. including grants of \$ o.) (Revenue \$ 1,370,823. IN FY 19, QUEENS LIBRARY OFFERED FREE ACCESS TO A COLLECTION OF MORE THAN 5 MILLION BOOKS AND OTHER MATERIALS IN MULTIPLE LANGUAGES, WHICH CIRCULATED OVER 11.5 MILLION TIMES. THE LIBRARY HAD OVER 10.8 MILLION VISITS AT ITS 65 LOCATIONS ACROSS THE BOROUGH. MORE THAN THREE MILLION PEOPLE USED THE LIBRARY'S COMPUTERS OR ACCESSED THE WI-FI NETWORK. THE LIBRARY OFFERED OVER 89,000 EDUCATIONAL, CULTURAL, AND CIVIC PROGRAMS WITH AN ATTENDANCE OF MORE THAN 1.6 MILLION CUSTOMERS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:

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

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶ 120,173,136.

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Х	
_	election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> . Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	Λ	
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	Х	
h	complete Schedule D, Part VI	па	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		37	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)			
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
~	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
Ŭ	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? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	<u> </u>		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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, Part II, III,			
٠.	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
J.	related organization? If "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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			X
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form **990** (2018)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,965			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C L		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Х
	and services provided to the payor?	7a		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		3.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 17 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... 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? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL TRAGALE, 89-11 MERRICK BLVD, JAMAICA, NY 11432-5242 718-990-0700

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

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

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

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

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

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

	,							,		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than contract Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ö			ated				
(1)HAEDA MIHALTSES	10.00									
BOARD CHAIR, AS OF 1/19	2.00	X		Х				0.	0.	0.
(2)JUDY BERGTRAUM, ESQ.	10.00							0.	0.	
BOARD CHAIR THRU 1/19, TRUSTEE	2.00	Х		Х				0.	0.	0.
(3)MICHAEL RODRIGUEZ, ESQ.	5.00									
VICE CHAIR THRU 1/19, TRUSTEE	0.	Х		Х				0.	0.	0
(4)ELI SHAPIRO, ED.D LCSW.(SCH O)	5.00									
BOARD ASSISTANT TREASURER	0.	Х		Х				0.	0.	0
(5)ROBERT SANTOS, ESQ.	5.00									
BOARD VICE CHAIR (SEE SCH O)	2.00	Х		Х				0.	0.	0
(6)LYDON SLEEPER-O'CONNELL	5.00									
BOARD TREASURER(SEE SCH O)	2.00	Х		Х				0.	0.	0
(7)EARL G. SIMONS, ED.D.	5.00									
BOARD SECRETARY, AS OF 1/19	0.	Х		Х				0.	0.	0
(8)MARIA CONCOLINO	5.00									
TRUSTEE, THRU 12/18	0.	Х						0.	0.	0
(9)MATTHEW M. GORTON	5.00									
TRUSTEE	2.00	Х						0.	0.	0
(10)JULISSA GUTIERREZ	5.00									
TRUSTEE	0.	X						0.	0.	0
(11) JAMES HADDAD, ESQ.	5.00									
TRUSTEE	2.00	X						0.	0.	0
(12)ANDREW JACKSON	5.00									
TRUSTEE	0.	X						0.	0.	0
(13)CARL S. KOERNER, ESQ.	5.00							_	_	_
TRUSTEE	2.00	X						0.	0.	0
(14) JOHN OTTULICH	5.00									
TRUSTEE, THRU 11/18	0.	X						0.	0.	<u> </u>

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ıplo	yee	es, a	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per		not ch		tion more	than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)			d a di		b true Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
TRUSTEE	5.00	X						0.	0.	0.
16) EDWARD SADOWSKY, ESQ TRUSTEE	5.00	Х						0.	0.	0.
17) PAULINE HEALY TRUSTEE, AS OF 12/18	5.00	Х						0.	0.	0.
18) DEBORAH KING TRUSTEE, AS OF 3/19	5.00	Х						0.	0.	0.
19) THERESA THOMSON TRUSTEE, AS OF 4/19	5.00	Х						0.	0.	0.
20) DENNIS WALCOTT PRESIDENT & CEO	36.00			Х				289,978.	32,220.	3,157.
21) MICHAEL TRAGALE CFO & SVP	39.20			Х				210,736.	4,301.	43,430.
22) GITTE PENG COS & SVP	34.00			Х				168,507.	29,737.	41,807.
23) LEWIS FINKELMAN, ESQ. COO & SVP	40.00			Х				255,360.	0.	26,898.
24) NICK BURON CHIEF LIBRARIAN & SVP	40.00			Х				196,294.	0.	64,901.
GENERAL COUNSEL & SVP	40.00					Х		201,056.	0.	40,150.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	0. 1,882,124. 1,882,124.		0. 386,261. 386,261.
d Total (add lines 1b and 1c)	limited to t		liste				o re			300,201.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations groups										

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

_		
4	Х	
5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

Form **990** (2018)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plc	ye	es,	and F	lig	hest Compensat	ed Employees (d	Page continued)
(A) Name and title	(B) Average hours per	,		Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	1				bot rul Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
26) LAWRENCE VEDILAGO	40.00									
VP, RISK MANAGEMENT	0.					Х		187,718.	0.	62,035
27) WILLIAM GOLDBAND	40.00					37		177 000		20 040
VP, ITD	0.					Х		177,800.	0.	39,848
28) JACQUELINE MARTINEZ DIRECTOR OF HUMAN RESOURCES	40.00					Х		177,158.	0.	26,188
29) AMY MUGAVERO EXECUTIVE DIRECTOR, QLF	4.00 36.00	-				Х		17,517.	157,653.	37,847
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	. It	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of year. 										

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from to
						revenue		512-514
<u>1</u> ع	а	Federated campaigns	1a					
	b	Membership dues	1b					
<u>ا</u> ک	С	Fundraising events						
<u> </u>	d	Related organizations	<u>1d</u>	1,606,516.				
2	е	Government grants (contribu	tions) 1e	134,531,535.				
and Other Similar Amounts	f	All other contributions, gifts, and similar amounts not included	-	143,845.				
and		Noncash contributions included i Total. Add lines 1a-1f			136,281,896.			
3	h	Total. Add liftes 1a-11	<u> </u>	Business Code	130,201,890.			
,	a.	FINES AND FEES		900099	1,236,976.	1,236,976.		
1	.a b							
<u> </u>	c							
3	d							
2	е							
5	f	All other program service rev	enue					
:	g	Total. Add lines 2a-2f		▶	1,236,976.			
3		Investment income (inc	cluding dividen	ids, interest,				
		and other similar amounts).		▶	252,689.			252,6
4		Income from investment of		· ·	0.			
5	i	Royalties			0.			
			(i) Real	(ii) Personal				
6	a	Gross rents	23,144.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	23,144.					
١.	d	Net rental income or (loss)	(i) Securities	(ii) Other	23,144.			23,1
7	'a	Gross amount from sales of	()	(ii) Other				
		assets other than inventory	3,430,142.					
	b	Less: cost or other basis	3,130,425.					
		and sales expenses	299,717.					
	c d	Gain or (loss)			299,717.			299,7
١.		Net gain or (loss)			227,1211			
	a	Gross income from fundra events (not including \$	-					
3		of contributions reported on						
[]		See Part IV, line 18		0.				
[b	Less: direct expenses						
'		Net income or (loss) from fu			0.			
9	a	Gross income from gaming See Part IV, line 19		0.				
	b	Less: direct expenses						
		Net income or (loss) from g			0.			
10	а	Gross sales of inventor returns and allowances	•	0.				
	b	Less: cost of goods sold						
		Net income or (loss) from sal			0.			
		Miscellaneous Revenue	е	Business Code				
11	a	BOOKS/OTHER SALES		900099	95,767.	95,767.		
	b	OTHER REVENUE		900099	38,080.	38,080.		
	С							
	d	All other revenue						
- 1				▶	133,847.			

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	1,313,442.	246,786.	1,066,656.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.	62 642 552	E 450 500					
7	Other salaries and wages	71,122,495.	63,643,773.	7,478,722.					
8	Pension plan accruals and contributions (include	0 570 015	7 046 161	COC 754					
	section 401(k) and 403(b) employer contributions)	8,572,915.	7,946,161.	626,754.					
	Other employee benefits	21,568,290. 5,521,896.	5,085,574.	1,664,986. 436,322.					
	Payroll taxes	5,541,896.	5,085,5/4.	430,344.					
	Fees for services (non-employees):	0.							
	Management	11,479.		11,479.					
	Legal	110,500.		110,500.					
	Accounting	111,338.		111,338.					
	Lobbying	0.		111,330.					
	Professional fundraising services. See Part IV, line 17.	77,637.		77,637.					
	Investment management fees	777037.		7770371					
y	Other. (If line 11g amount exceeds 10% of line 25, column	3,354,001.	2,342,846.	1,011,155.					
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	134,964.	66,590.	68,374.					
	Office expenses	515,810.	471,631.	44,179.					
	Information technology	4,838,842.	4,206,462.	632,380.					
	Royalties	0.							
	Occupancy	5,691,282.	5,691,282.						
	Travel	104,412.	22,681.	81,731.					
	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	139,312.	30,262.	109,050.					
20	Interest	8,879.	1,929.	6,950.					
	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	2,088,613.	1,549,553.	539,060.					
23	Insurance	1,068,911.		1,068,911.					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	4 000 400	4 000 400						
	BOOKS & LIBRARY MATERIALS	4,828,400.	4,828,400.						
	BAD DEBT EXPENSES	3,250,246.	3,250,246.	420 600					
_	LIBRARY SUPPLIES & EQUIPMENT	1,268,813.	829,186.	439,627.					
_	ASSESSMENTS AND FEES	186,357. 34,719.	40,481.	145,876.					
	All other expenses	135,923,553.	15,989. 120,173,136.	18,730. 15,750,417.					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	133,323,333.	120,1/3,130.	15,750,417.					
_,	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)	0.							

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Part X Balance Sheet

	III						
		Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			39,844.	1	41,652.
	2	Savings and temporary cash investments		9,646,363.	2	14,886,384.	
	3	Pledges and grants receivable, net			32,408,011.	3	24,497,135.
	4	Accounts receivable, net	93,221.	4	70,108.		
	5	Loans and other receivables from current and t					
		trustees, key employees, and highest co	mper	nsated employees.			
		On an alata Death of Only alata I			0.	5	0.
	6	Loans and other receivables from other disqualified personal control of the contr					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	, and o	contributing employers			
		organizations (see instructions). Complete Part II of Schedule L			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
ASS	8	Inventories for sale or use			0.	8	0.
_	9	Prepaid expenses and deferred charges			116,338.	9	104,725.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	29,566,820.	38,205,790.	10c	37,405,615.
	11				11,964,386.	11	12,386,706.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.		
	14	Intangible assets	0.	14	0.		
	15	Other assets. See Part IV, line 11	-203,901.	15	-96,443.		
_	16	Total assets. Add lines 1 through 15 (must equal			92,270,052.	16	89,295,882.
	17	Accounts payable and accrued expenses	16,392,109.	17	14,276,042.		
	18	Grants payable	0.	18	0.		
	19	Deferred revenue			1,545,114.	19	2,288,816.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen-			•		
ia b		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate			8,000,000.	23	4,000,000.
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lines			C COE 220		7 040 506
		of Schedule D			6,605,329.	25	7,040,586.
_	26	Total liabilities. Add lines 17 through 25			32,542,552.	26	27,605,444.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checi 34.	there ► X and			
Fund Balances	27	Unrestricted net assets			59,480,226.	27	61,435,120.
Bal	28	Temporarily restricted net assets			247,274.	28	255,318.
b	29	Permanently restricted net assets		<u></u> [0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
ts (30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equ	ipmer			31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Net	33				59,727,500.	33	61,690,438.
_	34	Total liabilities and net assets/fund balances	 	<u></u>	92,270,052.	34	89,295,882.
_							Form 990 (2018)

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						gc • -
Part						$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	88,2	28,2	69.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	5,9	23,5	53.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3	04,7	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	9,7	27,5	00.
5	Net unrealized gains (losses) on investments	5			41,6	65.
6	Donated services and use of facilities	6		-3	83,4	43.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	6	1,6	90,4	:38.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in			
	Schedule O.	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:		-			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:		_			
	Separate basis X Consolidated basis Both consolidated and separate basis					
r	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversio	ıht			
·	of the audit, review, or compilation of its financial statements and selection of an independent ac	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year,					
	Schedule O.	σχριαίτι				
33	As a result of a federal award, was the organization required to undergo an audit or audits as se	at forth	in			
эa	the Single Audit Act and OMB Circular A-133?	וטונוו	""	3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao t	he			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

Form **990** (2018)

SCHEDULE A (Fo

Public Charity Status and Public Support

OMB No. 1545-0047

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	empt charitable trust.	2018 Open to Public Inspection		
Name of the organization	Name of the organization Employer identification			
THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904262				
Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.				

	Ш	Reason for Fublic Cha	<u> </u>	<u> </u>				•			
The	org	anization is not a private fou		•		-	•				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).				
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
		hospital's name, city, and state:									
5		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). (C		J		•	, 0				
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).				
7	X	An organization that norma	•				, , , , , , ,	om the general public			
•		described in section 170(b)	-	•	ippoit iii	om a go	vorminoritar arm or m	on the general public			
8		A community trust describe			Part II)						
9		An agricultural research org	•		,		Lin conjunction with a	land-grant college			
•		or university or a non-land-	=			-					
		university:	grant conege or ag	griculture (see instruct	.юпз). с	inter tine	name, dity, and state o	i the college of			
10		An organization that norma	lly receives: (1) m	oro than 221/29/ of its	cupport	from co	ntributions momborsh	oin food, and groce			
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt finent income and union after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	xception me (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its			
11	\vdash	An organization organized	•	•	-						
12		An organization organized a	•	-	-						
		of one or more publicly su									
		Check the box in lines 12a t	•	• •			•	· · · · ·			
а		Type I. A supporting orga	•				• , ,				
		the supported organization				ajority of	the directors or truste	es of the			
		$_$ supporting organization. \	You must complet	e Part IV, Sections A	and B.						
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having			
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported			
		_ organization(s). You must	complete Part IV	, Sections A and C.							
С		oxdot Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,			
	_	_ its supported organization	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.				
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)			
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness			
	_	requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.				
е		$oxedsymbol{oxdot}$ Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III			
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.				
f	En	ter the number of supported	l organizations								
g	Pro	ovide the following information	on about the suppo	orted organization(s).							
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										
. 54											

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

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	115,486,827.	122,344,433.	122,596,667.	129,970,403.	136,281,896.	626,680,226.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	25,257,869.	26,497,000.	27,002,208.	29,604,560.	31,621,890.	139,983,527.		
4	Total. Add lines 1 through 3	140,744,696.	148,841,433.	149,598,875.	159,574,963.	167,903,786.	766,663,753.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.		
6	Public support. Subtract line 5 from line 4						766,663,753.		
	tion B. Total Support	() 0044	(1) 0045	() 0040	(1) 0047	() 0040	(O.T.)		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	140,744,696.	148,841,433.	149,598,875.	159,574,963.	167,903,786.	766,663,753.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	215,509.	384,871.	257,006.	276,444.	275,833.	1,409,663.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	849,408.	182,390.	123,608.	162,449.	133,847.	1,451,702.		
11	Total support. Add lines 7 through 10						769,525,118.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	7,785,975.		
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>							
Sec	tion C. Computation of Public Sup		_				00.63		
14	Public support percentage for 2018 (li	. , ,	•			14	99.63 % 99.41 %		
15	Public support percentage from 2017					15			
16a	331/3% support test - 2018. If the org	=							
	box and stop here. The organization q								
b	331/3% support test - 2017. If the org								
47-	this box and stop here. The organization	•		_					
11a	10%-facts-and-circumstances test - 2								
b	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	supported organization Private foundation. If the organization								
	instructions						▶□		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, i	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
·	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	J	*	, ,			` ` ` ' _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 18	Investment income percentage from 2017 S						
18						18	
туа	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-	•		• • •	
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	o, cneck this b	ox and see instr	uctions -

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Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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/er	3a		
nd <i>he</i>			
	3b		
B)	3с		
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on ed	4b		
B)	4c		
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		I I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
4	Did the ergenization provide to each of its supported ergenizations, by the lost day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	_		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
· · · · · · · · · · · · · · · · · · ·	1d		
d Total (add lines 1a, 1b, and 1c)	Iu		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	3		
	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
Section C - Distributable Amount	8		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			'

Schedule A (Form 990 or 990-EZ) 2018

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2014							
b	Excess from 2015							
C	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1				
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL			
USED BOOKS & OTHER SALES	93,002.	88,306.	80,295.	66,795.	95,767.	424,165.			
INSURANCE PROCEEDS	558,231.	53,545.	27,270.	75,000.		714,046.			
MISCELLANEOUS REVENUE	198,175.	40,539.	16,043.	20,654.	38,080.	313,491.			
TOTALS	849,408.	182,390.	123,608.	162,449.	133,847.	1,451,702.			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904262 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$ \$\$ \$\$ \$\$ \$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

art II	Noncash Property	(see instructions).	. Use duplicate co	pies of Part II if :	additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization THE QUEENS BOROUGH PUBLIC LIBRARY **Employer identification number** 11-1904262 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

	. , , , ,	that have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	, ,		-
Tax)	(see separate instructions), ther	1	· any (occ coparate ii		, , (
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	QUEENS BOROUGH PUBI			11-1904	
Par	-	organization is exempt under			
1	•	organization's direct and indirect p	olitical campaign a	ctivities in Part IV. (see in	structions for
	definition of "political campa	,			
2		xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instruction			
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		expended by the filing organization			
2		ng organization's funds contributed			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbs. For each organization listed, entributions received that were promoted or a political action committee (I	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filinç cation's funds. Also ente plitical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

SCITE	dule C (Follii 990 ol 990-EZ) 2010	111H QU	DDIVD DOI	COOCH LODDIC H	IDICITICI		JUIZUZ Faye Z
Pa	rt II-A Complete if the org section 501(h)).	anizatio	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ► if the filing organiz	ation che	ecked box	A and "limited contro	ol" provisions app	ly.	
	Limits (The term "expendite		ying Expeneral)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	nfluence	public opin	ion (grass roots lobb	oying)		
b	Total lobbying expenditures to in	nfluence	a legislativ	e body (direct lobbyi	ng)		
С	Total lobbying expenditures (ad	d lines 1a	a and 1b) .				
d	Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ıres (add	l lines 1c ar	nd 1d)			
f	Lobbying nontaxable amount.	Enter the	e amount	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbyir	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000	\$175,000 p	lus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000	\$225,000 p	lus 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
	Grassroots nontaxable amount						
	Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If z						
j	If there is an amount other th				•		
	reporting section 4911 tax for the						Yes No
				aging Period Unde	` ,		
	(Some organizations that						nns below.
		See	the separa	te instructions for I	ines 2a through	2f.)	
		Lobb	ying Expe	nditures During 4-Yo	ear Averaging Pe	riod	I
	Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

	dule C (Form 990 or 990-EZ) 2018					Page 3
Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	cription of the lobbying activity.	Yes	No	Δ	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X				
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	X	Х		105	,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				,838
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			,030
i	Other activities?		21		111	,338
j	Total. Add lines 1c through 1i		х			7330
2a b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).	`	•			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			🗀	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			🖵	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro			,	3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b) Pa	rt III-A, Ii	ine 3, is	•
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts (of			
	political expenses for which the section 527(f) tax was paid).			2a		
a	Current year			2b		
b	Carryover from last year			2c		
C 2	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible le					
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Pa	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list); Part II-/	A, lines	1 and
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
D 3 F	TO DESCRIPT A CONDUCTOR ACCUSTOMENT OF THE CONTROL					
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:					
тцт	LIBRARY UTILIZES STAFF, VOLUNTEERS, AND OUTSIDE CONSULTANTS TO					
1111	TIDEART STITIZES STAFF, VOLUNTEERS, AND OUTSIDE CONSULTANTS TO					
ENC	OURAGE ELECTED OFFICIALS TO SUPPORT THE LIBRARY'S BUDGET GOALS.					

Schedule C (Form 990 or 990-EZ) 2018

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	e of the organization	Employer identification number
THE	QUEENS BOROUGH PUBLIC LIBRARY	11-1904262
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
	-	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	rt I Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		26
		20
C		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	9	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ed by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	∐ Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	xpense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	venue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenues of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the footnote to its financial statements.	tion, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reveworks of art, historical treasures, or other similar assets held for public exhibition, educa	
	public service, provide the following amounts relating to these items:	tion, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or other similar ass	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	solo ioi iiilaliolal galli, piovide tile
9	Revenue included on Form 990, Part VIII, line 1	b ¢
a b	Assets included in Form 990, Part X	
~		- Ψ

	rt Organizations Maintaini	ng Collections of	Art Historical Tre	asuras or	Other Similar	Assats (co	ntinued	Page Z	
3	Using the organization's acquisition								
5	collection items (check all that app		otrici records, crico	carry or the	Tollowing that	are a signii	icani usc	01 113	
а	Public exhibition	·y/·	d Loan	or exchange	nrograms				
b									
C	Preservation for future gene	rations	C Other						
4	Provide a description of the organ		and explain how	they further	the organization	n's exemnt i	nurnose	in Part	
•	XIII.	nzation o concetione	and explain new	iney rantiner	ino organization	TO OXOTHER	puipooc	iii i ait	
5	During the year, did the organization	on solicit or receive o	lonations of art hist	orical treasur	es or other sim	ilar			
	assets to be sold to raise funds rath						Yes	No	
Pa	rt IV Escrow and Custodial A		anou do part or the	organization.] . 00		
	Complete if the organiza		s" on Form 990. F	Part IV. line	9. or reported	an amount	on Forn	n	
	990, Part X, line 21.		, ,	,	-, -: · · - p - · · · · ·			-	
1a	Is the organization an agent, truste	ee. custodian or othe	er intermediary for o	ontributions	or other assets n	ot			
	included on Form 990, Part X?						Yes	No	
b	If "Yes," explain the arrangement i] [
-			rioto tilo ronottilig tal			Amount			
С	Beginning balance			1c		7			
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am				stodial account li	iability?	Yes	No	
	If "Yes," explain the arrangement i						-	_	
	rt V Endowment Funds.								
	Complete if the organiza	ation answered "Ye	s" on Form 990, F	Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years		years back	(e) Four yea	ars back	
1 2	Beginning of year balance	12,489,018.	11,448,057.	10,607,	643. 9,12	23,923.	8,80	5,924.	
	Contributions	13,000.	83,227.			36,052.		7,941.	
	Net investment earnings, gains,		·						
C	and losses	404,216.	1,069,183.	916,	401. 1,13	38,484.	7	0,830.	
A	Grants or scholarships		· · · · · · · · · · · · · · · · · · ·						
	Other expenditures for facilities								
-	and programs								
f	-	755,012.	111,449.	75,	987. 16	53,113.	11	0,727.	
	Administrative expenses End of year balance	12,151,222.	12,489,018.	11,448,		35,346.		3,968.	
g 2	Provide the estimated percentage		and halance (line 1g	column (a)) l	l .				
a	Board designated or quasi-endown		%	coluitiii (a)) i	ileiu as.				
	Permanent endowment ► 72.7								
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a		100%.						
3a	Are there endowment funds not in	·		are held and	l administered fo	r the			
	organization by:	,	J				Ye	s No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii) X		
b	If "Yes" on line 3a(ii), are the relate						3b X		
4	Describe in Part XIII the intended u	•	•			'			
Pa	rt VI Land, Buildings, and Equ	uipment.							
	Complete if the organize								
	Description of property	(a) Cost or (invest		or other basis ther)	(c) Accumulated depreciation	(d)	Book value		
1a	Land	,							
b	Buildings		43,0	91,720.	9,440,198		33,651	,522.	
С	Leasehold improvements		1,8	374,670.	1,655,548		219	,122.	
d	Equipment			05,011.	14,229,190		875	,821.	
_е	Other		6,9	01,034.	4,241,884		2,659	,150.	
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10d	c.)	-	37,405	,615.	

Schedule D (Form 990) 2018 Page 3

Part VII	Investments - Other Securities.	l "Ves" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.	<u>5</u>
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)	(b) Book value	Cost or end-of-year market value	
	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
rait VIII	Complete if the organization answered		, Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
			Cost of enu-or-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
		l "Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 15.	
	(a) De	scription	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	>	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book valu	ie	
	ral income taxes	6 550	5.60	
	ENSATION ABSENCES PAYABLE	6,558,		
	ERS' COMP - SELF-INSURED LOSSES	482,	U24.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (h) must squal Form 000 Part V L (D) III - 05 l	7 040 1	586	
i otal. (Colun	mn (b) must equal Form 990, Part X, col. (B) line 25.)	7,040,5	500.	

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

PAGE 33

Schedule D (Form 990) 2018 Page 4

	e D (Form 990) 2018		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
	Donated services and use of facilities		
a	Behated services and use of lasinities 111111111111111111111111111111111111	1	
b	Thor year adjustments	1	
С.	Carlot respective to the carlot respective to	1	
d		20	
е	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4.	
_	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and	art \/ li	no 1: Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		
	PAGE 3		

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Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

REFLECT THE FOLLOWING CHANGES:

PART V, LINE 1A, COLUMN (C) TWO YEARS BACK:

THE TWO YEARS BACK'S BEGINNING BALANCE OF ENDOWMENT FUNDS IS RESTATED TO

ADJUST THE NET PRESENT VALUE DISCOUNT ON PLEDGE RECEIVABLES: \$419,718.

RE-ALLOCATE NET ASSETS FOR RECLASSIFICATION OF RESTRICTIONS: (\$147,421).

TOTAL RESTATEMENT \$272,297

PART V, LINE 4:

THE LIBRARY'S ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY THE QUEENS LIBRARY FOUNDATION, INC., A RELATED 501(C)(3)ORGANIZATION, TO BE USED FOR SUPPORT OF SPECIFIC PROGRAMS AND OPERATING PURPOSES.

PART X, LINE 2:

THE ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED. THE LIBRARY DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE LIBRARY HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE LIBRARY HAS FILED THE INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. THE LIBRARY IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2019, THE LIBRARY WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
L	If any of the haves an line to are checked did the arranization follows a written nation recording narrant			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			Х
9	in Part III	8		Λ
J	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904262

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DENNIS WALCOTT	(i)	289,978.	0.	0.	0.	2,841.	292,819.	0.
1 PRESIDENT & CEO	(ii)	32,220.	0.	0.	0.	316.	32,536.	
MICHAEL TRAGALE	(i)	210,736.	0.	0.	19,387.	23,174.	253,297.	
2 ^{CFO & SVP}	(ii)	4,301.	0.	0.	396.	473.	5,170.	0.
GITTE PENG	(i)	168,507.	0.	0.	15,502.	20,034.	204,043.	0.
3 ^{COS & SVP}	(ii)	29,737.	0.	0.	2,736.	3,535.	36,008.	0.
LEWIS FINKELMAN, ESQ.	(i)	255,360.	0.	0.	23,493.	3,405.	282,258.	0.
4 ^{COO & SVP}	(ii)	0.	0.	0.	0.	0.	0.	0.
NICK BURON	(i)	196,294.	0.	0.	42,203.	22,698.	261,195.	0.
5 ^{CHIEF} LIBRARIAN & SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
SUNG KIM	(i)	201,056.	0.	0.	18,497.	21,653.	241,206.	0.
6 GENERAL COUNSEL & SVP	(ii)	0.	0.	0.	0.	0.	0.	0.
LAWRENCE VEDILAGO	(i)	187,718.	0.	0.	40,359.	21,676.	249,753.	0.
7 VP, RISK MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM GOLDBAND	(i)	177,800.	0.	0.	16,358.	23,490.	217,648.	0.
8 ^{VP, ITD}	(ii)	0.	0.	0.	0.	0.	0.	0.
JACQUELINE MARTINEZ	(i)	177,158.	0.	0.	16,299.	9,889.	203,346.	0.
gDIRECTOR OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
AMY MUGAVERO	(i)	17,517.	0.	0.	1,612.	2,173.	21,302.	0.
_10 ^{EXECUTIVE} DIRECTOR, QLF	(ii)	157,653.	0.	0.	14,504.	19,558.	191,715.	0.
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904262

Schedule J (Form 990) 2018

Part | Supplemental Information

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

Schedule J (Form 990) 2018

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

11-1904262

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection | Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B:

THE QUEENS BOROUGH PUBLIC LIBRARY

FORM 990 WAS PREPARED BY A NATIONAL RENOWNED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. A DRAFT FORM 990

WAS PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND THEN PROVIDED TO ALL

MEMBERS OF THE BOARD OF TRUSTEES VIA ELECTRONIC MAIL, WITH THE

OPPORTUNITY FOR THEM TO COMMENT OR MAKE INQUIRY BEFORE IT WAS FILED WITH

THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COMPLETED BY OFFICERS, BOARD OF

DIRECTORS AND KEY EMPLOYEES, UPON APPOINTMENT AND ANNUALLY THEREAFTER AND

THE POLICY REQUIRES DISCLOSURE FOR ANY ARISING CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

BOTH AN INDEPENDENT COMPENSATION STUDY BY A THIRD PARTY AND AN INTERNAL COMPENSATION ANALYSIS ARE USED AS THE BASIS TO BENCHMARK THE PRESIDENT & CHIEF EXECUTIVE OFFICER'S COMPENSATION. THESE REPORTS INCLUDE CURRENT MARKET COMPARABILITY DATA, SURVEYS AND IRS FORM 990 FILINGS OF ORGANIZATIONS OF SIMILAR SIZES. PURSUANT TO THE BY-LAWS, THE LABOR RELATIONS COMMITTEE ANNUALLY REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD OF TRUSTEES REGARDING THE COMPENSATION ARRANGEMENTS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND OTHER KEY EXECUTIVE EMPLOYEES IN ACCORDANCE WITH THE POLICIES AND PROCEDURES SET FORTH IN ARTICLE V, SECTION 4, OF THESE BY-LAWS. THE BOARD OF TRUSTEES APPROVES THE PRESIDENT

& CEO'S COMPENSATION PACKAGE PURSUANT TO THE LIBRARY'S BY-LAWS. THE DECISIONS OF THE BOARD ARE DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15B:

THE SALARIES OF OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON A

COMPENSATION PROGRAM USING SALARY GRADES DESIGNED BY AN INDEPENDENT

CONSULTANT. THE SALARY RANGES ARE REVIEWED REGULARLY AND UPDATED AS

NEEDED BY THE CONSULTANT TO ENSURE MARKET COMPETITIVE SALARIES FOR ALL

NON-UNION EMPLOYEES. THESE RANGES ARE APPROVED BY THE BOARD OF TRUSTEES.

THE DECISIONS OF THE BOARD ARE DOCUMENTED IN THE MINUTES.

THE LIBRARY'S FORM 990 IS AVAILABLE ON ITS WEBSITE, AS WELL AS
GUIDESTAR'S WEBSITE. THE FINANCIAL STATEMENTS AND BY-LAWS ARE ALSO
AVAILABLE ON THE LIBRARY'S WEBSITE AS WELL AS AVAILABLE UPON REQUEST. THE
CONFLICTS OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PART VII, SECTION A, AND SCHEDULE J, PART II

ALL INDIVIDUALS LISTED ARE COMPENSATED EXCLUSIVELY BY THE REPORTING

ORGANIZATION. EACH INDIVIDUAL DEDICATED A CERTAIN PERCENTAGE OF TIME TO

THE REPORTING ORGANIZATION. THE REMAINDER OF EACH EMPLOYEE'S TIME IS

CHARGED TO THE QUEENS LIBRARY FOUNDATION, INC., A RELATED 501(C)(3)

ORGANIZATION.

ELI SHAPIRO, ED. D LCSW. SERVED AS THE BOARD SECRETARY THROUGH JANUARY 2019 AFTER WHICH HE SERVED AS THE BOARD ASSISTANT TREASURER.

Name of the organization	Employer identification number
THE QUEENS BOROUGH PUBLIC LIBRARY	11-1904262

ROBERT SANTOS, ESQ. SERVED AS THE BOARD TREASURER THROUGH JANUARY 2019 AFTER WHICH HE SERVED AS THE BOARD VICE CHAIR.

LYDON SLEEPER-O'CONNELL SERVED AS THE BOARD ASSISTANT TREASURER THROUGH JANUARY 2019 AFTER WHICH HE SERVED AS THE BOARD TREASURER.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALLIED UNIVERSAL 33-10 QUEENS BLVD, 3RD FLOOR LONG ISLAND CITY, NY 11101	SECURITY	448,571.
VARSITY PLUMBING & HEATING 31-99 123RD STREET FLUSHING, NY 11354	CONSTRUCTION	141,670.
BDO USA LLP 100 PARK AVE NEW YORK, NY 10017	AUDITING & TAX	112,875.
LOS DOS, INC. (DBA DOUBLESPACE) 254 CANAL ST, SUITE 5000 NEW YORK, NY 10003	CONSULTING	124,890.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

Employer identification number

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

(a)

Name, address, and EIN (if applicable) of disregarded entity

(b)

Primary activity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) THE QUEENS LIBRARY FOUNDATION 11-3009405							
89-11 MERRICK BOULEVARD JAMAICA, NY 11432	FUNDRAISING	NY	501(C)(3)	7	QBPL	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (d) (e) Predominant (g) (h) (j) (k) Code V - UBI Name, address, and EIN of Lègal Direct controlling Share of total Share of end-of-General or Percentage Disproportionate income (related, domicile related organization amount in box 20 entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more	•					37
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		X
a	Sale of assets to related organization(s)				1g		X
9 h	Purchase of assets from related organization(s).				1h		X
					1i		X
•	Exchange of assets with related organization(s).				1j		X
J	Lease of facilities, equipment, or other assets to related organization(s)				٠,		
					41		Х
K	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	37	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
7	(v)						
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s).				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and transa	action thre		 S.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method	of dete		ng
		type (a-s)		amo	unt inv	olved	
(1)	THE OUEENS LIBRARY FOUNDATION, INC.	C	1,606,516.	COST			
(')	THE COLUMN DIDITION THE.		1,000,010.	2001			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE QUEENS LIBRARY FOUNDATION, INC.	С	1,606,516.	COST
(2) THE QUEENS LIBRARY FOUNDATION, INC.	Е	123,810.	COST
(3) THE QUEENS LIBRARY FOUNDATION, INC.	R	594,048.	COST
(4) THE QUEENS LIBRARY FOUNDATION, INC.	S	210,605.	COST
_(5)			
(6)			

Schedule R (Form 990) 2018

JSA

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(state or foreign income (related, section country) unrelated, excluded 501(c) from tax under organizat		partners ction (c)(3) zations?	(f) Share of total income	of Share of end-of-year assets		(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership		
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
(10)													

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.