

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No. 1545-0047

**2008****Open to Public  
Inspection****A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending

06/30, 2009

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **NEW YORK PUBLIC LIBRARY, ASTOR, LENOX**  
Doing Business AsNumber and street (or P.O. box if mail is not delivered to street address) Room/suite  
**188 MADISON AVENUE 5TH FLR**City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10016****F** Name and address of principal officer: **PAUL LECLERC, PRESIDENT & CEO**  
**SAME AS C ABOVE****D** Employer identification number**13-1887440****E** Telephone number**(212) 592-7403****G** Gross receipts \$ **577,167,037.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.NYPL.ORG****H(c)** Group exemption number ▶**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1895** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELONG LEARNING, ADVANCE KNOWLEDGE, AND STRENGTHEN OUR COMMUNITIES.</u>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 46
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 43
	<b>5</b>	Total number of employees (Part V, line 2a) <b>5</b> 3,812
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> 1,600
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>7a</b> 1,532,024.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 491,589.	
Revenue	<b>8</b>	Contribution and grants (Part VIII, line 1h) <b>333,540,427.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>5,538,865.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>59,798,889.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>9,964,568.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>408,842,749.</b>
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,050,000.</b>
Expenses	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>NONE</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>161,148,879.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>804,650.</b>
	<b>b</b>	Total fundraising expenses, Part IX, column (D), line 25) <b>7,534,126.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>116,761,823.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>279,765,352.</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>129,077,397.</b>
	<b>20</b>	Total assets (Part X, line 16) <b>1,215,966,639.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>384,228,423.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>831,738,216.</b>

**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.

**ERNST & YOUNG U.S. LLP**  
**5 TIMES SQUARE NEW YORK, NY 10036**

Date **5/14/10** Check if self-employed ☐ Preparer's identifying number **34-656596**  
EIN **34-656596** Phone no. **212-773-3000**

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☒ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

**Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2008, or tax year beginning 07/01, 2008, and ending 06/30, 20 09

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

**2008**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**NEW YORK PUBLIC LIBRARY, ASTOR, LENOX**

Employer identification number

**13-1887440****Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	<b>256655468.</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	

**Part II** Declaration of Officer

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign  
Here

Signature of officer

Date

Title

*Sharon A. Watkins*      5/13/10      VICE PRESIDENT FOR FINANCE

**Part III** Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's  
Use  
OnlyERO's  
SignatureDate  
5/13/10Check if  
also paid  
preparer ☒Check  
if self-  
employed ☐

ERO's SSN or PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code**ERNST & YOUNG U.S. LLP**EIN **34-6565596****5 TIMES SQUARE****NEW YORK****NY 10036**Phone no. **212-773-3000**

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid  
Preparer's  
Use OnlyPreparer's  
signature

Date

Check  
if self-  
employed ☐

Preparer's SSN or PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

THE MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELONG  
LEARNING, ADVANCE KNOWLEDGE, AND STRENGTHEN OUR 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? ☐ Yes ☒ No

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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 146,861,825. including grants of \$ NONE ) (Revenue \$ 4,267,182. )

SEE STATEMENT 1

**4b** (Code: ) (Expenses \$ 118,890,699. including grants of \$ 1,106,199. ) (Revenue \$ 2,869,361. )

SEE STATEMENT 1

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4e** Total program service expenses ► \$ 265,752,524. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<b>11</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	<b>12</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<b>14a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	<b>14b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .	<b>15</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	<b>17</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .	<b>24a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	X

Form **990** (2008)

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b> 621	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> NONE	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X
<b>2a</b>	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 . . .	<b>2a</b> 3,812	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	46
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	43
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	<b>7b</b>	X
<b>8</b>	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	X
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	X
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 2

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SHARON HEWITT WATKINS, VP FIN. 188 MADISON AVE, 5TH FLR NEW YORK, NY 10016  
212-592-7403







**Part VIII Statement of Revenue**

13-1887440

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	4,809,853.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	209,377,794.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	70,489,127.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,166,308.				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			284,676,774.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> FINES AND FEES		900099	4,069,385.	4,069,385.		
	<b>b</b> PHOTOCOPY, MICROFILM		900099	883,329.	883,329.		
	<b>c</b> INFORMATION SVCS		900099	576,383.	576,383.		
	<b>d</b> TICKET SALES		900099	183,240.	183,240.		
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .			5,712,337.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			6,091,005.			6,091,005.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .						
	<b>5</b> Royalties . . . . .			161,593.			161,593.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .		2,058,133.				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .		2,058,133.				
	<b>d</b> Net rental income or (loss) . . . . .			2,058,133.			2,058,133.
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory		145,795,930.	125,473,298.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		162,699,514.	156,991,977.			
	<b>c</b> Gain or (loss) . . . . .		-16,903,584.	-31,518,679.			
	<b>d</b> Net gain or (loss) . . . . .			-48,422,263.		367,475.	-48,789,738.
	<b>8a</b> Gross income from fundraising events (not including \$ 4,809,853. of contributions reported on line 1c). See Part IV, line 18. . . . .	<b>a</b>	227,700.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	198,496.				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			29,204.			29,204.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	1,377,222.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	621,582.					
<b>c</b> Net income or (loss) from sales of inventory. . . . .			755,640.	160,837.	594,803.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> FEES-USE OF SPACE		532000	2,498,187.		438,196.	2,059,991.	
<b>b</b> PUB & PERM TO PUB		900099	414,759.	414,759.			
<b>c</b> UNIVERSAL SERVICE		900099	1,699,939.			1,699,939.	
<b>d</b> All other revenue . . . . .		900099	980,160.	848,610.	131,550.		
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			5,593,045.				
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			256,655,468.	7,136,543.	1,532,024.	-36,689,873.	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE	NONE		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	1,106,199.	1,106,199.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE	NONE		
<b>4</b> Benefits paid to or for members . . . . .	NONE	NONE		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,127,845.	775,781.	3,713,815.	638,249.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE	NONE	NONE	NONE
<b>7</b> Other salaries and wages . . . . .	124,890,728.	112,916,013.	9,221,942.	2,752,773.
<b>8</b> Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	8,108,837.	7,356,448.	580,944.	171,445.
<b>9</b> Other employee benefits . . . . .	36,646,841.	32,381,433.	3,523,091.	742,317.
<b>10</b> Payroll taxes . . . . .	8,994,623.	7,872,577.	892,357.	229,689.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	NONE	NONE	NONE	NONE
<b>b</b> Legal . . . . .	1,351,787.	520,332.	831,455.	NONE
<b>c</b> Accounting . . . . .	538,258.	212.	538,046.	NONE
<b>d</b> Lobbying . . . . .	77,750.	NONE	77,750.	NONE
<b>e</b> Professional fundraising services. See Part IV, line 17	831,582.			831,582.
<b>f</b> Investment management fees . . . . .	5,856,783.	NONE	5,856,783.	NONE
<b>g</b> Other . . . . .	9,251,237.	7,142,759.	1,514,002.	594,476.
<b>12</b> Advertising and promotion . . . . .	2,208,693.	755,697.	231,778.	1,221,218.
<b>13</b> Office expenses . . . . .	8,067,432.	6,859,484.	986,662.	221,286.
<b>14</b> Information technology . . . . .	2,744,748.	1,829,808.	800,728.	114,212.
<b>15</b> Royalties . . . . .	NONE	NONE	NONE	NONE
<b>16</b> Occupancy . . . . .	16,437,814.	16,190,121.	247,693.	NONE
<b>17</b> Travel . . . . .	1,111,218.	1,026,607.	69,667.	14,944.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE	NONE	NONE	NONE
<b>19</b> Conferences, conventions, and meetings . . . .	67,548.	55,473.	12,075.	NONE
<b>20</b> Interest . . . . .	4,918,008.	4,529,484.	388,524.	NONE
<b>21</b> Payments to affiliates . . . . .	NONE	NONE	NONE	NONE
<b>22</b> Depreciation, depletion, and amortization . . . .	10,787,369.	10,787,369.	NONE	NONE
<b>23</b> Insurance . . . . .	2,096,301.	155,303.	1,940,998.	NONE
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> BOOKS AND BINDING -----	30,365,443.	30,365,443.	NONE	NONE
<b>b</b> BLDG REPAIRS & RENOVATION ---	22,059,261.	21,714,806.	344,455.	NONE
<b>c</b> UNRELATED BUS INC TAXES -----	471,482.	44,746.	426,736.	NONE
<b>d</b> ALL OTHER EXPENSES -----	1,625,568.	1,366,429.	257,204.	1,935.
<b>e</b> -----				
<b>f</b> All other expenses -----				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	305,743,355.	265,752,524.	32,456,705.	7,534,126.
<b>26</b> <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	235,922.	<b>1</b>	234,362.
	<b>2</b> Savings and temporary cash investments . . . . .	139,971,865.	<b>2</b>	137,941,033.
	<b>3</b> Pledges and grants receivable, net . . . . .	142,550,558.	<b>3</b>	166,035,893.
	<b>4</b> Accounts receivable, net . . . . .	3,793,088.	<b>4</b>	5,385,306.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .	180,572.	<b>8</b>	168,220.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,549,267.	<b>9</b>	3,952,373.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 378,360,422.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 178,511,658.		
	<b>11</b> Investments - publicly traded securities . . . . .	238,401,945.	<b>11</b>	228,111,067.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	515,383,822.	<b>12</b>	361,882,060.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,829,475.	<b>15</b>	3,775,884.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,215,966,639.	<b>16</b>	1,107,334,962.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	50,034,045.	<b>17</b>	69,063,431.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	101,043,137.	<b>19</b>	120,695,719.
	<b>20</b> Tax-exempt bond liabilities . . . . .	99,400,002.	<b>20</b>	95,930,002.
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable. . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	133,751,239.	<b>25</b>	156,159,557.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	384,228,423.	<b>26</b>	441,848,709.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	186,745,094.	<b>27</b>	-34,923,038.
	<b>28</b> Temporarily restricted net assets . . . . .	252,620,178.	<b>28</b>	307,322,524.
	<b>29</b> Permanently restricted net assets . . . . .	392,372,944.	<b>29</b>	393,086,767.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	831,738,216.	<b>33</b>	665,486,253.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,215,966,639.	<b>34</b>	1,107,334,962.

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	X
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	<b>2c</b>	X
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	X

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization **NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS**

Employer identification number  
**13-1887440**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally Integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	69,403,067.	51,390,520.	52,621,786.	164,241,215.	75,298,980.	412,955,568.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	165,106,000.	157,102,000.	152,744,836.	169,299,212.	209,377,794.	853,629,842.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	53,212,807.	57,015,708.	58,353,700.	62,243,365.	64,818,076.	295,643,656.
<b>4 Total.</b> Add lines 1-3 . . . . .	287,721,874.	265,508,228.	263,720,322.	395,783,792.	349,494,850.	1,562,229,066.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						1,562,229,066.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	287,721,874.	265,508,228.	263,720,322.	395,783,792.	349,494,850.	1,562,229,066.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	8,027,762.	12,256,069.	15,225,155.	14,363,448.	8,310,731.	58,183,165.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	714,872.	1,504,809.	1,684,587.	1,423,175.	492,589.	5,820,032.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	3,543,446.	3,822,036.	3,840,806.	3,396,584.	3,759,930.	18,362,802.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,644,595,065.
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	42,536,325.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	94.99 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	96.07 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h. . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, SECTION B, LINE 10

OTHER INCOME

REPORTED IN THIS SECTION IS "OTHER INCOME" RELATING TO REVENUE GENERATED

BY ACTIVITIES SUCH AS FEES FOR FACILITY USAGE AND REIMBURSEMENT UNDER THE

UNIVERSAL SERVICES PROGRAM TO PROVIDE DISCOUNTS ON TELECOMMUNICATION

EXPENSES TO ALLOW LIBRARIES AND EDUCATIONAL INSTITUTIONS TO PURCHASE

ADVANCED TECHNOLOGIES.



Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, and 990-PF.

2008

Name of the organization

NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number

13-1887440

Organization type (check one):

Filers of:

Section:

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$  % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 179,676,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 27,650,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 6,940,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number	13-1887440
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . .

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers?	X		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b>	Media advertisements?		X	
<b>d</b>	Mailings to members, legislators, or the public?	X		21,540.
<b>e</b>	Publications, or published or broadcast statements?		X	
<b>f</b>	Grants to other organizations for lobbying purposes?		X	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		64,619.
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b>	Other activities? If "Yes," describe in Part IV		X	
<b>j</b>	Total lines 1c through 1i			86,159.
<b>2 a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

PART II-B

VOLUNTEERS: THE LIBRARY WORKS DIRECTLY WITH LOCAL VOLUNTEERS WHO  
ENCOURAGE THEIR ELECTED OFFICIALS TO SUPPORT THE LIBRARY'S BUDGET GOALS.

PAID STAFF OR MANAGEMENT: THE LIBRARY EMPLOYS A SMALL IN-HOUSE  
GOVERNMENT RELATIONS STAFF THAT WORKS WITH ELECTED OFFICIALS AT THE  
FEDERAL, STATE AND CITY LEVELS ON LIBRARY-RELATED FUNDING ISSUES AND  
LEGISLATION.

MAILINGS TO MEMBERS, LEGISLATORS OR THE PUBLIC: THE LIBRARY PREPARES  
MAILINGS TO ELECTED OFFICIALS AT ALL THREE LEVELS OF GOVERNMENT  
REGARDING FUNDING ISSUES AND LEGISLATION.

DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A  
LEGISLATIVE BODY: THE LIBRARY'S IN-HOUSE GOVERNMENT RELATIONS STAFF,  
WITH THE ASSISTANCE OF LOBBYISTS IN ALBANY, NEW YORK AND WASHINGTON, DC,  
MEET ELECTED AND APPOINTED GOVERNMENT OFFICIALS AND THEIR STAFF ON  
LIBRARY-RELATED FUNDING ISSUES AND LEGISLATION.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

- a ☐ Public exhibition      d ☐ Loan or exchange programs  
 b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	741,425,152.				
b Contributions . . . . .	43,068,357.				
c Investment earnings or losses . . . . .	-155,406,750.				
d Grants or scholarships . . . . .	635,000.				
e Other expenditures for facilities and programs . . . . .	36,284,516.				
f Administrative expenses . . . . .					
g End of year balance . . . . .	592,167,243.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 24.4700 %  
 b Permanent endowment ▶ 75.5300 %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.


Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		3,308,414.		3,308,414.
b Buildings . . . . .	15,521,052.	311,964,642.	163,399,075.	164,086,619.
c Leasehold improvements . . . . .		24,905,194.		24,905,194.
d Equipment . . . . .		22,661,120.	15,112,583.	7,548,537.
e Other . . . . .				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				199,848,764.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other LIMITED PARTNERSHIPS		
PUBLIC INVESTMENTS	313,227,161.	FMV
PRIVATE INVESTMENTS	48,654,899.	FMV
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►	361,882,060.	

**Part VIII** Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) 		

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15.
----------------	---

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED POSTRETIRE. BENEFITS	144,735,233.
INTEREST RATE SWAPS	11,424,324.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►	156,159,557.

In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	256,655,468.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	305,743,355.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	-49,087,887.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-105,977,610.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-11,186,467.
<b>9</b>	Total adjustments (net). Add lines 4-8	<b>9</b>	-117,164,077.
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b>	-166,251,964.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	208,226,366.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-105,977,610.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	64,818,076.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-41,159,534.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	249,385,900.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	7,269,568.
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	7,269,568.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)	<b>5</b>	256,655,468.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	363,291,863.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	64,818,076.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	64,818,076.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	298,473,787.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	7,269,568.
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	7,269,568.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)	<b>5</b>	305,743,355.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

PART III, LINE 1A

TEXT OF FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS

THE LIBRARY HAS EXTENSIVE COLLECTIONS OF LIBRARY MATERIALS, INCLUDING BOOKS, PERIODICALS AND OTHER ITEMS. THESE COLLECTIONS ARE MAINTAINED BY THE RESEARCH LIBRARIES UNDER CURATORIAL CARE AND ARE HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE. PROCEEDS FROM THE SALES OF COLLECTIONS ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS. THE COST OF COLLECTIONS PURCHASED BY THE LIBRARY FOR THE RESEARCH LIBRARIES IS CHARGED TO EXPENSE IN THE YEAR PURCHASED AND DONATED COLLECTION ITEMS ARE NOT RECORDED. THE VALUE OF THE LIBRARY'S COLLECTIONS CANNOT BE DETERMINED. THE LIBRARY HAS ALSO RECEIVED CERTAIN DONATED ART PROPERTIES THAT ARE NOT CONSIDERED A PART OF ITS COLLECTIONS, AND THAT HAVE NOT BEEN CAPITALIZED. DURING FISCAL YEARS 2009 AND 2008, THE LIBRARY SOLD CERTAIN PROPERTIES OF ART. THE LIBRARY'S BOARD OF TRUSTEES HAS DESIGNATED SUCH PROCEEDS FOR LONG-TERM INVESTMENT WITH EARNINGS THEREON TO SUPPORT ADDITIONS TO COLLECTIONS IN THE RESEARCH LIBRARIES. THE COST OF BOOKS AND OTHER LIBRARY MATERIALS PURCHASED BY THE BRANCH LIBRARIES IS NOT RECORDED AS COLLECTIONS, BUT IS CHARGED AS A LIBRARY SERVICES EXPENSE IN THE YEAR PURCHASED BECAUSE, LARGELY BY REASON OF THEIR FREQUENT USE, SUCH ITEMS ARE EXHAUSTIBLE OVER A SHORT PERIOD OF TIME.

**Part XIV** Supplemental Information (continued)

PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE LIBRARY'S ENDOWMENT CONSISTS OF APPROXIMATELY 387 INDIVIDUAL FUNDS

ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR-RESTRICTED

ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE LIBRARY TO FUNCTION AS

ENDOWMENTS.

THE ENDOWMENT FUNDS SUPPORT

THE BRANCH LIBRARY PROGRAMS

THE RESEARCH LIBRARIES AND LIBRARY-WIDE PROGRAMS:

- STEPHEN A. SCHWARZMAN BUILDING

- LIBRARY FOR THE PERFORMING ARTS

- SCIENCE, INDUSTRY AND BUSINESS LIBRARY

- SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE

- CONSERVATION AND CATALOGING

- EXHIBITIONS AND PUBLIC EDUCATION PROGRAMS

- FOR THE GENERAL OPERATIONS OF THE RESEARCH LIBRARIES AND LIBRARY-WIDE

PROGRAMS

PART XI, LINE 8

OTHER

CHANGE IN VALUE OF INTEREST RATE SWAPS \$4,047,085

POSTRETIREMENT BENEFITS OTHER THAN NET PERIODIC COST \$7,139,382

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public  
Inspection

Name of the organization  
NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants  
b ☒ Email solicitations f ☒ Solicitation of government grants  
c ☒ Phone solicitations g ☒ Special fundraising events  
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JOHN BROWN LTD, INC.	PLANNED GIVING ADV.		X		13,245.	
DIRECT ADVANTAGE MARKETING	TELEMARKET		X	22,000.	18,001.	3,999.
PROJECT PLUS, INC.	SPECIAL EVENTS		X	1,524,000.	68,691.	1,455,309.
NEWPORT CREATIVE COMMUNICATIONS INC.	DIRECT MARKETING		X	585,000.	172,857.	412,143.
DRAKES BAY FUNDRAISING INC.	DIRECT MARKETING		X	2,244,000.	361,194.	1,882,806.
RAYBIN ASSOCIATES, INC.	MAJOR GIFTS ADVISORY		X		11,030.	
JEANNE SIGLER AND ASSOCIATES, INC.	MAJOR GIFTS ADVISORY		X		105,000.	
HEWITT & JOHNSTON CONSULTANTS	ONLINE FUNDRAISING		X	302,000.	65,255.	236,745.
WAKEBY FIRE & ASSOCIATES LLC	DIRECT MARKETING		X	98,999.	16,309.	82,690.
Total . . . . . ▶				4,775,999.	831,582.	4,073,692.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AK, AZ, CA, CT, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, ND, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV, WI, \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		LIIONS GALA (event type)	CORP DINNER (event type)	3 (total number)	
Revenue	1 Gross receipts . . . . .	2,565,750.	1,524,300.	947,503.	5,037,553.
	2 Less: Charitable contributions . . . . .	2,461,100.	1,482,300.	866,453.	4,809,853.
	3 Gross revenue (line 1 minus line 2) . . . . .	104,650.	42,000.	81,050.	227,700.
Direct Expenses	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Other direct expenses . . . . .	110,088.	46,430.	41,978.	198,496.
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 198,496. )
9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .					29,204.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .					
9 Enter the state(s) in which the organization operates gaming activities: _____					Yes No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .					9a
b If "No," Explain: _____					
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .					10a
b If "Yes," Explain: _____					
11 Does the organization operate gaming activities with nonmembers? . . . . .					11
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .					12

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records:		
	Name ► _____		
	Address ► _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.		
<b>c</b>	If "Yes," enter name and address:		
	Name ► _____		
	Address ► _____		
<b>16</b>	Gaming manager information:		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule G (Form 990 or 990-EZ) 2008

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

2008

**Open to Public Inspection**

Employer identification number
13-1887440

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	.....	▶	_____
3	Enter total number of other organizations	.....	▶	_____

Schedule I (Form 990) 2008



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FELLOWSHIP GRANTS	45	1,106,199.			

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 1

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

THE LIBRARY HAS SEPARATE FELLOWSHIP PROGRAMS: THE DOROTHY AND LEWIS B.

CULLMAN CENTER FOR SCHOLARS AND WRITERS LOCATED AT THE STEPHEN A.

SCHWARZMAN BUILDING AND THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE

SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE. THE PROGRAMS ARE INTENDED

TO CONNECT THE FELLOWS WITH THE RESOURCES OF THE LIBRARY; TO PROMOTE

INTERPRETATIVE AND CREATIVE SCHOLARSHIP AND WRITING; TO ENCOURAGE FELLOWS

TO PRODUCE SCHOLARLY AND CREATIVE WORKS, AND TO PRESENT THEIR ORIGINAL

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

WORK IN PAPERS, SYMPOSIA OR LECTURES TO THE PUBLIC; AND TO FOSTER PUBLIC

DISCOURSE ABOUT ISSUES RELATING TO HISTORY, CULTURE AND CREATIVITY.

BROCHURES FOR THE PROGRAMS ARE MAILED TO NUMEROUS JOURNALS AND

INSTITUTIONS IN THE FIELDS OF HUMANITIES, SOCIAL SCIENCES AND BLACK

STUDIES. ANNOUNCEMENTS OF THE PROGRAMS ARE ALSO POSTED ON THE LIBRARY'S

WEBSITE.

CULLMAN CENTER FELLOWSHIPS LOCATED AT THE STEPHEN A. SCHWARZMAN BUILDING

ARE OPEN TO ACADEMICS, INDEPENDENT SCHOLARS, AND CREATIVE WRITERS. THE

CENTER HAS TWO COMMITTEES; A PRELIMINARY REVIEWING PANEL, WHICH ASSESSES

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AND RANKS THE APPLICATIONS, AND A SELECTION COMMITTEE, WHICH REVIEWS THE

FINALISTS AND CHOOSES THE CLASS OF

FELLOWS. THE SELECTION COMMITTEE IS COMPRISED OF SEVEN INDIVIDUALS.

FELLOWSHIPS IN THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG

CENTER ARE OPEN TO ACADEMICS AND INDEPENDENT SCHOLARS. THE SCHOMBURG

CENTER'S SELECTION COMMITTEE REVIEWS THE APPLICATIONS AND SELECTS THE

FELLOWS. THE SELECTION COMMITTEE IS COMPRISED OF FIVE TO SIX

EXTERNAL REVIEWERS, WHO SERVE UNDER THE DIRECTION OF THE PROGRAM

DIRECTOR.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

FOR BOTH CENTERS, THE CRITERIA FOR SELECTION INCLUDE:-----

- THE RELEVANCE OF THE PROPOSED PROJECT TO THE HOLDINGS OF THE LIBRARY.-----

( THIS CRITERION IS SOMEWHAT FLEXIBLE FOR CREATIVE WRITERS. ) THE-----

QUALITY AND FEASIBILITY OF THE PROJECT PLAN AND THE LIKELIHOOD THAT-----

THE PROJECT WILL BE COMPLETED SUCCESSFULLY.-----

- A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY THE APPLICANT IN HIS OR HER-----

FIELD OR DISCIPLINE.-----

- LETTERS OF RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT-----

OF THE PROJECT.-----

-----

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

FELLOWS ARE IN RESIDENCE AT THE LIBRARY FOR A YEAR AFTER THE AWARD IS

GRANTED. AFTER THEY LEAVE, AND WHEN THE FELLOWS FINISH THE BOOKS THAT

THEY HAVE WORKED ON AT THE LIBRARY, THEY SEND COPIES OF THE BOOKS TO

THOSE WHO OVERSEE THE PROGRAM. SUBSEQUENTLY PUBLIC PROGRAMS ARE OFTEN

HELD THAT CENTER ON THE FELLOWS PROJECTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► **Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization **NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS**

Employer identification number  
**13-1887440**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

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

**Schedule J (Form 990) 2008**



**Part III Supplemental Information**

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

PART I, QUESTION 4A

PRISCILLA SOUTHON, FORMER VICE PRESIDENT FOR STAFF SERVICES, RECEIVED

SEVERANCE OF \$180,614. MS. SOUTHON RETIRED APRIL 1, 2008 AND WAS PAID THE

EQUIVALENT OF HER REMAINING ANNUAL SALARY FOR THE YEAR 2008.



**SCHEDULE J-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

► **Attach to Form 990 to list additional information  
regarding compensation.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

**Name of the organization** NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

**Employer identification number**  
13-1887440

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL LECLERC	(i)	649,436.	NONE	23,905.	NONE	71,577.	744,918.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JACQUELINE F BAUSCH	(i)	207,471.	NONE	100.	NONE	34,854.	242,425.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANTHONY CALNEK	(i)	207,049.	NONE	17,224.	NONE	34,654.	258,927.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TODD M CORBIN	(i)	295,194.	NONE	110.	NONE	29,205.	324,509.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNE L CORISTON	(i)	171,068.	NONE	45.	NONE	20,532.	191,645.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHERINE C DUNN	(i)	312,611.	NONE	600.	NONE	44,801.	358,012.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID S FERRIERO	(i)	332,684.	NONE	921.	NONE	33,348.	366,953.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HEATHER LUBOV	(i)	153,915.	NONE	27,919.	NONE	21,684.	203,518.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID G OFFENSEND	(i)	319,809.	NONE	571.	NONE	43,889.	364,269.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOANNA M PESTKA	(i)	176,846.	NONE	219.	NONE	29,339.	206,404.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEFFREY ROTH	(i)	191,031.	NONE	55.	NONE	31,032.	222,118.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID STURM	(i)	228,526.	NONE	1,890.	NONE	37,610.	268,026.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT J VANNI	(i)	250,799.	NONE	4,092.	NONE	27,693.	282,584.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHARON HEWITT WATKINS	(i)	187,164.	NONE	54.	NONE	33,284.	220,502.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HOWARD DODSON	(i)	165,616.	NONE	4,975.	NONE	27,524.	198,115.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HARRY GEORGE FLETCHER III	(i)	124,207.	NONE	46,795.	NONE	24,415.	195,417.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Schedule J-1 (Form 990) 2008

SCHEDULE J-1  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information  
regarding compensation.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
VINCENT PERFETTI	(i)	183,450.	NONE	37.	NONE	32,925.	216,412.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID N ROSENSWEIG	(i)	195,492.	NONE	187.	NONE	35,202.	230,881.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEAN STROUSE	(i)	208,425.	NONE	432.	NONE	23,249.	232,106.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PRISCILLA SOUTHON	(i)	49,562.	NONE	398,885.	NONE	31,259.	479,706.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J-1 (Form 990) 2008

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization **NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS**

Employer Identification number  
**13-1887440**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN H BANKS III TRUSTEE	2.	X						NONE	NONE	NONE
TIMOTHY BARAKETT TRUSTEE	4.	X						NONE	NONE	NONE
SAMUEL C BUTLER FOUNDATION TRUSTEE	10.	X						NONE	NONE	NONE
SILA M CALDERON TRUSTEE	7.	X						NONE	NONE	NONE
JOAN HARDY CLARK TRUSTEE	6.	X						NONE	NONE	NONE
ROBERT DARNTON TRUSTEE	1.	X						NONE	NONE	NONE
GORDON J DAVIS TRUSTEE	2.	X						NONE	NONE	NONE
ANNE E DE LA RENTA TRUSTEE	7.	X						NONE	NONE	NONE
ANDREAS C DRACOPOULOS TRUSTEE	4.	X						NONE	NONE	NONE
JAMES H DUFFY TRUSTEE	3.	X						NONE	NONE	NONE
HRH. PRINCESS FIRYAL TRUSTEE	2.	X						NONE	NONE	NONE
HENRY LOUIS GATES, JR TRUSTEE	3.	X						NONE	NONE	NONE
WILLIAM GRAY TRUSTEE	4.	X						NONE	NONE	NONE
LOUISE L GRUNWALD TRUSTEE	7.	X						NONE	NONE	NONE
ROGER HERTOGE TRUSTEE	6.	X						NONE	NONE	NONE
JOHN B HESS TRUSTEE	3.	X						NONE	NONE	NONE
MAHNAZ ISPAHANI TRUSTEE	6.	X						NONE	NONE	NONE
KEVIN W KENNEDY TRUSTEE	2.	X						NONE	NONE	NONE
PAUL LECLERC TRUSTEE, PRESIDENT AND CEO	40.	X		X				673,341.	NONE	71,577.
ROBERT LIBERMAN TRUSTEE	15.	X						NONE	NONE	NONE
SCOTT MALKIN TRUSTEE	2.	X						NONE	NONE	NONE

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

**Schedule J-2 (Form 990) 2008**

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization **NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS**

Employer Identification number  
**13-1887440**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VICTOR MARRERO TRUSTEE	4.	X						NONE	NONE	NONE
CATHERINE C MARRON TRUSTEE	34.	X						NONE	NONE	NONE
HAROLD MCGRAW III TRUSTEE	2.	X						NONE	NONE	NONE
RAYMOND J MCGUIRE TRUSTEE	3.	X						NONE	NONE	NONE
ABBY S MILSTEIN TRUSTEE	6.	X						NONE	NONE	NONE
SUSAN M NEWHOUSE TRUSTEE	3.	X						NONE	NONE	NONE
JESSYE NORMAN TRUSTEE	1.	X						NONE	NONE	NONE
CARL H PFORZHEIMER III TRUSTEE	9.	X						NONE	NONE	NONE
KATHARINE J RAYNER TRUSTEE	6.	X						NONE	NONE	NONE
DAVID REMNICK TRUSTEE	2.	X						NONE	NONE	NONE
ELIZABETH ROHATYN FOUNDATION TRUSTEE	4.	X						NONE	NONE	NONE
MARSHALL ROSE TRUSTEE	8.	X						NONE	NONE	NONE
NEIL L RUDENSTINE TRUSTEE	2.	X						NONE	NONE	NONE
ERIC S SCHWARTZ TRUSTEE	4.	X						NONE	NONE	NONE
STEPHEN A SCHWARZMAN TRUSTEE	1.	X						NONE	NONE	NONE
DINAKAR SINGH TRUSTEE	4.	X						NONE	NONE	NONE
LAURA J SLOATE TRUSTEE	2.	X						NONE	NONE	NONE
GAYFRYD STEINBERG TRUSTEE	6.	X						NONE	NONE	NONE
JOSHUA L STEINER TRUSTEE	4.	X						NONE	NONE	NONE
JAMES S TISCH TRUSTEE	5.	X						NONE	NONE	NONE
CALVIN TRILLIN TRUSTEE	4.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization **NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS**

Employer Identification number  
**13-1887440**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EDGAR WACHENHEIM III TRUSTEE	7.	X						NONE	NONE	NONE
MARC V SHAW EX OFFICIO	3.	X						NONE	NONE	NONE
LEIGH MILLER EX OFFICIO	2.	X						NONE	NONE	NONE
PETER RIDER EX OFFICIO	4.	X						NONE	NONE	NONE
JACQUELINE F BAUSCH DEPUTY GEN COUNSEL & ASST SEC	35.			X				207,571.	NONE	34,854.
ANTHONY CALNEK VP COMM & MKTG	35.			X				224,273.	NONE	34,654.
TODD M CORBIN CHIEF INV OFFICER	35.			X				295,304.	NONE	29,205.
ANNE L CORISTON VP PUBLIC SERVICE	35.			X				171,113.	NONE	20,532.
CATHERINE C DUNN SR. VP EXT AFFAIRS	35.			X				313,211.	NONE	44,801.
DAVID S FERRIERO A W MELLON DIR NY PUB LIBS	35.			X				333,605.	NONE	33,348.
DEANNA LEE VP COMM & MKTG	35.			X				NONE	NONE	NONE
HEATHER LUBOV VP DEVELOPMENT	35.			X				181,834.	NONE	21,684.
GEORGE D MIHALTSSES VP GOVT & COMM AFFAIRS	35.			X				NONE	NONE	NONE
DAVID G OFFENSEND COO, CFO & TREASURER	35.			X				320,380.	NONE	43,889.
JOANNA M PESTKA VP CAP PLANNING & CONST	35.			X				177,065.	NONE	29,339.
JAMES PISANIELLO VP FACILITY OPS & SECURITY	35.			X				136,214.	NONE	1,747.
JEFFREY ROTH VP STRATEGIC PLANNING	35.			X				191,086.	NONE	31,032.
LOUISE SHEA VP STAFF SERVICES	35.			X				114,390.	NONE	17,461.
DAVID STURM VP & CHIEF INFO OFFICER	35.			X				230,416.	NONE	37,610.
ROBERT J VANNI VP, GEN COUNSEL & SECRETARY	35.			X				254,891.	NONE	27,693.
SHARON HEWITT WATKINS VP FINANCE & ASST TREAS	35.			X				187,218.	NONE	33,284.

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

Schedule J-2 (Form 990) 2008

Employer Identification number	13-1887440
--------------------------------	------------

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **To be completed by organizations that answered**  
**"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,**  
**or Form 990-EZ, Part V, lines 38b or 40b.**

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

**Name of the organization** NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

**Employer identification number**  
13-1887440

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GOLDMAN SACHS	SEE SCHEDULE O	252,288.	MANAGEMENT FEES		X
NEUBERGER BERMAN	SEE SCHEDULE O	363,250.	MANAGEMENT FEES		X
NYSERNET.ORG, INC.	SEE SCHEDULE O	143,160.	SERVICES FEES		X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization **NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS**

Employer identification number  
**13-1887440**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .	X	22	NONE	N/ A
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .	X		NONE	N/ A
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	39	2,166,308.	MARKET PRICE
10 Securities-Closely held stock . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory. . . . .				
20 Drugs and medical supplies . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens. . . . .				
24 Archeological artifacts. . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for  
which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

QUESTION 32A

ON BEHALF OF THE LIBRARY, THE BANK OF NEW YORK MELLON SELLS SECURITIES

THAT THE LIBRARY RECEIVES AS GIFTS.

QUESTION 33

DONATED COLLECTION ITEMS ARE NOT RECORDED. REFER TO SCHEDULE D PART III

LINE 1A.

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

FORM 990, PART I, QUESTION 6

VOLUNTEERS PLAY A VITAL ROLE AT THE NEW YORK PUBLIC LIBRARY. BY DONATING  
THEIR TIME, TALENT AND SKILLS, THEY SUPPORT AND ENHANCE THE LIBRARY'S  
PROGRAMS, SERVICES AND MISSION WHILE SHARING THEIR ASSISTANCE AND  
ENTHUSIASM WITH STAFF AND VISITORS. SUBJECT TO APPLICANTS' QUALIFICATIONS  
AND INTERESTS, VOLUNTEER POSITIONS MAY BE AVAILABLE IN DEPARTMENTS SUCH  
AS: INFORMATION DESKS, LIBRARY SHOP, LIVE@NYPL, TOURS, EXHIBITIONS,  
EXTERNAL AFFAIRS, TEACHING ENGLISH FOR SPEAKERS OF OTHER LANGUAGES,  
LITERACY TUTORING, HELPING WITH CRAFT CLASSES FOR CHILDREN, SHELVING  
BOOKS AND/OR HELPING TO MAINTAIN ORDERLY SHELVES, TEACHING KNITTING OR  
CHESS, OR DOING READ-ALOUDS FOR CHILDREN. SOME VOLUNTEERS ASSIST WITH  
GENERAL OFFICE, PHONE WORK AND ESPECIALLY, MAILINGS.

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

FORM 990, PART I, LINE 15

THE INCREASE IN SALARIES, OTHER COMPENSATION AND EMPLOYEE BENEFITS FROM

THE PRIOR YEAR IS DRIVEN BY PAYROLL TAXES, WHICH ARE INCLUDED IN THE

CURRENT YEAR AMOUNT BUT EXCLUDED FROM SUCH AMOUNT AND REPORTED IN OTHER

EXPENSES IN THE PRIOR YEAR, AS REQUIRED BY FORM 990 INSTRUCTIONS. IN

ADDITION, CURRENT YEAR AMOUNT INCLUDES RETROACTIVE INCREASES FOR

COLLECTIVELY BARGAINED STAFF THAT DID NOT OCCUR IN THE PRIOR YEAR.

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

FORM 990, PART VI, QUESTION 2

TRUSTEE, LOUISE L. GRUNWALD AND TRUSTEE, ROBERT LIBERMAN - FAMILY

RELATIONSHIP

TRUSTEE, JOHN H. BANKS III AND TRUSTEE, GORDON J. DAVIS - BUSINESS

RELATIONSHIP

TRUSTEE, JAMES S. TISCH AND TRUSTEE, EDGAR WACHENHEIM III - BUSINESS

RELATIONSHIP

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

FORM 990, PART VI, QUESTION 10

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

THE LIBRARY'S FORM 990 IS REVIEWED BY OFFICERS AND CERTAIN KEY EMPLOYEES.

AS REQUIRED BY THE CHARTER OF THE AUDIT COMMITTEE OF THE BOARD OF

TRUSTEES, THE FORM 990 IS THEN SENT TO THE MEMBERS OF THE AUDIT COMMITTEE

FOR THEIR REVIEW WITH MANAGEMENT AT A SCHEDULED AUDIT COMMITTEE MEETING

PRIOR TO FILING. FINALLY AND ALSO PRIOR TO FILING, THE FORM 990 IS SENT

TO THE MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW AT THE NEXT SCHEDULED

BOARD OF TRUSTEES MEETING.

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

FORM 990, PART VI, QUESTION 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

NEWLY ELECTED TRUSTEES AND NEWLY APPOINTED OFFICERS ARE PROVIDED WITH A

COPY OF THE POLICY UPON ELECTION TO THE BOARD OR APPOINTMENT AS AN

OFFICER. UPON RECEIPT, EACH SUCH NEWLY ELECTED TRUSTEE AND NEWLY

APPOINTED OFFICER IS REQUIRED TO PROMPTLY COMPLETE, SIGN AND RETURN THE

CONFLICT OF INTEREST STATEMENT.

EACH TRUSTEE, OFFICER AND KEY EMPLOYEE IS PROVIDED WITH A COPY OF THE

POLICY ON AN ANNUAL BASIS. UPON RECEIPT, EACH SUCH TRUSTEE, OFFICER AND

KEY EMPLOYEE IS REQUIRED TO PROMPTLY COMPLETE, SIGN AND RETURN THE

CONFLICT OF INTEREST ANNUAL STATEMENT AND ANNUAL QUESTIONNAIRE.

EACH CONFLICT OF INTEREST STATEMENT AND ANNUAL QUESTIONNAIRE IS REVIEWED

AND EVALUATED IN ACCORDANCE WITH THE POLICY FOR ANY ACTUAL AND POTENTIAL

CONFLICT OF INTEREST. A TRUSTEE, OFFICER OR KEY EMPLOYEE SHALL NOT VOTE

ON, APPROVE OR RECOMMEND ANY TRANSACTION IN WHICH HE OR SHE OR ANY MEMBER

OF HIS OR HER FAMILY HAS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. IF

THE TRUSTEE, OFFICER OR KEY EMPLOYEE IS PRESENT AT A MEETING OF THE BOARD

OR ANY COMMITTEE AT WHICH SUCH MATTER IS CONSIDERED, THE TRUSTEE,

OFFICER, OR KEY EMPLOYEE SHALL LEAVE THE MEETING DURING ANY DISCUSSION OR

VOTE RELATING TO SUCH MATTER.

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

FORM 990, PART VI, QUESTION 15A AND 15B

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES MEETS AT LEAST

ANNUALLY TO REVIEW THE COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES OF

THE LIBRARY.

MOST RECENTLY, THE LIBRARY RETAINED THE SERVICES OF AN INDEPENDENT

COMPENSATION CONSULTING FIRM. THE CONSULTANTS CONDUCTED A 2008

COMPENSATION SURVEY AMONG 16 COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS WITH

WHOM THE LIBRARY COMPETES FOR TALENT. DATA WAS GATHERED FOR 19 EXECUTIVE

POSITIONS INCLUDING THE TOP OFFICIAL IN EACH ORGANIZATION.

THE RESULTS OF THE STUDY WERE PRESENTED TO THE COMPENSATION COMMITTEE

OF THE BOARD OF TRUSTEES FOR REVIEW AND TO SUPPORT THEIR DELIBERATIONS

IN MAKING PAY DECISIONS.

Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

FORM 990, PART VI, QUESTION 19

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

THE LIBRARY'S GOVERNANCE DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL

PUBLIC AS AN ATTACHMENT TO THE LIBRARY'S FORM 990 WHICH IS POSTED ON THE

LIBRARY'S WEBSITE AND PROVIDED UPON REQUEST.

THE LIBRARY'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE

GENERAL PUBLIC AS IT IS POSTED ON THE LIBRARY'S WEBSITE.

THE LIBRARY'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE

GENERAL PUBLIC AS IT IS POSTED ON THE LIBRARY'S WEBSITE AND PROVIDED UPON

REQUEST.



Name of the organization NEW YORK PUBLIC LIBRARY, ASTOR, LENOX  
AND TILDEN FOUNDATIONS

Employer identification number  
13-1887440

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION:

KEVIN W. KENNEDY, TRUSTEE AND CHAIR OF INVESTMENT COMMITTEE, IS A  
MANAGING DIRECTOR OF GOLDMAN SACHS. THE LIBRARY HAS INVESTED FUNDS  
MANAGED BY GOLDMAN SACHS AND AN INTEREST RATE SWAP WITH GOLDMAN SACHS.  
MR. KENNEDY RECUSES HIMSELF FROM PARTICIPATION IN ANY RELATED DISCUSSION  
AND VOTE.

LAURA J. SLOATE, TRUSTEE, IS A MANAGING DIRECTOR OF NEUBERGER BERMAN. THE  
LIBRARY HAS A PORTFOLIO THAT IS MANAGED BY NEUBERGER BERMAN. THE  
RELATIONSHIP EXISTED PRIOR TO MS. SLOATE'S APPOINTMENT AS A TRUSTEE OF  
THE LIBRARY AND MS. SLOATE IS NOT PART OF THE INVESTMENT TEAM THAT  
MANAGES THE ASSETS FOR THE LIBRARY. MS. SLOATE RECUSES HERSELF FROM  
PARTICIPATION IN ANY RELATED DISCUSSION AND VOTE.

DAVID M. STURM, VICE PRESIDENT AND CHIEF INFORMATION OFFICER, IS A BOARD  
MEMBER OF NYSERNET.ORG, INC., THE LIBRARY'S INTERNET SERVICE PROVIDER.  
NYSERNET.ORG WAS CONTRACTED THROUGH THE LIBRARY'S COMPETITIVE BIDDING  
PROCESS.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization	NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number	13-1887440
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Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
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Part II Identification of Related Tax-Exempt Organizations

(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
BRYANT PARK CORPORATION ( BPC) 13-3009946 500 FIFTH AVENUE, SUITE 1100 NEW YORK, NY 10010	PARK MGMT	NY	501 ( C ) ( 3 )	11 A	N/ A
RESEARCH COLLECTIONS & PRESERVATION CONS 22-3751732 P. O. BOX 35 PRINCETON, NY 08544	STORAGE	NJ	501 ( C ) ( 3 )	11 A	N/ A
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**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<b>1m</b>	X
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

## Part VI Unrelated Organizations Taxable as a Partnership

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

[illegible]

## FORM 990, PART III - PROGRAM SERVICES

## 4A PROGRAM SERVICE

## THE BRANCH LIBRARIES

THE SERVICES OF THE 87 BRANCH LIBRARIES EXTEND FAR BEYOND THE TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRARIES, TO PROVIDE VITAL OUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS, SHELTERS AND PRISONS, AND TO THE BLIND AND PHYSICALLY HANDICAPPED, INCLUDING BOOK-BY-MAIL DELIVERIES TO THE HOMEBOUND. IN FISCAL 2009, THERE WERE 15.6 MILLION VISITS TO THE BRANCH LIBRARIES BY INDIVIDUALS WHO BORROWED 22.1 MILLION ITEMS. THE BRANCH LIBRARIES SPONSORED 38,613 PROGRAMS, ATTENDED BY 781,899 ADULTS AND CHILDREN. COLLECTIONS INCLUDE 5.3 MILLION BOOKS AND 3.4 MILLION NONPRINT ITEMS SUCH AS FILMS, VIDEOTAPES, PICTURES, AUDIO RECORDINGS AND MATERIALS FOR THE BLIND. REFERENCE INQUIRIES TOTALED 8.1 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 6.2 MILLION.

## 4B PROGRAM SERVICE

## THE RESEARCH LIBRARIES

DURING FISCAL 2009, THE FOUR RESEARCH LIBRARIES - THE STEPHEN A. SCHWARZMAN BUILDING; THE SCIENCE, INDUSTRY AND BUSINESS LIBRARY; THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE; AND THE LIBRARY FOR THE PERFORMING ARTS - HAD 2.4 MILLION ON-SITE USERS. LIBRARY STAFF RESPONDED TO 453,000 REFERENCE INQUIRIES. OF 44.4 MILLION COLLECTION ITEMS, APPROXIMATELY 16.3 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET MUSIC, PRINTS, AND CLIPPINGS.

THE RESEARCH LIBRARIES HAVE AN EXTENSIVE CONSERVATION AND PRESERVATION PROGRAM: THROUGH RESTORATION, PRESERVATION, MICROFILMING AND REPRINT, 134,000 ITEMS WERE PRESERVED. IN ADDITION, ABOUT 1,183 HOURS OF VIDEO TAPE MEDIA, 224 HOURS OF RECORDED SOUND MEDIA, AND 73,555 FEET OF MOTION PICTURE FILM WERE PRESERVED. AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 33 MAJOR EXHIBITIONS WERE MOUNTED AT THE FOUR LIBRARIES, AND A NUMBER OF SMALLER DISPLAYS WERE ON VIEW ALL YEAR. EMINENT SCIENTISTS, SCHOLARS AND WRITERS PARTICIPATED IN LECTURES, PANEL DISCUSSIONS, AND RECITALS, FURTHERING THE LIBRARY'S EFFORTS TO MAKE AVAILABLE TO THE PUBLIC A SERIES OF EDUCATIONAL AND CULTURAL PROGRAMS OF THE HIGHEST QUALITY.

FORM 990, PART VI, LINE 17 - STATES  
=====

AK, AZ, CA, CT,  
HI, IL, KS, KY, LA, ME, MD, MA, MI,  
MN, MS, NH, NJ, NM, ND, OH, OK, OR, PA,  
SC, TN, UT, VA, WA, WV, WI,

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
GENSLER ARCHITECTURE DESIGN AND PLAN PC 1230 AVENUE OF THE AMERICAS NEW YORK, NY 10020	ARCHITECTURE	3,048,188.
GANNON CONTRACTING LLC 49 WEST 38TH STREET NEW YORK, NY 10018	CONSTRUCTION	1,845,620.
CAULDWELL WINGATE COMPANY LLC 380 LEXINGTON AVENUE NEW YORK, NY 10168	CONSTRUCTION	942,669.
DEWEY & LEBOEUF LLP 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019	LEGAL	460,990.
DAVID MONN LLC 135 WEST 27TH STREET NEW YORK, NY 10001	EVENT PLANNING	405,987.
TOTAL COMPENSATION		----- 6,703,454. =====