COPY FOR PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

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

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

A F	or the	e 2018	calendar year, or tax year beginning 07/01,	2018,	and end	ding	_		06	6/30, 20 19	
			C Name of organization THE NEW YORK PUBLIC LIBRARY				D Emp	loyer ide	ntific	ation number	
B c	heck if a	pplicable:	ASTOR, LENOX AND TILDEN FOUNDATIONS				13	3-188	744	.0	
	Addre		Doing business as								
	7 '	e change	Number and street (or P.O. box if mail is not delivered to street address)		Room/su	uite	E Tele	phone nui	mber		
	+	l return	445 FIFTH AVENUE		8TH	FT.	(212	2) 62	1 – (0241	
	-	return/	City or town, state or province, country, and ZIP or foreign postal code		0111		(21)	3, 02		7211	
	termi Amer	nated	NEW YORK, NY 10016				C Cros	o roccinto	. •	877,550	697
	returr		·	DDE	C . C	EO	4	this a grou			
	pendi		,	PKE	5 & C	ĿU	` SL	ubordinates	?	H	X No
			476 FIFTH AVE, NEW YORK, NY 10018			1	H(b) A	re all subord			No
		empt st	1 2 3 (3)(4)	7(a)(1) d	or	527	1	If "No," att	ach a	list. (see instructions)	
_			WWW.NYPL.ORG							number >	
		of organ	nization: X Corporation Trust Association Other		LY	ear of forma	tion: 18	395 M :	State	e of legal domicile:	NY
Pa	art I		ımmary								
	1	Briefly	y describe the organization's mission or most significant activities: $_{ m TF}$	IE MI	ISSIO	OF TH	IE NE	W YOR	K P	PUBLIC	
e		LIB	RARY IS TO INSPIRE LIFELONG LEARNING, ADVA	NCE	KNOW]	LEDGE,					
ă		AND	STRENGTHEN OUR COMMUNITIES.								
/eri	2	Check	k this box 🕨 🔃 if the organization discontinued its operations or o	dispose	ed of mor	e than 25%	6 of its n	et assets	3.		
ő	3	Numb	per of voting members of the governing body (Part VI, line 1a)						3		42.
త	4		per of independent voting members of the governing body (Part VI, line						4		41.
ties	5		number of individuals employed in calendar year 2018 (Part V, line 2a						5	3,	684.
Activities & Governance	6		number of volunteers (estimate if necessary)						6		374.
Act	72		unrelated business revenue from Part VIII, column (C), line 12						7a	-356,	
			nrelated business taxable income from Form 990-T, line 38						7b		824.
		ivet ui	inclated business taxable income noint offit 990-1, line 30					Year	7.5	Current Ye	
		Cantri	ibutions and grants (Dout VIII line 4h)					62,72	ρ	334,532,	
Revenue	8		ibutions and grants (Part VIII, line 1h)			• • —		39,26	_	2,739,	
Ven	9		am service revenue (Part VIII, line 2g)					22,63		46,791,	
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)					22,03		9,355,	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					47,42		393,419,	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line						_		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				∠,8	75,78	_	1,712,	
	14		its paid to or for members (Part IX, column (A), line 4)				200 0	74 50	0.	200 200	0.
es	15		es, other compensation, employee benefits (Part IX, column (A), lines					74,50		200,308,	
ens	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		9	57,37	6.	309,	800.		
Expenses			fundraising expenses (Part IX, column (D), line 25) ▶10,930								
_			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					37,36		127,117,	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			• • —		45,02		329,448,	
		Rever	nue less expenses. Subtract line 18 from line 12				97,7	02,39	1.	63,970,	410.
Net Assets or Fund Balances								Current Y		End of Yea	
sets	20	Total a	assets (Part X, line 16)							2,122,934,	
AB	21	Total I	liabilities (Part X, line 26)					10,96			
Fe	22	Net as	ssets or fund balances. Subtract line 21 from line 20	<u></u>		1,5	544,8	42,87	0.	1,596,544,	412.
Pa	rt II	Sig	gnature Block								
Und	der pei	nalties c	of perjury, I declare that I have examined this return, including accompanying	schedu	ıles and s	statements,	and to th	ne best of	my	knowledge and be	lief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information	of whice	cn prepar	er has any k	nowledg	e.			
								5/21	/20	20	
Sig			Signature of officer				•	Date			
He	re		SHANNON SHARP CFC) & <i>I</i>	ASST :	TREASUF	RER				
			Type or print name and title								
		Print/	Type preparer's name Preparer's signature		Date		Ch	neck	if	PTIN	
Paic	i	DEV	IN L DUNCAN Jeman		5/	18/202	\wedge	elf-employ	'	P0124952	1
	parer		s name ►KPMG LLP								
Use	Only		saddress >345 PARK AVENUE NEW YORK, NY 10154-	s EIN ► 13-5565207 212-758-9700							
May	/ the		iscuss this return with the preparer shown above? (see instruc				Phone				Ma
			Reduction Act Notice, see the separate instructions.)						Form 990	No (2018)
. 01	. upc		readonon Act Honor, see the sopulate High delicits.							1 01111 3 3 0	(2010)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	: 6-Month Extension of Time. Only subm		•						
	ions required to file an income tax return other		· · · /	O C filoro) northorobino		AICa and truck			
•	· · · · · · · · · · · · · · · · · · ·		, ,	20-C filers), partnerships,	KEIV	nics, and trus	S		
nust use F	orm 7004 to request an extension of time to	me income	tax returns.						
	Name of exempt organization or other filer, see in	notructions		Enter filer's identifying		-	tions		
ype or	THE NEW YORK PUBLIC LIBRARY,		LENON VND	Employer identification nur	THIDEL (EIN) OI				
orint		ASIUK, I	LENOX AND	12 1007440					
ile by the	TILDEN FOUNDATIONS	!	-4:	13-1887440					
ue date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (SS	SN)				
ling your	445 FIFTH AVENUE 8TH FL								
eturn. See nstructions.	City, town or post office, state, and ZIP code. Fo								
	NEW YORK, NY 10016								
Inter the Re	eturn Code for the return that this application	n is for (file	a separate application t	for each return)		0	1		
				,					
Application		Return	Application			Retu	rn		
s For		Code	Is For			Cod	ie		
orm 990 o	r Form 990-EZ	01	Form 990-T (corpora	tion)		07			
orm 990-B	L	02	Form 1041-A			08			
orm 4720	(individual)	03	Form 4720 (other that	an individual)		09			
orm 990-P	F	04	Form 5227			10			
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11			
orm 990-T	(trust other than above)	06	Form 8870			12			
	SHANNON SHARP -	- CFO AS	ST TREAS						
Telephon If the org If this is for the whole	as are in the care of ► 445 FIFTH AVENUAL AVE	business ir our digit Gro If it is for pa	Fax No. ▶ In the United States, checking Exemption Number	(GEN)		. If this is			
	e names and EINs of all members the extens		2=11=						
	est an automatic 6-month extension of time u			20, to file the exempt	orga	anization retu	ſŊ		
for the	organization named above. The extension is	s for the or	ganization's return for:						
▶	calendar year 20 or								
ightharpoons X	tax year beginning 07/	<u>01</u> , 20 <u>1</u>	8_{-} , and ending	06/30_, 2	20 _1	.9			
	ax year entered in line 1 is for less than 12 n Change in accounting period								
3a If this	application is for Forms 990-BL, 990-PF, 9	990-T, 4720	0, or 6069, enter the	tentative tax, less any					
	undable credits. See instructions.				3a S	\$	0.		
b If this	application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any r	efundable credits and					
	ated tax payments made. Include any prior yea				3b 3	\$	0.		
c Baland	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	equired, by using EFTPS					
(Electi	onic Federal Tax Payment System). See instru	uctions.			3c	\$	0.		
aution: If yo	u are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, s	see Form 8453-EO and Form	887	9-EO for payme	ent		
nstructions.									
or Privacy	Act and Paperwork Reduction Act Notice, see inst	tructions.			orm	8868 (Rev. 1-	2019)		

JSA

Page 2 Form 990 (2018)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III											
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.											
	SERGING, ADVANCE MONDEDGE, AND DIRENGIMEN OUR COMMONITIES.											
_												
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 X 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?											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by											
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,											
	the total expenses, and revenue, if any, for each program service reported.											
_												
4a	(Code:) (Expenses \$177,596,794. including grants of \$104,756.) (Revenue \$2,401,994.) THE BRANCH LIBRARIES - THE SERVICES OF THE 88 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. FOR MORE INFORMATION,											
	SEE SCHEDULE O.											
_												
4b	(Code:) (Expenses \$109,945,480. including grants of \$1,608,162) (Revenue \$2,672,763) THE RESEARCH LIBRARIES - DURING FISCAL YEAR 2019, 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, DOROTHY AND LEWIS B. CULLMAN CENTER - HAD 4.6 MILLION											
	DN-SITE USERS. THE RESEARCH LIBRARIES SPONSORED 3,037 PROGRAMS,											
	ATTENDED BY 127,131 PATRONS. LIBRARY STAFF RESPONDED TO 521,000											
	REFERENCE INQUIRIES. FOR MORE INFORMATION, SEE SCHEDULE O.											
_												
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)											
4d	Other program services (Describe in Schedule O.)											
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 287.542.274.											

Form **990** (2018)

4e Total program service expenses ▶ JSA 8E1020 1.000 3089AZ 2231 V 18-7.6F 2527752 Form 990 (2018) Page **3**

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

JSA 8E1021 1.000

Form **990** (2018)

3089AZ 2231 V 18-7.6F 2527752

Form 990 (2018) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26		х
27	disqualified persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		_ 50		
rail	Check if Schedule O contains a response or note to any line in this Part V			
	Oneck is observate of contains a response of flote to any line in this part v		Yes	No
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 483		. 03	.,,5
	Enter the number of Fermi V. 20 molecular line for Enter of infort applicable [1,1,1,1,1]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2018) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3,684			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	$See instructions for filing \ requirements for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			v
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C I-		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
L-	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		
	roo, one and an oam or tax oxempt more or accorded as my me year 1111	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	- Tu		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 42			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 41			
2	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?	2	X	
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	. 1	Λ
Secu	on B. Folicies (This Section B requests information about policies not required by the internal Nevertue	Code	·/ Yes	No
40.	D'il the come c'est's a hard shortest have been seen (C'estes O	10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		- 1 4		
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another of website and Another			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record Shannon Sharp - CFO 445 FIFTH AVE NEW YORK, NY 10016	s 🕨		

Form **990** (2018)

JSA

8E1042 1.000 3089AZ 2231 V 18-7.6F 2527752 PAGE 9

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	(do not ch box, unles		Pos heck ss pe	erson	e than one is both an tor/trustee) Highest employ		(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
	line)	rustee	al trustee		/ee	compensated ee				organizations
(1)ANTHONY W. MARX	40.00									
TRUSTEE, PRESIDENT AND CEO	0.	Х		Х				812,374.	0.	86,106.
(2)MATTHEW R. AILEY (BEG 9/18)	1.00									
EX OFFICIO TTEE, REP OF SPKR	0.	Х						0.	0.	0.
(3)KWAME ANTHONY APPIAH	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(4)PETER BALDWIN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(5) JOHN H. BANKS III	1.00									
TRUSTEE	0.	X						0.	0.	0.
(6) MAHNAZ ISPAHANI BARTOS	5.00									
TRUSTEE	0.	X						0.	0.	0.
(7)LISA J. BLAU	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(8)JILL H. BRIGHT	1.00									
EX OFFICIO TTEE, REP OF MAYOR	0.	X						0.	0.	0.
(9) EVAN ROBERT CHESLER	5.00									
CHAIRMAN & TRUSTEE	0.	X						0.	0.	0.
(10)RICHARD COHEN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(11)H.R.H. PRINCESS FIRYAL	1.00									
TRUSTEE	0.	X						0.	0.	0.
(12)HENRY LOUIS GATES, JR	1.00									
TRUSTEE	0.	X						0.	0.	0.
(13)WILLIAM GRAY	2.00									
TRUSTEE	0.	X						0.	0.	0.
(14)ETHAN HAWKE	1.00									
TRUSTEE	0.	X						0.	0.	0.
										Form 990 (2018)

Form **990** (2018)

JSA.

Form 990 (2018) Page **8**

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

(A) Name and title	(B) Average	Average			C) sition	- 4h		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	box,	unles	ss pe	erson	e than o	an	compensation from	related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) JOHN B. HESS TRUSTEE	1.00	Х						0.	0.	0.
16) HON. ROBERT A. KATZMANN	2.00							0.	0.	0.
TRUSTEE	0.	Х						0.	0.	0.
17) ARTHUR KOENIG	2.00									
TRUSTEE	0.	Х						0.	0.	0.
18) BETH KOJIMA	3.00									
TRUSTEE	0.	Х						0.	0.	0.
19) JANE LAUDER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
20) ROBERT LIBERMAN	2.00									
FOUNDATION TRUSTEE	0.	X						0.	0.	0.
21) SCOTT D. MALKIN	2.00									
TRUSTEE	0.	X						0.	0.	0.
22) CAREY MALONEY (END 11/18)	1.00	,								0
EX OFFICIO TTEE, REP OF SPKR	0.	X						0.	0.	0.
23) HON. VICTOR MARRERO FOUNDATION TRUSTEE (END 11/18)	1.00	Х						0.	0.	0.
24) CATHERINE C. MARRON	1.00							_		_
TRUSTEE	0.	X						0.	0.	0.
25) HAROLD W. MCGRAW III	1.00									0
TRUSTEE	0.	X						0.	0.	0. 86,106.
1b Sub-total								812,374. 6,305,730.	0.	1,741,164.
c Total from continuation sheets to Part VII, S	-		• •		• •			7,118,104.	0.	1,827,270.
d Total (add lines 1b and 1c)							<u> </u>			1,027,270.
2 Total number of individuals (including but not reportable compensation from the organization)		171		u ai	DOV	e) who) TE	ceived more man	\$100,000 oi	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations groups									4 X	
 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									5 X	
Section B. Independent Contractors										

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

(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 73

Form **990** (2018)

JSA 8E1055 1.000

Part VII

Form 990 (2018) Page 8

Part VII Section A. Officers, Directors, Tr	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related organizations	an	(F) stimated nount of other npensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	rom the ganization of related anization	on ed
26) RAYMOND J. MCGUIRE	1.00											
TRUSTEE	0.	X						0.	0.			0.
27) LEIGH M. MILLER (END 11/18)	1.00								0.			0
EX OFFICIO TTEE, REP OF COMPT 28) ABBY S. MILSTEIN	4.00	X						0.	0.			0.
VICE CHAIRMAN & TRUSTEE	10.	X						0.	0.			0.
29) SUSAN MORGENTHAU	4.00	- 21						0.	· ·			
TRUSTEE	0.	X						0.	0.			0.
30) LISETTE NIEVES (BEG 2/19)	5.00											
EX OFFICIO TTEE, REP OF COMPT	0.	Х						0.	0.			0.
31) JESSYE NORMAN	1.00											
TRUSTEE	0.	Х						0.	0.			0.
32) RICHARD L. PLEPLER	1.00											
TRUSTEE	0.	X						0.	0.			0.
33) KATHARINE J. RAYNER TRUSTEE	1.00	X						0.	0.			0.
34) DAVID REMNICK	1.00											
TRUSTEE	0.	X						0.	0.			0.
35) CARLOS RODRIGUEZ-PASTOR TRUSTEE	1.00	Х						0.	0.			0.
36) ANDRES SANTO DOMINGO TRUSTEE	1.00	X						0.	0.			0.
1b Sub-total												
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 171		d al	bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	X	
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 	•	•							· ·			

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

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

R ang Form 990 (2018)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ted Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than or is both a tor/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) STEPHEN A. SCHWARZMAN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
38) DINAKAR SINGH	5.00									
TRUSTEE	0.	X						0.	0.	0
39) ANDREW SOLOMON (BEG 5/19)	$\frac{1.00}{0.}$									0
TRUSTEE 40) GAYFRYD STEINBERG	1.00	X						0.	0.	0
TRUSTEE	$-\frac{1.00}{0.}$	X						0.	0.	0
41) GEORGE STEPHANOPOULOS	1.00	21						0.		0
TRUSTEE	0.	X						0.	0.	0
42) JAMES S. TISCH	2.00									
TRUSTEE	0.	X						0.	0.	0
43) LUIS A. UBINAS	3.00									
TRUSTEE	0.	Х						0.	0.	0
44) TALI FARHADIAN WEINSTEIN	1.00									
TRUSTEE	0.	Х						0.	0.	0
45) ANTHONY A. YOSELOFF	1.00									
TRUSTEE	0.	Х						0.	0.	0
46) TONY AGEH	35.00									
CHIEF DIGITAL OFFICER	0.			Х				391,782.	0.	81,605
47) MICHAEL DARDIA (END 1/19)	35.00									
VP, FINANCE & ASST TREASURER	0.			Х				320,824.	0.	2,117
1b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c)							> > >			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste			e) who	re	eceived more than	\$100,000 of	I
										Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee										3 X
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4 X		
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor compensation from the organization. Report										

year.

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

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

Form 990 (2018)

Page 8

Part VIII Section A Officers Directors Trustees Key Employees and Highest Compensated Employees (continued)

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y Em	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(-1			ition	- 45		Reportable	Reportable	Estimated
	hours per week (list any	,				e than or is both a		compensation from	compensation from related	amount of other
	hours for					tor/truste		the	organizations	compensation
	related	Indi or c	Inst	Officer	Key	Highest employe	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	it i	cer	em	nest	ner	(W-2/1099-MISC)		organization and related
	line)	tor tr	onal		Key employee	con				organizations
		Individual trustee or director	Institutional trustee		ee	nper				
		ď	stee			t compensated /ee				
40) GERMANIALI GUDMA	25.00					8				
48) GEETANJALI GUPTA	35.00			3.7				F00 000		70 070
CHIEF INVESTMENT OFFICER	0.			X				580,099.	0.	72,870
49) RISA HONIG	35.00							054 100		46 516
VP, CAPITAL PLANNING & CONSTR	0.			Х				254,190.	0.	46,516
50) WILLIAM KELLY	35.00			3.7				407 570		44 645
ANDREW W. MELLON DIRECTOR	0.			Х				407,570.	0.	44,645
51) CARYL MATUTE	35.00			3.7				156 600		105 002
INTERIM CHIEF BRANCH LIBRARY	0.			X				156,608.	0.	195,803
52) MICHELE COLEMAN MAYES	35.00							200 520		22 204
VP, GENERAL COUNSEL AND SEC	0.			X				380,738.	0.	33,384
53) GEORGE MIHALTSES	35.00									
VP, GOV'T & COMMUNITY AFFRS	0.			Х				198,037.	0.	85,289
54) TERRANCE NEAL	35.00									
VP, HUMAN RESOURCES	0.			Х				227,719.	0.	220,827
55) CHRISTOPHER D. PLATT	35.00								_	
CHF BRANCH LIB OFF(END 10/18)	0.			Х				286,017.	0.	143,409
56) FAY ROSENFELD	35.00								_	
VP, PUBLIC PROGRAMS	0.			X				223,183.	0.	39,548
57) SHANNON SHARP (BEG 12/18)	35.00									
CFO & ASST TREASURER	0.			Х				16,673.	0.	2,791
58) LOUISE SHEA (END 7/18)	35.00									
VP, HUMAN RESOURCES	0.			Х				249,485.	0.	117,980
1b Sub-total							\blacktriangleright			
c Total from continuation sheets to Part VII, S	_						▶			
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but not				d al	bov	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶	1./1	L							
										Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	mp	loyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ual						3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	per	sation	ar	nd other compens	sation from the	
organization and related organizations gr	eater than	\$15	50,0	00?	. If	"Yes,	." (complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	es," comple	te Sch	hedu	ıle J	l for	such	oer.	son		5 X

Section B. Independent Contractors

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

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

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

Form **990** (2018)

JSA 8E1055 1.000

	(A)	(B)		٠,٠.٠) C)	u I	. <u>9</u>	hest Compensat (D)	(E)	0	(F)	
	Name and title	Average hours per week (list any	box,	unles	Pos neck ss pe	ition more	than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	an	stimated nount o other	of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensati om the anizatio d related anization	on d
59)	JADRIEN F. STEELE	35.00			37				001 171	0	1	02.0	264
<u> </u>	VP, DEVELOPMENT IRIS WEINSHALL	35.00			Х				281,171.	0.		.03,8	364
	COO AND TREASURER	0.			Х				429,377.	0.		58,0	041
61)	CARRIE WELCH CHIEF EXTERNAL RELATIONS OFFCR	35.00			Х				380,411.	0.		69,8	339
62)	GENNARO J. OLIVA DIRECTOR, FACILITIES MGMT	35.00				X			220,530.	0.	1	25,5	553
63)	KEVIN L. YOUNG	35.00								0.			
	DIRECTOR, THE SCHOMBURG CENTER	0.					Х		269,890.	0.		44,4	164
64)	JENNIFER FRIEDMAN DIRECTOR, CPTL/RE INITIATIVES	35.00					Х		230,567.	0.		75,9	916
65)	SALVATORE SCIBONA	35.00								_			
<u></u>	DIRECTOR, SCHOLARS AND WRITERS	0.					X		226,779.	0.		50,3	314
00)	JACQUELINE Z. DAVIS EXECUTIVE DIRECTOR, LPA	35.00					X		222,462.	0.		38,7	756
67)	LORRAINE KARLEN	35.00					- 21		222,102.	0.		30,1	-50
	CONTROLLER	0.					Х		217,465.	0.		74,4	149
68)	JACQUELINE F BAUSCH (END 8/17)	0.								_			
	FMR VP, DEP GEN COUNSEL & ASST	0.						X	134,153.	0.		13,1	L84
c d	Sub-total Total from continuation sheets to Part VII, Sometimes 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A limited to t		liste				re	eceived more than	\$100,000 of			
	reportable compensation from the organization		т/1	-								Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										3	Х	
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	le c	om 00?	per <i>If</i>	satior <i>"Ye</i> s	n aı s,"	nd other compens complete Schedu	sation from the le J for such	4	Х	
	individual												1

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

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

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

Form **990** (2018)

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Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ع 1a	Federated campaigns 1a					
o b	41.					
c ₹	Fundraising events 1c	5,075,678.				
<u>j</u> aj	Related organizations 1d					
i⊒ e	Government grants (contributions) 1e	281,370,731.				
je f	All other contributions, gifts, grants,					
ਰੋ∣	and similar amounts not included above . 1f	48,085,859.				
and Other Similar Amounts	Noncash contributions included in lines 1a-1f: \$	2,707,154.	224 520 000			
11	Total. Add lines 1a-1f	Business Code	334,532,268.			
2a b c c d e e f g	FINES AND FEES	900099	1,689,970.	1,689,970.		
2a	TICKET SALES	900099	294,849.	294,849.		
ם ב	PHOTOCOPY, MICROFILM	519100	745,902.	745,902.		
<u> </u>	INFORMATION SERVICES	519100	9,020.	9,020.		
i a			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5) t	All other program service revenue					
[2,739,741.	,		
3	Investment income (including dividend					
	and other similar amounts).	▶	9,391,794.		-1,478,706.	10,870,500
4	Income from investment of tax-exempt bond p	oroceeds . ►	0.			
5	Royalties		167,559.			167,559
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
C	, ,					
d	Net rental income or (loss)	(ii) Other	0.			
/a	assets other than inventory 418,916,418.	98,023,450.				
١.	,	70,023,430.				
b	Less: cost or other basis and sales expenses 403,404,644.	76,135,645.				
c	and sales expenses	21,887,805.				
	Net gain or (loss)		37,399,579.		8,615.	37,390,964
	Gross income from fundraising					
	events (not including \$5,075,678.					
	of contributions reported on line 1c).					
<u> </u>	See Part IV, line 18	222,341.				
5 b	Less: direct expenses b	266,686.				
C	Net income or (loss) from fundraising events		-44,345.			-44,345
9a	Gross income from gaming activities.					
	See Part IV, line 19	0.				
b	•	0.				
C	Net income or (loss) from gaming activities.		0.			
10a	**	E 04E 036				
	returns and allowances a	5,845,036.				
b			1,520,469.	927,278.	593,191.	
	Miscellaneous Revenue	Business Code	1,320,403.	241,410.	3,3,131.	
44.	FEE - USE OF SPACE	532000	4,598,247.		520,844.	4,077,403
11a b	INTUEDCAL CEDULCEC DEIMDIDCEMENT	900099	1,706,105.		,	1,706,105
C	DIIDI TOATTONG	519100	354,227.	354,227.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d			1,053,511.	1,053,511.		
e			7,712,090.			
12	Total revenue. See instructions.		393,419,155.	5,074,757.	-356,056.	54,168,186

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
<u>Do</u>			(B)		(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,235.	39,235.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,673,683.	1,673,683.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	7,318,656.	2,426,342.	3,951,805.	940,509.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	110 217 240	10 510 601	2 024 210
	Other salaries and wages	132,764,271.	118,317,340.	10,512,621.	3,934,310.
8	Pension plan accruals and contributions (include	15,616,744.	12 677 222	1 450 150	400 262
	section 401(k) and 403(b) employer contributions)	34,463,930.	13,677,322.	1,450,159.	489,263. 1,163,995.
9	Other employee benefits	10,145,192.	8,757,359.	1,034,496.	353,337.
10	Payroll taxes	10,145,192.	0,757,359.	1,034,490.	333,337.
11	Fees for services (non-employees):	0.			
	Management	330,366.		330,366.	
	Legal	563,643.		563,643.	
	Accounting	86,114.		86,114.	
	Lobbying Professional fundraising services. See Part IV, line 17	309,800.		33,111	309,800.
		4,658,820.		4,658,820.	
		, , , , , , , , ,		, ,	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,942,317.	7,245,195.	577,661.	1,119,461.
12	Advertising and promotion	1,678,282.	467,499.	161,888.	1,048,895.
13	Office expenses	6,595,172.	5,992,463.	238,138.	364,571.
14	Information technology	5,257,493.	4,665,177.	414,045.	178,271.
15	Royalties	0.			
16	Occupancy	25,310,578.	24,726,132.	407,883.	176,563.
17	Travel	308,720.	270,821.	25,896.	12,003.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	241,855.	224,866.	15,035.	1,954.
20	Interest	12,700,908.	11,199,335.	1,030,168.	471,405.
21	Payments to affiliates	0.	21,349,310.	780,901.	270 221
22	Depreciation, depletion, and amortization	2,131,708.	2,000,130.	117,820.	270,331.
23	Insurance	2,131,700.	2,000,130.	117,020.	13,730.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	BOOKS AND BINDING	30,148,163.	30,148,163.		
_	BUILDING REPAIR & RENOVATION	2,700,313.	2,700,313.		
-	AUTO RELATED EXPENDITURES	512,795.	512,795.		
_	UNRELATED BUSINESS INC TAX	437,163.	,	437,163.	
_	All other expenses	2,112,282.	1,586,610.	443,737.	81,935.
	Total functional expenses. Add lines 1 through 24e	329,448,745.	287,542,274.	30,976,110.	10,930,361.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
		0.			

Form 990 (2018) Page **11**

Part X Balance Sheet

Га	τX	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this F	Part X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	56,024.	1	196,075.
	2	Savings and temporary cash investments	134,734,121.	2	115,067,312.
	3	Pledges and grants receivable, net	146,551,470.	3	194,025,576.
	4	Accounts receivable, net	8,828,367.	4	7,487,721.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	5	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	53,218.	8	334,365.
•	9	Prepaid expenses and deferred charges	5,473,886.	9	6,371,094.
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 927, 109, 838.			
	b	Less: accumulated depreciation 10b 433,982,365.	_	10c	493,127,473.
	11	Investments - publicly traded securities	445,254,269.	11	365,273,530.
	12	Investments - other securities. See Part IV, line 11	867,223,164.	12	935,129,625.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets	<u>-</u>	14	0.
	15	Other assets. See Part IV, line 11	5,957,591.	15	5,921,289.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	2,122,934,060.
	17	Accounts payable and accrued expenses	88,651,647.	17	97,718,205.
	18	Grants payable	0.	18	0.
	19	Deferred revenue		19	42,797,114.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons. Complete Part II of Schedule L		22	0.
_	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	7,098,937.	24	7,163,326.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	362,585,783.	25	378,711,003.
\Box	26	Total liabilities. Add lines 17 through 25	489,610,969.	26	526,389,648.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	648,839,109.	27	629,883,473.
Ba	28	Temporarily restricted net assets	432,942,624.	28	499,381,928.
pu	29	Permanently restricted net assets	463,061,137.	29	467,279,011.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	1,544,842,870.	33	1,596,544,412.
	34	Total liabilities and net assets/fund balances	2,034,453,839.	34	2,122,934,060.
					Form 990 (2018

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		29,4		
3	Revenue less expenses. Subtract line 2 from line 1	3		63,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		44,8		
5	Net unrealized gains (losses) on investments	5		-1,1	83,4	22.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	11,0	85,4	46.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1,5	96,5	44,4	12.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the		v	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NEW YORK PUBLIC LIBRARY

13-1887440

Employer identification number

AS.	ΓOR ,	LENOX AND TILDEN	FOUNDATIONS				13-18874	40
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	i.
		nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	· ·	•	•		(// // /	
5		An organization operated f		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C		5	,	•	, 0	
6		A federal, state, or local go	• /	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	•					om the general public
		described in section 170(b)	•	·		J		0 1
8		A community trust describe			Part II.)			
9	П	An agricultural research org				operated	d in conjunction with a	land-grant college
-	ш	or university or a non-land-	=			-	-	-
		university:	g	, (,		······································	comege co
10		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
. •	ш	receipts from activities rela	ted to its exempt f	unctions - subject to o	certain e	xception	is, and (2) no more tha	n 331/3 %of its
		support from gross investmacquired by the organizatio						businesses
11		An organization organized a						
12	\Box	An organization organized a	•	•	•			carry out the purposes
_	ш	of one or more publicly su	•					•
		Check the box in lines 12a t						
_		Type I. A supporting orga	_			-	•	_
а		the supported organization	•	•	•		• , ,	
		supporting organization.				ajointy of	the directors of truste	es of the
b		Type II. A supporting org	•	•		with ite	supported organizati	on(s) by having
~		control or management of	-					
		organization(s). You must				o po.co.	io that control of man	ago ino capportoa
c		Type III functionally integ			ited in co	onnectio	n with and functional	lly integrated with
_		_ its supported organization						,g,
d		Type III non-functionally		-				ted organization(s)
		that is not functionally inte			-			= ::
		requirement (see instructi	•	•	•		•	
е		Check this box if the orga		•				I. Type III
		functionally integrated, or					• • • • • •	, ,,
f	Ent	er the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (666 mondono))	Yes	No		datasis,
(A)								
(~)								
(B)								
(C)								
,								
(D)								
. ,								
(E)								
Tota								

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,004,584.	46,603,843.	96,533,476.	64,977,441.	53,161,537.	308,280,881.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	175,409,689.	212,285,242.	219,466,452.	225,585,287.	281,370,731.	1,114,117,401.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	8,867,089.	7,631,916.	8,428,418.	8,033,320.	7,116,826.	40,077,569.
4	Total. Add lines 1 through 3	231,281,362.	266,521,001.	324,428,346.	298,596,048.	341,649,094.	1,462,475,851.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						0.
_	tion B. Total Support						1,402,473,631.
		(=) 2011	(b) 2045	(=) 2046	(4) 2017	(=) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	231,281,362.	266,521,001.	324,428,346.	298,596,048.	341,649,094.	1,462,475,851.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,609,607.	15,174,875.	24,185,852.	29,889,056.	9,559,353.	93,418,743.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	431,506.		1,210,891.	1,202,043.		2,844,440.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,624,348.	6,704,458.	5,220,400.	5,855,666.	5,783,508.	
11	Total support. Add lines 7 through 10						1,586,927,414.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	36,794,794.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li		•			14	92.16%
15	Public support percentage from 2017					15	91.40%
16a	331/3% support test - 2018. If the or	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization q						
b	331/3% support test - 2017. If the org						
	this box and stop here. The organizati	•		-			
17a	10%-facts-and-circumstances test - 2	2018. If the org	janization did no	ot check a box	on line 13, 16a	a, or 16b, and I	ine 14 is
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	Explain in
	Part VI how the organization meets t	he "facts-and-c	circumstances" te	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances'	" test, check th	nis box and st	op here.
	Explain in Part VI how the organizati	on meets the "	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	a publicly
	supported organization						▶ □
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	e
	instructions						▶ □
							000 ez 000 EZ\ 2019

8E1220 1.000 3089AZ 2231 V 18-7.6F 2527752 PAGE 21 Schedule A (Form 990 or 990-EZ) 2018 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				'	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	. ,	,,,	.,	. ,		
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	Other income Do not include gain or						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
1-4	organization, check this box and stop here .	· ·	· ·		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,		<u> </u>	mn (f))		. 15	%
16	Public support percentage from 2017 Schee					16	
	tion D. Computation of Investment						70
<u> 17</u>	Investment income percentage for 2018 (lin			13. column (f))		17	%
18	Investment income percentage for 2017 S					18	
	331/3% support tests - 2018. If the org						
134	17 is not more than 331/3%, check this						
h	331/3% support tests - 2017. If the orga	-	-	•			
D	line 18 is not more than 331/3%, check				· ·		
20	Private foundation. If the organization of		-	-			
				,,	,		

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Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
g Dy			
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	2		
er	3a		
id ie			
	3b		
3)			
	3с		
If	4a		
ın on	74		
11 1	4b		
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	10a		
to			
	10b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **5**

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Socti	ion D. All Type III Supporting Organizations	1		
Jecti	on B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	24		
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the arganization have the payor to regularly appoint or elect a majority of the officers directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7.) 7.1101 7.001	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	,		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).			• •

Schedule A (Form 990 or 990-EZ) 2018

8E1231 1.000 3089AZ 2231 V 18-7.6F 2527752 PAGE 25

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

Schedule A (Form 990 or 990-EZ) 2018

3089AZ 2231 V 18-7.6F 2527752 PAGE 26 Schedule A (Form 990 or 990-EZ) 2018 Page **8**

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

OTHER INCOME

SCHEDULE A, PART II, SECTION B, LINE 10

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 B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

2018

Employer identification number

THE NEW YORK PUBLIC LIBRARY ASTOR, LENOX AND TILDEN FOUNDATIONS 13-1887440 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

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

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

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

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

Employer identification number 13-1887440

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1_		\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		

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

Employer identification number
13-1887440

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

Name of or	ganization THE NEW YORK PUBLIC LI	BRARY	Employer identification number				
	ASTOR, LENOX AND TILDE		13-1887440				
Part III	(10) that total more than \$1,000 for	the year from any one contribute ons completing Part III, enter the to e year. (Enter this information once	or. Complete columns (a) through (e) and that of exclusively religious, charitable, etc				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Tarri			_				
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4 Rel	ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
	(e) Transfer of gift						
	Transferee's name, address, ar	ationship of transferor to transferee					
(a) No.	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
Part I	(a) i diposo di giit	(b) Pulpose of gift (c) ose of gift					
			_				
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4 Rel	ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
			_				
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4 Rel	ationship of transferor to transferee				

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization THE NEW YORK PUBLIC LIBRARY Employer identification number ASTOR, LENOX AND TILDEN FOUNDATIONS 13-1887440 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions)........... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities.....▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5)

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

Schedule C (Form 990 or 990-EZ) 2018

(6)

Sch	edule C (Form 990 or 990-EZ) 2018	THE NE	W YORK F	UBLIC LIBRARY		13-1	.887440 Page 2
Pa	Complete if the org section 501(h)).	janizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
	address, EIN, exp	enses, a	ind share of	excess lobbying expe	enditures).	ch affiliated group mem	ber's name,
В	Check ► if the filing organiz	ation ch	ecked box A	A and "limited contro	l" provisions app	ly.	
	Limits (The term "expendit		ying Expend		,	(a) Filing	(b) Affiliated
_	•					organization's totals	group totals
	Total lobbying expenditures to in Total lobbying expenditures to in						
	Total lobbying expenditures (ad		-				
	I Other exempt purpose expendit				_		
	Total exempt purpose expendite						
	Lobbying nontaxable amount.	-		•	_		
•	columns.	Lintor tir	o amount i	Tom the renewing	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amount	is:		
	Not over \$500,000	, (2)	-	amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000		us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5			us 10% of the excess			
	Over \$1,500,000 but not over \$17,	000,000		us 5% of the excess of			
	Over \$17,000,000		\$1,000,000				
g	Grassroots nontaxable amount	(enter 25	5% of line 1f)				
h	Subtract line 1g from line 1a. If	zero or le	ess, enter -0				
i	Subtract line 1f from line 1c. If a	zero or le	ss, enter -0-				
j	If there is an amount other th	an zero	on either I	ine 1h or line 1i, o	did the organizat	ion file Form 4720	
	reporting section 4911 tax for the						Yes No
				aging Period Unde			
	(Some organizations tha			11(h) election do no te instructions for l			nns below.
		Lobk	ying Exper	nditures During 4-Yo	ear Averaging Per	iod	
	Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

JSA

8E1265 1.000 3089AZ 2231 V 18-7.6F 2527752 PAGE 33 Schedule C (Form 990 or 990-EZ) 2018 Page **3**

Pa	complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ file	d For	m 576	8	•	age G
	and Went manages on the Anthony to the law manifes in Doub W. and tailed	(a	a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
•	referendum, through the use of:	Х					
a b	Volunteers?	Х					
C	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?	Х				23	,819
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				72	,673
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?		Х			0.6	,492
j	Total. Add lines 1c through 1i		Х			90	,492
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or s	ection	1		
	501(c)(6).		•				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	tt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts (of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s ·		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ng	4			
5	and political expenditure next year?			5			
	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	d grou	ıp list); Part	II-A, li	nes 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	Ū	•				
SE	E PAGE 4						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY

SCHEDULE C, PART II-B, LINE 1D

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

PAID STAFF OR MANAGEMENT: THE LIBRARY UTILIZES, ON A LIMITED BASIS, THREE OFFICERS TO LOBBY ELECTED OFFICIALS AT THE STATE AND CITY LEVELS ON LIBRARY-RELATED FUNDING AND LEGISLATIVE AND ADMINISTRATIVE ACTIONS. IN ADDITION, THE LIBRARY'S ASSOCIATE DIRECTOR OF COPYRIGHT AND INFORMATION POLICY LOBBIED AT THE FEDERAL LEVEL IN REGARDS TO PROPOSED LEGISLATION AND REGULATIONS IN FISCAL YEAR 2019.

MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC: THE LIBRARY PREPARES

MAILINGS TO ELECTED OFFICIALS AT ALL THREE LEVELS OF GOVERNMENT REGARDING
FUNDING AND LEGISLATIVE ISSUES.

DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: THE LIBRARY'S IN-HOUSE GOVERNMENT AND COMMUNITY AFFAIRS STAFF, WITH THE ASSISTANCE OF LOBBYISTS, MEET ELECTED AND APPOINTED GOVERNMENT OFFICIALS AND THEIR STAFF REGARDING LIBRARY-RELATED FUNDING AND LEGISLATIVE AND ADMINISTRATIVE ACTIONS. IN ADDITION, THE LIBRARY'S ASSOCIATE DIRECTOR OF COPYRIGHT AND INFORMATION POLICY HAD DIRECT CONTACT WITH GOVERNMENT OFFICIALS AND THEIR STAFF IN FISCAL YEAR 2019.

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization THE NEW YORK PUBLIC LIBRARY Employer identification number ASTOR, LENOX AND TILDEN FOUNDATIONS 13-1887440 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items: ▶ \$

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

Schedule D (Form 990) 2018

b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	3 Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of it collection terms (check all that apply): a	3 L							
a	a		boing the organizations acquisition		other records chec	k anv of the to	niowing that are a sig	nificant use	of its
a	a	r	collection items (check all that appl		other records, ones	it dily of the re	Showing that are a org	illiourit doc	01 110
b	b X Scholarly research C X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pair XIV SIII. SUring 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 X Nearth Yes assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X Nearth Yes assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X Nearth Yes	1		<i>y</i> /·	d X Loan	or exchange pro	ngrams		
c	The second to the organization for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII. 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 organizations collection? Yes N						ogranio		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 X No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 XY. b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year, 1d Distributions during the year, 1d Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions 21,943,343, 34,275,259, 11,375,294, 13,882,606, 21,067,223. and losses 36,999,085, 11,125,047, 176,169,240, -51,569,981, 63,422,733. and losses 36,999,085, 11,125,047, 176,169,240, -51,569,981, 63,422,733. and programs 1,111,999, 1,047,799, 1,002,400, 980,732, 1,008,643. e Other expenditures for facilities and programs 1,111,999, 1,047,799, 1,002,400, 980,732, 1,008,643. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 39,8532 % b Permanent endowment ▶ 60.1468 % Treprecentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endo	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII. 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?	1		ations					
XIII. 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?	XIII. 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'?	- 1			and explain how	they further the	e organization's exemr	ot purpose i	in Part
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 X No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 If "Yes," explain the arrangement in Part XIII and complete the following table: ■ Beginning balance 16	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'.		· · · · · · · · · · · · · · · · · · ·		- and		o organization or onemp	. рапросо .	
Part V	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.			n solicit or receive o	lonations of art hist	orical treasures	or other similar		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1a Ending balance 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 21, 21, 21, 23, 343, 34, 275, 259, 11, 375, 294, 13, 882, 606, 21, 067, 22; 40. b Contributions 21, 943, 343, 34, 275, 259, 11, 375, 294, 13, 882, 606, 21, 067, 22; 40. c Net investment earnings, gains, and losses 36, 998, 085, 111, 125, 047, 176, 169, 240, -51, 569, 981, 63, 422, 73; 40. d Grants or scholarships 1, 111, 999, 1, 047, 799, 1, 002, 400, 980, 732, 1, 008, 64; 40. e Other expenditures for facilities and programs 37, 727, 844, 49, 677, 528, 48, 569, 799, 47, 856, 534, 47, 567, 49; 49; 49, 677, 528, 48, 569, 799, 47, 856, 534, 47, 567, 49; 49; 40. f Administrative expenses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ≥ 39, 8532, % b Permanent endowment ≥ 60, 1468, % c Temporarily restricted endowment ≥ 60, 1468, % c Temporarily res	Part V		=				,	Yes	X No
Complete if the organization answered "Yes" on 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1	Complete if the organization answered "Yes" on 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?					g			
990, Part X, line 21. 1a Is the organization an agent frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 7 Telding balance 10 Telding balance 11 Telding balance 12 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions 21, 943, 343, 34, 275, 259, 11, 375, 294, 13, 882, 606, 21, 067, 22 C Net investment earnings, gains, and losses. 36, 998, 085, 111, 125, 047, 176, 169, 240, -51, 569, 981, 63, 422, 73 d Grants or scholarships 1, 111, 999, 1, 047, 799, 1, 002, 400, 980, 732, 1, 008, 64 e Other expenditures for facilities and programs 51, 727, 844, 49, 677, 528, 48, 569, 799, 47, 856, 534, 47, 567, 49 g End of year balance 1281259712, 1275158127, 1180483148, 1042510813, 112903545 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasi-endowment ▶ 39, 8532 % b Permanent endowment ▶ 60,1486 % The percentages on lines 28, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) are the related organization silted as required on Schedule R? The percentages on lines 28, 2b, and 2c should equal 100%. 3a Are there endowment ▶ 60,1486 % 1a Land, (1492, 892, 144, 392, 997, 298, 999, 999, 298, 999, 298, 999, 298, 99				es" on Form 990, I	Part IV, line 9,	or reported an amou	nt on Form	า
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	included on Form 990, Part X?						·		
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	included on Form 990, Part X?	1a	s the organization an agent, truste	e, custodian or othe	er intermediary for o	ontributions or	other assets not		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1							Yes	No
to Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2a Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Two years back (g) Two years b	C Beginning balance 1 1 1	b If	f "Yes," explain the arrangement in	n Part XIII and comp	olete the following ta	ble:	·		
d Additions during the year. e Distributions during the year	d Additions during the year						Amoun	t	
d Additions during the year. e Distributions during the year	d Additions during the year	c E	Beginning balance			1c			
e Distributions during the year	Example Distributions during the year 1								
f Ending balance	f Ending balance								
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a [Did the organization include an am	ount on Form 990,	Part X, line 21, for e	escrow or custo	odial account liability?	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" labels (i) Four years back (b) Two years back (c) Two years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) The years ba	Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b If	f "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been provi	ided on Part XIII		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 1275158127 1180483148 1042510813 1129035454 1093121643 b Contributions 21,943,343 34,275,259 11,375,294 13,882,606 21,067,222 c Net investment earnings, gains, and losses 36,998,085 111,125,047 176,169,240 -51,569,981 63,422,733 d Grants or scholarships 1,111,999 1,047,799 1,002,400 980,732 1,008,649 e Other expenditures for facilities and programs 51,727,844 49,677,528 48,569,799 47,856,534 47,567,499 f Administrative expenses 1281259712 1275158127 1180483148 1042510813 1129035454 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ≥ 39.8532 b Permanent endowment ≥ 60.1468 C Temporarily restricted endowment ≥ 9. The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X	1a Beginning of year balance 1275158127 1180483148 1042510813 1129035454 109312164 b Contributions 21,943,343 34,275,259 11,375,294 13,882,606 21,067,22 c Net investment earnings, gains, and losses 36,998,085 111,125,047 176,169,240 -51,569,981 63,422,73 d Grants or scholarships 1,111,999 1,047,799 1,002,400 980,732 1,008,64 e Other expenditures for facilities and programs 51,727,844 49,677,528 48,569,799 47,856,534 47,567,49 f Administrative expenses 1281259712 1275158127 1180483148 1042510813 112903545 e Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 39,8532 8	Part							
1a Beginning of year balance	1a Beginning of year balance 1275158127. 1180483148. 1042510813. 1129035454. 109312164 b Contributions 21,943,343. 34,275,259. 11,375,294. 13,882,606. 21,067,22 c Net investment earnings, gains, and losses 36,998,085. 111,125,047. 176,169,240. -51,569,981. 63,422,73 d Grants or scholarships 1,111,999. 1,047,799. 1,002,400. 980,732. 1,008,64 e Other expenditures for facilities and programs 51,727,844. 49,677,528. 48,569,799. 47,856,534. 47,567,49 f Administrative expenses 1281259712. 1275158127. 1180483148. 1042510813. 112903545 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasi-endowment		Complete if the organiza						
b Contributions	b Contributions								
b Contributions	b Contributions	1a E	Beginning of year balance						
and losses	and losses. 36,998,085. 111,125,047. 176,169,240. −51,569,981. 63,422,73 d Grants or scholarships 1,111,999. 1,047,799. 1,002,400. 980,732. 1,008,64 e Other expenditures for facilities and programs 51,727,844. 49,677,528. 48,569,799. 47,856,534. 47,567,49 f Administrative expenses 1281259712. 1275158127. 1180483148. 1042510813. 112903545 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 39.8532 % b Permanent endowment ▶ 60.1468 % c Temporarily restricted endowment ▶ 39.8532 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) are the related organizations listed as required on Schedule R? 3a(ii) are the related organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part SIII the intended uses of the organization's endowment funds. Describe in Part SIII the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (depreciation) (d) Book value (d) Book value (d) Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 4,192,892. 4,192,892. 5,294. 6,204. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.363,947,436.306,659,794. 6,206.7,140.			21,943,343.	34,275,259.	11,375,29	94. 13,882,606.	21,06	7,222.
d Grants or scholarships	d Grants or scholarships 1,111,999 1,047,799 1,002,400 980,732 1,008,64 e Other expenditures for facilities and programs 51,727,844 49,677,528 48,569,799 47,856,534 47,567,49 f Administrative expenses 1281259712 1275158127 1180483148 1042510813 112903545 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 39.8532 % b Permanent endowment ▶ 60.1468 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) are the related organizations listed as required on Schedule R? 3a(ii) x x x x x x x x x	c N	Net investment earnings, gains,						
e Other expenditures for facilities and programs	Column (a) Column (b) Column (c) Co								
and programs	and programs	d (Grants or scholarships	1,111,999.	1,047,799.	1,002,40	00. 980,732.	1,008	<u>8,649</u> .
f Administrative expenses	f Administrative expenses	e (Other expenditures for facilities						
g End of year balance	g End of year balance. 1281259712. 1275158127. 1180483148. 1042510813. 112903545 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 39.8532 % b Permanent endowment ▶ 60.1468 % c Temporarily restricted endowment ▶	а	and programs	51,727,844.	49,677,528.	48,569,79	99. 47,856,534.	47,56	7,495.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 39.8532 % Permanent endowment ▶ 60.1468 % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . Yes No 3a(i) X	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 39.8532 % b Permanent endowment ▶ 60.1468 % c Temporarily restricted endowment ▶ 60.1468 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i)	f A	Administrative expenses						
a Board designated or quasi-endowment ▶ 39.8532 % b Permanent endowment ▶ 60.1468 % c Temporarily restricted endowment ▶	a Board designated or quasi-endowment ▶ 39.8532 % b Permanent endowment ▶ 60.1468 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g E	End of year balance	1281259712.	1275158127.	118048314	48. 1042510813.	112903	<u>35454</u> .
b Permanent endowment ▶ 60.1468 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b Permanent endowment ▶	2 F	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) hel	ld as:		
c Temporarily restricted endowment ▶	Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .				_%				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 , 192, 892 b Buildings 670, 607, 140. 363, 947, 436. 306, 659, 704 c Leasehold improvements 48, 723, 150. 19, 097, 201. 29, 625, 949 d Equipment. 62, 268, 273. 50, 937, 728. 11, 330, 545								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	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 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (other) (other) (d) Book value 4 , 192, 892 b Buildings 670, 607, 140. 363, 947, 436. 306, 659, 704 c Leasehold improvements 48, 723, 150. 19, 097, 201. 29, 625, 949 d Equipment. 62, 268, 273. 50, 937, 728. 11, 330, 545			•					
organization by: (i) unrelated organizations Yes No 3a(i) X	Ves No No No No No No No N		. •	•					
(i) unrelated organizations	(i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii), are the related organizations listed as required on Schedule R? (iv) restricted in Part XIII the intended uses of the organization's endowment funds. Part VI			the possession of th	ne organization that	are held and a	dministered for the		
(i) difford organization of the first of the	(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (i		· ·						
	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land 4,192,892. 4,192,892. 4,192,892 b Buildings 670,607,140. 363,947,436. 306,659,704 c Leasehold improvements 48,723,150. 19,097,201. 29,625,949 d Equipment 62,268,273. 50,937,728. 11,330,545							· · ·	
(ii) Totalou organizationo () [] [] [] [] [] [] [] [] [] [Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,192,892 4,192,892 b Buildings 670,607,140 363,947,436 306,659,704 c Leasehold improvements 48,723,150 19,097,201 29,625,949 d Equipment 62,268,273 50,937,728 11,330,545	-	-						X
	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,192,892 4,192,892 4,192,892 b Buildings 670,607,140 363,947,436 306,659,704 c Leasehold improvements 48,723,150 19,097,201 29,625,949 d Equipment 62,268,273 50,937,728 11,330,545		• • • • • • • • • • • • • • • • • • • •	•	•			3b	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,192,892 4,192,892 4,192,892 b Buildings 670,607,140 363,947,436 306,659,704 c Leasehold improvements 48,723,150 19,097,201 29,625,949 d Equipment 62,268,273 50,937,728 11,330,545				tion's endowment fu	nds.			
Complete if the organization answered "Yes" on Form 990. Part IV. line 11a. See Form 990. Part X. line 10.	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,192,892 4,192,892 b Buildings 670,607,140 363,947,436 306,659,704 c Leasehold improvements 48,723,150 19,097,201 29,625,949 d Equipment 62,268,273 50,937,728 11,330,545	Part	Complete if the organiza	lipment. ation answered "Yo	es" on Form 990.	Part IV. line 1	1a. See Form 990. Pa	art X. line 1	10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value	1a Land 4,192,892 4,192,892 b Buildings 670,607,140 363,947,436 306,659,704 c Leasehold improvements 48,723,150 19,097,201 29,625,949 d Equipment 62,268,273 50,937,728 11,330,545			(a) Cost or	other basis (b) Cost	or other basis (c	c) Accumulated (
	b Buildings 670,607,140. 363,947,436. 306,659,704 c Leasehold improvements. 48,723,150. 19,097,201. 29,625,949 d Equipment. 62,268,273. 50,937,728. 11,330,545	4	d	,			depreciation	/ 100	902
	c Leasehold improvements. 48,723,150. 19,097,201. 29,625,949 d Equipment. 62,268,273. 50,937,728. 11,330,545						3 947 436		
	d Equipment								
			-						
	1/1/210/202 1/1/210/202						0,731,140.		
e Other								493,127	

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018			Page \$
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) COMMINGLED INVESTMENT FUNDS	642,725,599.	FMV	
(B) HEDGE FUNDS	211,579,486.	FMV	
(C) PRIVATE MARKET FUNDS	80,824,540.	FMV	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	935,129,625.		
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) Des	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1. (a) Description of liability	(b) Book valu	e	
(1) Federal income taxes	(*,		
(2) TAXABLE BONDS PAYABLE	183,764,2	247.	
(3) ACCRUED POSTRETIREMENT BENEFIT	92,582,2		
(4) FINANCING OBLIGATION	102,364,5		
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 378,711,003. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA 8E1270 1.000

Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	387,935,807.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
_	Donated services and use of facilities		
b	Donated Services and use of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	Tree veries of prior year granter 111111111111111111111111111111111111		
	Other (Describe in Lart Alli.)	2-	-2,874,102.
е	Add lines 2a through 2d	2e	390,809,909.
3	Subtract line 2e from line 1	3	390,809,909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4,658,820.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	2,609,246.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	393,419,155.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	336,234,265.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	11,444,340.
3	Subtract line 2e from line 1	3	324,789,925.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4,658,820.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	4,658,820.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	329,448,745.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. I	ine 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

3089AZ 2231 V 18-7.6F 2527752 PAGE 39

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS SCHEDULE D, PART III, LINES 1A AND 4

THE LIBRARY HAS EXTENSIVE RESEARCH 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 WHEN INCURRED AND DONATED COLLECTION ITEMS ARE NOT RECORDED. THE VALUE OF THE LIBRARY'S RESEARCH COLLECTIONS CANNOT BE DETERMINED.

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.

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE LIBRARY'S ENDOWMENT CONSISTS OF 430 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

Schedule D (Form 990) 2018

JSA 8E1226 1.000

3089AZ 2231 V 18-7.6F 2527752 PAGE 40

Part XIII Supplemental Information (continued)

THE ENDOWMENT FUNDS SUPPORT THE FOLLOWING PROGRAM ACTIVITIES:

- *BRANCH LIBRARIES
- *RESEARCH LIBRARIES
- *CONSERVATION AND CATALOGING
- *EXHIBITIONS AND PUBLIC EDUCATION PROGRAMS
- *OTHER PRINCIPALLY, FOR THE GENERAL OPERATIONS OF THE RESEARCH

LIBRARIES AND LIBRARY-WIDE PROGRAMS

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

SCHEDULE D, PART X, LINE 2

THE LIBRARY RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. AS OF JUNE 30, 2019 AND 2018, THE LIBRARY DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED BUSINESS INCOME TAX LIABILITY THAT WOULD HAVE A MATERIAL IMPACT UPON ITS FINANCIAL STATEMENTS.

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN

SCHEDULE D, PART XI, LINE 2D - OTHER

POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET

PERIODIC BENEFIT COST (\$11,085,446)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN

SCHEDULE D, PART XI, LINE 4B - OTHER

LABOR COSTS AND OTHER EXPENSES RELATED TO

UNRELATED BUSINESS USE OF SPACE (\$357,855)

LABOR COSTS AND OTHER EXPENSES ALLOCATED

TO COST OF GOODS SOLD (\$1,691,719)

Part XIII Supplemental Information (continued)

(\$2,049,574)

PER THE ORGANIZATION'S ACCOUNTING PRACTICES, EXPENSES RELATED TO SPECIAL EVENTS (DIRECT BENEFIT TO DONORS) ARE NETTED WITH REVENUE FROM SPECIAL EVENTS FOR FINANCIAL STATEMENT PRESENTATION. THESE AMOUNTS ARE INCLUDED ON SCHEDULE D, PART XI, LINE 1. COST OF GOODS SOLD RELATED TO THE SALE OF INVENTORY IS ALSO NETTED WITH REVENUE FROM SALES OF INVENTORY FOR FINANCIAL STATEMENT PRESENTATION. THESE AMOUNTS ARE INCLUDED ON SCHEDULE D, PART XI, LINE 1.

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN SCHEDULE D, PART XII, LINE 4B - OTHER

LABOR COSTS AND OTHER EXPENSES RELATED TO

UNRELATED BUSINESS USE OF SPACE

\$357,855

LABOR COSTS AND OTHER EXPENSES ALLOCATED

TO COST OF GOODS SOLD

\$1,691,719

\$2,049,574

PER THE ORGANIZATION'S ACCOUNTING PRACTICES, EXPENSES RELATED TO SPECIAL EVENTS (DIRECT BENEFIT TO DONORS) ARE NETTED WITH REVENUE FROM SPECIAL EVENTS FOR FINANCIAL STATEMENT PRESENTATION. THESE AMOUNTS ARE NOT INCLUDED ON SCHEDULE D, PART XII, LINE 1. COST OF GOODS SOLD RELATED TO THE SALE OF INVENTORY IS ALSO NETTED WITH REVENUE FROM SALES OF INVENTORY FOR FINANCIAL STATEMENT PRESENTATION. THESE AMOUNTS ARE NOT INCLUDED ON SCHEDULE D, PART XII, LINE 1.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name	of the organization THE NEW YOR	K PUBLIC I	JIBRARY		Employer identification	ation number
AST	OR, LENOX AND TILDEN FO	OUNDATIONS			13-18874	40
Part	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" on
1	For grantmakers. Does the orga	nization mainta	nin records to s	substantiate the amount of	its grants and other	
	assistance, the grantees' eligibili	ty for the grant	ts or assistance	e, and the selection criteri	a used to award the	
	grants or assistance?				l	Yes No
	For grantmakers. Describe in	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
	outside the United States.					
3	Activities per Region. (The follow	ving Part I line	3 table can be	dunlicated if additional so	ace is needed)	
	(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		104,628,319.
(2)	NORTH AMERICA	0.	0.	INVESTMENTS		1,717,077.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					106,345,396.
b	Total from continuation sheets to Part I					

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

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

106,345,396.

Schedule F (Form 990) 2018

1	(a) Name of organization	ny recipient who received (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
by t	er total number of recipient the IRS, or for which the gra er total number of other org	organizations listed above to the counsel has provide ganizations or entities	d a section 501(c)(3)	equivalency lette	r		▶		

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) _(4) (5) (6) (7) (8) (9) (10)(11) (12) (13)

Schedule F (Form 990) 2018

(14)

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

rarı	Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X No

Schedule F (Form 990) 2018 Page 5

Part V

Supplemental InformationProvide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

METHOD OF ACCOUNTING

SCHEDULE F, PART I, LINE 3, COLUMN (F)

EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING,

CONSISTENT WITH THE LIBRARY'S AUDITED FINANCIAL STATEMENTS.

Schedule F (Form 990) 2018

JSA

8E1502 1.000 3089AZ 2231 V 18-7.6F 2527752 PAGE 47

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest instructions. Internal Revenue Service THE NEW YORK PUBLIC LIBRARY Name of the organization

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

ASTOR, LENOX AND TILDEN FOUNDATIONS 13-1887440 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Χ X Internet and email solicitations f Solicitation of government grants X Χ Phone solicitations Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees. X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 THE LUKENS COMPANY, INC. SEE PART IV X 1,705,315 217,157 1,488,158. 2 SEE PART IV Х -74,643. CHARITY DYNAMICS 74,643 3 HELPGOOD LLC SEE PART IV Χ 31,760 18,000 13,760. 5 6 7 8 9 10 1,737,075. 309,800. 1,427,275. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AK, CA, CT, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV, WI,

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
			(a) Event #1 LIBRARY LIONS (event type)	(b) Event #2 CORP DINNER (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts			1,178,883.	5,298,019
		Less: Contributions			1,103,122.	
		Gross income (line 1 minus line 2)			75,761.	
	4	Cash prizes		,	,	·
		Noncash prizes				
ses		Rent/facility costs				
Direct Expenses		Food and beverages			92,790.	261,936
Direct	8	Entertainment	4,750.			4,750
	9	Other direct expenses				
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)	.	266,686 -44,345
		\$15,000 on Form 990-EZ, lin		I		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
xbeuses	2	Cash prizes				
ш	3	Noncash prizes				
Direct		Rent/facility costs				
<u></u>	5	Other direct expenses	Yes %	Yes%	Yes%	
	6	Volunteer labor	No No	No	No No	
		Direct expense summary. Add lin Net gaming income summary. Su	-			
9 a k	1	Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	ming activities: in each of these state	əs?	
10 a k		Were any of the organization's gamin If "Yes," explain:	g licenses revoked, susp	pended, or terminated do	uring the tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sched	ule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
1-7	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
-	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
FUNI	DRAISING ACTIVITIES
FORI	M 990, PART IX, COLUMN (D) AND SCHEDULE G, PART I
THE	LIBRARY IS CONTINUALLY WORKING TO ASSESS CURRENT AND LONG-TERM
FUNI	DRAISING GOALS, AND STRIVES DILIGENTLY TO ALLOCATE RESOURCES TO MEET
THOS	SE GOALS. DUE TO THE NATURE OF PLANNED GIVING AND OTHER LONG-TERM
FUNI	DRAISING ACTIVITIES, RESOURCE ALLOCATION AND CONTRIBUTION REVENUE ARE
OFT	EN REPORTED IN SEPARATE TIME PERIODS. THE LIBRARY'S FUNDRAISING AND

Schedule G (Form 990 or 990-EZ) 2018

Sched	dule G (Form 990 or 990-EZ) 2018 Page	a 3
11	Does the organization conduct gaming activities with nonmembers?	10
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
		lo
13	Indicate the percentage of gaming activity conducted in:	
а		%
a b		/ 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and	
14	records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		Ю
b		
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	lo
Par		_
MEM	BERSHIP DEVELOPMENT ACTIVITIES INCLUDE WORKING WITH PROGRAM STAFF TO	_
DEV	ELOP STATEMENTS OF NEED FOR PRIVATE FUNDRAISING, INCLUDING ENDOWMENT	
AND	CAPITAL CONTRIBUTIONS; SOLICITING CONTRIBUTIONS FOR THOSE NEEDS AND	
FOR	THE ANNUAL FUND FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS;	
CON	DUCTING OUTREACH EFFORTS TO SECURE MEMBERSHIP CONTRIBUTIONS AND CREATE	
AWA	RENESS OF THE LIBRARY AND ITS PROGRAMS; AND CONDUCTING SPECIAL	
FUN	DRAISING EVENTS.	

Schedule G (Form 990 or 990-EZ) 2018

Sched	lule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
'-	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
3 GE	
AC'I'	IVITIES CONDUCTED BY PROFESSIONAL FUNDRAISERS
SCH	EDULE G, PART I, LINE 2B(I), (II) & (III)
*TH	E LUKENS COMPANY, INC. IS A FULL-SERVICE MARKETING AGENCY THAT WORKS
ON '	THE LIBRARY'S DIRECT MAIL FUNDRAISING PROGRAMS. IT COLLABORATES ON
ANN	UAL PLANNING AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND MANAGES
ALL	PRODUCTION AND MAILING SERVICE LISTS FOR THE PROGRAMS. IN ADDITION,

Schedule G (Form 990 or 990-EZ) 2018

Sched	dule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	103 [
			0/
a	, , , , , , , , , , , , , , , , , , , ,		<u>%</u>
b	, , , , , , , , , , , , , , , , , , ,		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
_			
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Carring manager mormation.		
	Name ►		
	Name ▶		
	Gaming manager compensation ▶\$		
	3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
-	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year > \$		
Pari	rt IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and	(v) and	
ıaı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information of the explanation required by 1 art 1, line 2b, columns (iii) and 17b, as applicable. Also provide any additional information of the explanation required by 1 art 1, line 2b, columns (iii) and 17b, as applicable.		
	(see instructions).	Hallon	
TT 1	MONITORS DIRECT MAIL PROGRAM RETURNS AND PROVIDES ANALYSIS TO SUPPORT		
T. I.	MONITORS DIRECT MAIL PROGRAM RETURNS AND PROVIDES ANALISIS TO SUPPORT		
CTD:	RATEGIC DECISIONS. THE LUKENS COMPANY, INC. ADDRESS IS 2800 SHIRLINGTON		
DIIG	difference bleigione. The foreign committy live. Indicated is 2000 billion		
ROA1	AD, ARLINGTON, VA 22206.		
IOA	-,		
TNT	FISCAL YEAR 2019, THE LIBRARY PAID THE LUKENS COMPANY, INC. \$734,992		
T T/V .	FICORD TERM 2017, THE DIDIART FAIR THE DURENS COMPANT, INC. 9/34,592		
T N T	EINDDATCING EVDENCEC		
T IN .	FUNDRAISING EXPENSES.		

Schedule G (Form 990 or 990-EZ) 2018

Sched	lule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
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?	Yes	No
40		1 63 [NO
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Name ►		
	Address >		
	Address ►		
45 -	Done the appropriation have a contract with a third work, from whose the appropriation receives associate		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	П., г	—
	revenue?	Yes _	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
10	Gaming manager information.		
	N. S.		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year > \$		
Part		(v) and	
rai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		
	(see instructions).	паноп	
di OTT	,		
*CH	ARITY DYNAMICS IS AN ONLINE MARKETING AGENCY THAT WORKS ON THE		
LIB	RARY'S DIGITAL FUNDRAISING CAMPAIGNS. IT COLLABORATES ON ANNUAL		
PLA	NNING AND PROVIDES TECHNICAL ASSISTANCE. IN ADDITION, IT MONITORS		
RES	ULTS AND PROVIDES ANALYSIS TO SUPPORT STRATEGIC DECISIONS. DUE TO THE		
וידי ע זע	URE OF THIS ARRANGEMENT THE LIBRARY IS UNABLE TO IDENTIFY RECEIPTS		
TALT	OVE OF THE DIVINERAL THE DIDIVINE TO INVIDE TO INFINITE VECTIFIE		
D == -	AMED TO ACTUATION THAT ARE COLUMN AMEDITATION TO CONSTRUCT PRODUCT		
KEL	ATED TO ACTIVITIES THAT ARE SOLELY ATTRIBUTABLE TO CHARITY DYNAMICS.		
CHA	RITY DYNAMICS' ADDRESS IS 4031 GUADALUPE STREET, AUSTIN TX 78751.		

Schedule G (Form 990 or 990-EZ) 2018

Sched	fule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
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?	Yes	No
4.2		163 _	
13	Indicate the percentage of gaming activity conducted in:		0.4
а	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		_
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
47	Manufatan, distributions		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		¬
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	;	
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	mation	
	(see instructions).		
*HE	LPGOOD, LLC IS A MARKETING AGENCY THAT WORKS WITH THE LIBRARY'S ONLINE		
FUNI	DRAISING CAMPAIGNS. IT PROVIDES AD STRATEGY AND RUNS ADVERTISING		
CAM	PAIGNS ON GOOGLE, FACEBOOK, TWITTER, AND INSTAGRAM. IT ALSO PROVIDES		
ADV	ERTISING RECOMMENDATIONS BASED ON CAMPAIGN PERFORMANCE. THE HELPGOOD,		
-			
LLC	'S ADDRESS IS 101 E. 15TH ST. 2ND FLOOR, NEW YORK, NY 10003.		

Schedule G (Form 990 or 990-EZ) 2018

Sched	ule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Nama N
	Name ▶
	Address ▶
	/ Mullious P
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
_	
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ►
	Discourse (100 cm)
	Director/officer
17	Mandatany diatributions
	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	
ıaı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
TN	FISCAL YEAR 2019, THE LIBRARY PAID HELPGOOD, LLC \$22,743 IN
FUN	DRAISING EXPENSES.

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE NEW YORK PUBLIC LIBRARY

Employer identification number

ASTOR, LENOX AND TILDEN FOUNDATIONS 13-1887440 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) NATIONAL BOOK FOUNDATION 90 BROAD STREET, NEW YORK, NY 10004 13-3347524 501 (C)(3) 39,235. SEE PART IV (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) (2018)

 1.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1 DOROTHY AND LEWIS B. CULLMAN CENTER FOR SCHOLARS	14.	1,049,999.			
2 SCHOMBURG SCHOLARS-IN-RESIDENCE PROGRAM	8.	228,000.			
3 SHORT TERM FELLOWSHIP PROGRAM	29.	72,000.			
4 LAPIDUS CENTER FELLOWSHIP	4.	53,000.			
5 OTHER FELLOWSHIPS, GRANTS & AWARDS	42.	160,163.			
6 JEROME ROBBINS DANCE DIVISION RESEARCH FELLOWSHIP	6.	45,000.			
7 magic grants	63.	65,521.			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PURPOSE OF GRANTS TO ORGANIZATIONS

SCHEDULE I, PART II, COLUMN (H)

IN FISCAL YEAR 2019, THE LIBRARY PROVIDED A GRANT TO A U.S. ORGANIZATION TO SUPPORT A DISCUSSION SERIES FEATURING NEW YORK RESIDENTS DISCUSSING BOOKS THAT EXCITE AND INSPIRE THEM, THE BOOKS THEY GREW UP WITH AND THE ONES THAT GUIDED THEM THROUGH THEIR CAREERS, HELPING TO MAKE THEM INTO WHO THEY ARE TODAY.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
_1					
2					
_3					
_4					
_5					
_6					
7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS

THE LIBRARY AWARDS VARIOUS FELLOWSHIPS TO ACADEMICS, INDEPENDENT

SCHOLARS, CREATIVE WRITERS, AND VISUAL ARTISTS. THESE FELLOWSHIP PROGRAMS

CONNECT FELLOWS WITH THE RESOURCES OF THE LIBRARY; PROMOTE INTERPRETIVE

AND CREATIVE SCHOLARSHIP AND WRITING; AND INVITE FELLOWS TO PRESENT THEIR

WORK TO THE GENERAL PUBLIC IN PAPERS, SYMPOSIA, CONVERSATIONS, AND

LECTURES. APPLICATIONS FOR THE FELLOWSHIP PROGRAMS ARE REVIEWED BY

EXPERTS IN EACH FIELD AND/OR A SELECTION COMMITTEE. THE CRITERIA USED TO

SELECT THE RECIPIENTS OF FELLOWSHIPS MAY INCLUDE: (1) THE NEED OF THE

PROPOSED PROJECT FOR THE RESEARCH HOLDINGS OF THE LIBRARY, (2) THE

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated 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
_1					
_2					
_3					
_4					
_ 5					
_6					
_ 7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

QUALITY AND FEASIBILITY OF THE PROJECT PLAN, (3) LETTERS OF

PROPOSAL BY A RELATIVELY YOUNG APPLICANT.

RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT OF THE PROJECT,

- (4) THE LIKELIHOOD THAT THE PROJECT WILL BE COMPLETED SUCCESSFULLY, AND
- (5) EXCELLENCE, AS SHOWN EITHER IN A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY AN APPLICANT ESTABLISHED IN HIS OR HER FIELD, OR A HIGHLY PROMISING

IN ADDITION, THE LIBRARY AWARDS PRIZES TO AUTHORS FOR PREVIOUSLY

PUBLISHED WORKS (BOTH FICTION AND NONFICTION), ENTREPRENEURS AS PART OF A

BUSINESS PLAN COMPETITION, AND INDIVIDUALS WHO CONTRIBUTE TO THE QUALITY

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1					
2					
3					
4					
_ 5					
_ 6					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OF LIFE IN NEW YORK CITY. SUBMISSIONS FOR THESE PRIZES ARE ALSO REVIEWED

BY A PANEL OF EXPERTS AND/OR A SELECTION COMMITTEE.

FINALLY, THE LIBRARY OFFERS MAGIC GRANTS TO PARTICIPANTS IN THE BRIDGEUP

PROGRAM TO SUPPORT THEIR INTERESTS OUTSIDE OF THE BRIDGEUP CURRICULUM.

APPLICATIONS FOR MAGIC GRANTS ARE REVIEWED BY BRIDGEUP STAFF, WHO

CONSIDER THE PARTICIPANT'S OVERALL PARTICIPATION, BEHAVIOR, AND

COMMITMENT TO BRIDGEUP. MAGIC GRANTS ARE DISBURSED DIRECTLY TO THE

ORGANIZATION, PROGRAM, OR SOURCE IDENTIFIED AS THE ENTITY THAT PROVIDES

THE SCHOLAR WITH THE ACTIVITY, PROGRAM, CLASS, SUPPLIES, ETC.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

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

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE NEW YORK PUBLIC LIBRARY

ASTOR, LENOX AND TILDEN FOUNDATIONS

13-1887440

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		37	
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
_				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			37
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			Х
0	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	-	8		Х
9	in Part III	0		- 25
3	Regulations section 53.4958-6(c)?	9		
	-0			

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANTHONY W. MARX	(i)	635,943.	0.	176,431.	53,198.	32,908.	898,480.	0.
1 TRUSTEE, PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
TONY AGEH	(i)	390,585.	0.	1,197.	22,000.	59,605.	473,387.	0.
2 ^{CHIEF} DIGITAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL DARDIA (END 1/1	(i)	298,548.	0.	22,276.	0.	2,117.	322,941.	0.
3 ^{VP, FINANCE & ASST TREASURER}	(ii)	0.	0.	0.	0.	0.	0.	0.
GEETANJALI GUPTA	(i)	532,369.	0.	47,730.	22,000.	50,870.	652,969.	0.
4 ^{CHIEF} INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
RISA HONIG	(i)	245,056.	0.	9,134.	25,739.	20,777.	300,706.	0.
5 VP, CAPITAL PLANNING & CONSTR	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM KELLY	(i)	383,577.	0.	23,993.	22,000.	22,645.	452,215.	0.
6 ANDREW W. MELLON DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
CARYL MATUTE	(i)	156,380.	0.	228.	159,434.	36,369.	352,411.	0.
7 INTERIM CHIEF BRANCH LIBRARY	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHELE COLEMAN MAYES	(i)	378,325.	0.	2,413.	17,273.	16,111.	414,122.	0.
8 PVP, GENERAL COUNSEL AND SEC	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE MIHALTSES	(i)	197,346.	0.	691.	56,950.	28,339.	283,326.	0.
9 VP, GOV'T & COMMUNITY AFFRS	(ii)	0.	0.	0.	0.	0.	0.	0.
TERRANCE NEAL	(i)	227,619.	0.	100.	206,976.	13,851.	448,546.	0.
_10 ^{VP, HUMAN RESOURCES}	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTOPHER D. PLATT	(i)	242,603.	0.	43,414.	133,557.	9,852.	429,426.	0.
11 ^{CHF} BRANCH LIB OFF(END 10/18)	(ii)	0.	0.	0.	0.	0.	0.	0.
FAY ROSENFELD	(i)	222,438.	0.	745.	18,032.	21,516.	262,731.	0.
_12 ^{VP, PUBLIC PROGRAMS}	(ii)	0.	0.	0.	0.	0.	0.	0.
LOUISE SHEA (END 7/18)	(i)	184,664.	0.	64,821.	98,382.	19,598.	367,465.	0.
_13 ^{VP} , HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
JADRIEN F. STEELE	(i)	280,958.	0.	213.	66,115.	37,749.	385,035.	0.
14 ^{VP, DEVELOPMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
IRIS WEINSHALL	(i)	425,994.	0.	3,383.	22,000.	36,041.	487,418.	0.
15 ^{COO} AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
CAPPIE WELCH	(i)	378,626.	0.	1,785.	22,000.	47,839.	450,250.	0.
16CHIEF EXTERNAL RELATIONS OFFCR	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GENNARO J. OLIVA	(i)	220,180.	0.	350.	86,408.	39,145.	346,083.	0.
1 DIRECTOR, FACILITIES MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN L. YOUNG	(i)	269,736.	0.	154.	21,585.	22,879.	314,354.	0.
2DIRECTOR, THE SCHOMBURG CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER FRIEDMAN	(i)	230,438.	0.	129.	19,371.	56,545.	306,483.	0.
DIRECTOR, CPTL/RE INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
SALVATORE SCIBONA	(i)	208,205.	0.	18,574.	18,496.	31,818.	277,093.	0.
DIRECTOR, SCHOLARS AND WRITERS	(ii)	0.	0.	0.	0.	0.	0.	0.
JACQUELINE Z. DAVIS	(i)	222,388.	0.	74.	23,981.	14,775.	261,218.	0.
5 EXECUTIVE DIRECTOR, LPA	(ii)	0.	0.	0.	0.	0.	0.	0.
LORRAINE KARLEN	(i)	217,136.	0.	329.	18,643.	55,806.	291,914.	0.
6 ^{CONTROLLER}	(ii)	0.	0.	0.	0.	0.	0.	0.
JACQUELINE F BAUSCH (EN	` '	0.	0.	134,153.	13,184.	0.	147,337.	0.
7 FMR VP, DEP GEN COUNSEL & ASST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Part | Supplemental Information

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

REIMBURSEMENT OF CERTAIN EXPENSES

SCHEDULE J, PART I, LINE 1A

THE LIBRARY REIMBURSES THE PRESIDENT FOR CLUB MEMBERSHIP DUES AND

PROVIDES HOUSING AND TUITION ALLOWANCES AS PER HIS EMPLOYMENT CONTRACT.

SUCH AMOUNTS ARE TAXABLE COMPENSATION AND ARE INCLUDED IN OTHER

REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III).

TAX INDEMIFICATION AND GROSS-UP PAYMENTS

SCHEDULE J, PART I, LINE 1A

GROUP LIFE INSURANCE PREMIUMS ON THE FIRST \$50,000 COVERAGE FOR ALL

OFFICERS OF THE LIBRARY ARE GROSSED UP AND INCLUDED IN OTHER REPORTABLE

COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III).

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

JACQUELINE BAUSCH RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$134,153.

THIS AMOUNT IS INCLUDED AND REPORTED ON SCHEDULE J, PART II, COLUMN (B)

(III).

Schedule J (Form 990) 2018

Part | Supplemental Information

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

OTHER REPORTABLE COMPENSATION

SCHEDULE J, PART II, COLUMN B (III)

OTHER REPORTABLE COMPENSATION IN COLUMN B (III) FOR CERTAIN LISTED

EMPLOYEES INCLUDES AMOUNTS DEFERRED UNDER A SECTION 457(B) PLAN AND

CERTAIN IMPUTED INCOME AMOUNTS.

RETIREMENT AND OTHER DEFERRED COMPENSATION

SCHEDULE J, PART II, COLUMN C

RETIREMENT AND OTHER DEFERRED COMPENSATION REFLECTS EITHER 1) THE CHANGE

IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PENSION PLAN, THE NEW YORK

STATE AND LOCAL EMPLOYEES' RETIREMENT SYSTEM (NYSLERS), OR 2) THE

LIBRARY'S ACTUAL CONTRIBUTION TO THE NEW YORK STATE VOLUNTARY DEFINED

CONTRIBUTION PLAN (VDC).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018 Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

THE NEW YORK PUBLIC LIBRARY

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

ASTOR, LENOX AND TILDEN FOUNDATIONS

13-1887440

Employer identification number

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art	Х	84.	0.	N/A			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х			N/A			
5	Clothing and household							
5	goods							
6								
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		62.	2,707,154.	MARKET PF	TCE		
9	Securities - Publicly traded		02.	2,707,131.	THIRTED IT			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
40	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
4.4	structures							
14	Qualified conservation							
45	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 28	Other ►()							
	Other ►() Number of Forms 8283 received	hu tha ara	oni-otion during the tox w	acr for contributions for				
29	which the organization completed i				29			13.
	which the organization completed i	-01111 0203,	Part IV, Donee Acknowledg	jement	23		Yes	No
302	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	e 1 through		100	110
Jua	28, that it must hold for at least the			• •	•			
	to be used for exempt purposes for					30a		Х
h	If "Yes," describe the arrangement i		olding period:			304		
31	Does the organization have a		tance noticy that require	as the review of any	nonetandard			
J 1	contributions?					31	Х	
322	Does the organization hire or use					"		
JZa	contributions?			•		32a		Х
h	If "Yes," describe in Part II.					52a		
33	If the organization didn't report an	amount in o	column (c) for a type of pro-	nerty for which column (a)) is chacked			
	describe in Part II.	amount in C	boldini (c) for a type of pro	porty for willou column (a	, is checked,			

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

Schedule M (Form 990) (2018) Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN (B)

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

REVENUE NOT REPORTED FOR CONTRIBUTED PROPERTY

SCHEDULE M, PART I, LINE 33

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

LINE 1A.

Schedule M (Form 990) (2018) JSA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ASTOR, LENOX AND TILDEN FOUNDATIONS

Employer identification number 13-1887440

VOLUNTEERS

FORM 990, PART I, LINE 6

VOLUNTEERS ENHANCE LIBRARY SERVICES TO THE COMMUNITY BY FREELY GIVING OF THEIR TIME AND PERFORMING TASKS TYPICALLY ASSOCIATED WITH VOLUNTEER WORK RATHER THAN PAID EMPLOYMENT. THE LIBRARY ENCOURAGES THE INVOLVEMENT OF VOLUNTEERS AND CREATES MEANINGFUL ROLES WITHIN APPROPRIATE PROGRAMS AND ACTIVITIES IN WHICH VOLUNTEERS FROM THE COMMUNITY CAN SERVE.

THE NEW YORK PUBLIC LIBRARY

PROGRAM SERVICES

FORM 990, PART III, LINE 4A - THE BRANCH LIBRARIES

THE SERVICES OF THE 88 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 2019, THERE WERE 11.8 MILLION VISITS TO THE BRANCH LIBRARIES BY

INDIVIDUALS WHO BORROWED 21.3 MILLION ITEMS. THE BRANCH LIBRARIES

SPONSORED 103,402 PROGRAMS, ATTENDED BY 1.9 MILLION ADULTS AND CHILDREN.

COLLECTIONS INCLUDE 5 MILLION BOOKS AND APPROXIMATELY 3 MILLION NONPRINT

ITEMS SUCH AS FILMS, VIDEOTAPES, PICTURES, AUDIO RECORDINGS AND MATERIALS

FOR THE BLIND. REFERENCE INQUIRIES TOTALED 8 MILLION.

2527752

PROGRAM SERVICES

FORM 990, PART III, LINE 4B - THE RESEARCH LIBRARIES

DURING FISCAL 2019, 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, DOROTHY AND LEWIS B. CULLMAN CENTER - HAD 4.6 MILLION

ON-SITE USERS. THE RESEARCH LIBRARIES SPONSORED 3,037 ATTENDED BY 127,131

PATRONS. LIBRARY STAFF RESPONDED TO 521,000 REFERENCE INQUIRIES. OF 46.8

MILLION COLLECTION ITEMS, APPROXIMATELY 17.5 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, 77,247 ITEMS WERE PRESERVED. IN ADDITION, ABOUT 41,244 HOURS OF VIDEO TAPE MEDIA AND RECORDED SOUND MEDIA WERE PRESERVED. AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 14 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.

Name of the organization THE NEW YORK PUBLIC LIBRARY

ASTOR, LENOX AND TILDEN FOUNDATIONS

Employer identification number

13-1887440

RELATIONSHIPS

FORM 990, PART VI, LINE 2

*TRUSTEE, HENRY LOUIS GATES, JR. AND TRUSTEE, RICHARD D. COHEN - BUSINESS RELATIONSHIP

REVIEW OF FORM 990

FORM 990, PART VI, LINE 11B

THE LIBRARY'S FORM 990 IS PREPARED BY MANAGEMENT AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE LIBRARY.

THE DRAFT FORM 990 IS REVIEWED BY CERTAIN OFFICERS AND 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.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF

INTEREST:

PROPOSED CANDIDATES FOR TRUSTEES, OFFICERS AND KEY EMPLOYEE POSITIONS ARE
PROVIDED WITH A COPY OF THE POLICY STATEMENT AND QUESTIONNAIRE, AND MUST
DISCLOSE ANY POTENTIAL CONFLICTS IN ADVANCE OF ELECTION OR APPOINTMENT.

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. THERE IS ALSO AN ONGOING OBLIGATION TO DISCLOSE CONFLICTS IN ADDITION TO COMPLETING THE ANNUAL QUESTIONNAIRE. EACH CONFLICT OF INTEREST STATEMENT AND ANNUAL QUESTIONNAIRE IS REVIEWED AND EVALUATED IN ACCORDANCE WITH THE POLICY FOR ANY ACTUAL AND/OR 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 DISCUSSIONS OR VOTE RELATING TO SUCH MATTER. PRIOR TO APPROVAL, THE AUDIT COMMITTEE OR THE BOARD MUST DETERMINE THAT THE TRANSACTION IS FAIR, REASONABLE AND IN THE LIBRARY'S BEST INTEREST, AND IF A TRUSTEE, OFFICER OR KEY EMPLOYEE HAS A SUBSTANTIAL FINANCIAL INTEREST, MUST CONSIDER ALTERNATIVE TRANSACTIONS TO THE EXTENT AVAILABLE.

COMPENSATION REVIEW AND APPROVAL

FORM 990, PART VI, LINE 15A & 15B

THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES MEETS AT LEAST FOUR TIMES A YEAR. AS REQUIRED, IT REVIEWS THE COMPENSATION OF THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE LIBRARY, AS RECORDED CONTEMPORANEOUSLY IN THE MINUTES. THE LIBRARY REGULARLY CONSULTS COMPETITIVE DATA INCLUDING PUBLISHED SURVEYS WHEN REVIEWING AND MAKING COMPENSATION AND SALARY ADJUSTMENTS. IN ADDITION, THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES RETAINS THE

Name of the organization THE NEW YORK PUBLIC LIBRARY

ASTOR, LENOX AND TILDEN FOUNDATIONS

13-1887440

SERVICES OF AN INDEPENDENT CONSULTING FIRM TO SURVEY EXECUTIVE

COMPENSATION AMONG PEER ORGANIZATIONS TO SUPPORT DECISIONS OF

REASONABLENESS AND FAIR MARKET VALUE OF COMPENSATION. THE LAST REVIEW BY

AN INDEPENDENT CONSULTING FIRM WAS DONE IN APRIL 2018, AS THE REVIEW IS

CONDUCTED EVERY TWO YEARS.

PUBLIC DISCLOSURE

FORM 990, PART VI, LINE 19

THE LIBRARY'S GOVERNING DOCUMENTS (BYLAWS AND CHARTER) ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS THEY ARE POSTED ON THE LIBRARY'S WEBSITE.

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 THEY ARE POSTED ON THE LIBRARY'S WEBSITE AND PROVIDED UPON REQUEST.

FORM 990, PART X, LINES 27-29

NET ASSET CLASSIFICATION

THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES. THE SIGNIFICANT REQUIREMENTS OF ASU 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO: WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS

THE NEW YORK PUBLIC LIBRARY Name of the organization Employer identification number ASTOR, LENOX AND TILDEN FOUNDATIONS 13-1887440

TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS). THE 2018 FORM 990, PART X WAS NOT UPDATED TO REFLECT THE CHANGE IN NET ASSET CLASS TERMINOLOGY; THEREFORE, THE LIBRARY HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTION AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS, RESPECTIVELY.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET

PERIODIC BENEFIT COST

(\$11,085,446)

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AK, CA, CT,

HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA,

SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

TISHMAN CONSTRUCTION CORP OF NY, INC. 39,269,823. CONSTRUCTION

100 PARK AVENUE 5TH FLOOR

NEW YORK, NY 10017

BEYER BLINDER BELLE, LLP CONSTRUCTION 7,085,991.

120 BROADWAY 20TH FLOOR

NEW YORK, NY 10271

Schedule O (Form 990 or 990-EZ) 2018

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PAGE 74

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization THE NEW YORK PUBLIC LIBRARY

ASTOR, LENOX AND TILDEN FOUNDATIONS

Employer identification number

13-1887440

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SPARTAN SECURITY SERVICES INC ONE PARK AVENUE NEW YORK, NY 10016	SECURITY	5,668,373.
SECURITAS SECURITY SERVICES USA, INC. 1412 BROADWAY, 17TH FLOOR NEW YORK, NY 10018	SECURITY	2,192,536.
ENCLAVE AT 3882 LLC 2975 WESTCHESTER AVENUE, SUITE 100 PURCHASE, NY 10577	CONSTRUCTION	1,497,435.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the	organization		THE NEW	YORK PUBLIC LIBRARY	Employer identification number
ASTOR,	LENOX A	AND	TILDEN	FOUNDATIONS	13-1887440

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) olled
						Yes	No
(1) BRYANT PARK CORPORATION (BPC) 13-3009946							
1065 AVENUE OF AMERICAS, STE NEW YORK, NY 10018	PARK MGMT	NY	501 (C) (3)	12A	N/A		X
(2)							
_(3)	_						
(4)	_						
(5)							
(6)							
_(7)							
							<u> </u>

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

Schedule R (Form 990) 2018

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PAGE 76

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	x 20 managing K-1 partner?		(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling 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	Sect 512(b) contro entit	ion)(13 olled ty?
								Yes I	No
(1) PERPETUAL TRUST	INVESTMENT	NY	N/A					х	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (F	-0111 990) 2018	Page •
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
u	Loans or loan guarantees by related organization(s)	1e		X
C	Loans or loan guarantees by related organization(s)			
	Dividends from related erganization(s)	1f		Х
١ ~	Dividends from related organization(s) Sale of assets to related organization(s)	1g		
		1h		X
n	Purchase of assets from related organization(s)	1i		X
!	Exchange of assets with related organization(s)	-		X
J	Lease of facilities, equipment, or other assets to related organization(s)	1j		
		41.		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		X
	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	
2	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 three	shold	s.	
	(a) (b) (c)	(d)		_
	Name of related organization Transaction Amount involved Method type (a-s) Amount involved amou	ot dete int invo		g
(1)				
(2)				
(3)				
(4)				
(5)				
• •				
(6)				

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3089AZ 2231 V 18-7.6F 2527752 PAGE 78

Yes No

Page 4

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under (e) (f) Share of total income total income organizations?		or foreign income (related, untry) unrelated, excluded		Share of	(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?		(k) Percentage ownership
			sections 512-514)		No			Yes	No	(. 5 555)	Yes	No	1	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2018

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3089AZ 2231 V 18-7.6F 2527752 PAGE 79

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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