

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

B	Check if applicable:	C Name of organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	D Employer identification number 13-1887440
<input checked="" type="checkbox"/>	Address change	Doing Business As	E Telephone number (212) 621-0241
<input type="checkbox"/>	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 445 FIFTH AVENUE, 8TH FLOOR 8TH FL	
<input type="checkbox"/>	Initial return	City or town, state or country, and ZIP + 4 NEW YORK, NY 10016	
<input type="checkbox"/>	Terminated	F Name and address of principal officer: ANTHONY W. MARX, PRES & CEO 476 FIFTH AVENUE NEW YORK, NY 10018	G Gross receipts \$ 569,722,769.
<input type="checkbox"/>	Amended return		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Application pending	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
I	Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J	Website:	WWW.NYPL.ORG	
K	Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1895 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELONG LEARNING, ADVANCE KNOWLEDGE, AND STRENGTHEN OUR COMMUNITIES.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	38.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3,129.
6	Total number of volunteers (estimate if necessary)	6	1,926.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	767,031.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	698,087.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	241,416,992.	250,022,451.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,509,995.	3,935,002.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,533,591.	63,877,537.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,530,145.	8,001,422.
		394,990,723.	325,836,412.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,225,000.	1,305,031.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	166,668,104.	174,694,663.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	588,863.	621,920.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,395,483.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	105,270,982.	114,148,969.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	273,752,949.	290,770,583.
19 Revenue less expenses. Subtract line 18 from line 12	121,237,774.	35,065,829.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,387,607,870.	1,508,459,036.
	22 Net assets or fund balances. Subtract line 21 from line 20.	429,076,570.	409,455,555.
		958,531,300.	1,099,003,481.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Barbara E Hunt, Senior Tax Manager	<i>Barbara E Hunt</i>	5/14/14	<input type="checkbox"/>	P00916443
	Firm's name ▶ KPMG LLP	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102		EIN ▶ 13-5565207	Phone no. ▶ 212-758-9700

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cumulative e-File History 2012	
FED	
Locator:	3089AZ
Taxpayer Name:	THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/14/2014 11:10:59
Acknowledgement Date:	05/14/2014 11:30:22
Status:	Accepted
Submission ID:	13407320141345000012

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX, AND TILDEN FOUNDATIONS	Employer identification number (EIN) or 13-1887440
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 188 MADISON AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JANKIE BEHARRY, CONTROLLER

Telephone No. ▶ 212-592-7423 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ____ or
 ▶ tax year beginning 07/01, 20 12, and ending 06/30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	13-1887440
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	445 FIFTH AVENUE 8TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10016	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of JANKIE BEHARRY, CONTROLLER
 Telephone No. 212-592-7423 Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 05/15, 20 14.
- 5 For calendar year _____, or other tax year beginning 07/01, 20 12, and ending 06/30, 20 13.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Dorinda E. Hent* Title Senior Tax Manager Date 2/13/14
 KPMG LLP Form **8868** (Rev. 1-2014)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELONG LEARNING, ADVANCE KNOWLEDGE, AND STRENGTHEN OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 144,654,091. including grants of \$) (Revenue \$ 3,582,285.)

THE BRANCH LIBRARIES - THE SERVICES OF THE 86 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 \$ 103,364,194. including grants of \$ 1,305,031.) (Revenue \$ 2,002,660.)

THE RESEARCH LIBRARIES - DURING FISCAL 2013, 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 PERFORMING ARTS - HAD 3.5 MILLION ON-SITE USERS. LIBRARY STAFF RESPONDED TO 205,246 REFERENCE INQUIRIES. OF 45.0 MILLION COLLECTION ITEMS, APPROXIMATELY 16.6 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET MUSIC, PRINTS, AND CLIPPINGS. FOR MORE INFORMATION, SEE SCHEDULE O.

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

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

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

4e Total program service expenses 248,018,285.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Form 990 questions and answers including: 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1c Did the organization comply with backup withholding rules... 2a Enter the number of employees reported on Form W-3... 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? 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... 4b If "Yes," enter the name of the foreign country: 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a Gross income from members or shareholders 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a (38), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEFFREY ROTH, VP FIN & STRAT INITIATIV 445 FIFTH AVENUE NEW YORK, NY 10016 212-621-0241

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

Check if Schedule O contains a response to any question in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN H BANKS III TRUSTEE	1.00	X						0	0	0
(2) TIMOTHY BARAKETT TRUSTEE - ENDED 11/12	2.00	X						0	0	0
(3) SAMUEL C BUTLER FDN TRUSTEE - ENDED 11/12	2.00	X						0	0	0
(4) SILA M CALDERON TRUSTEE	3.00	X						0	0	0
(5) EVAN ROBERT CHESLER TRUSTEE	3.00	X						0	0	0
(6) ROBERT DARNTON TRUSTEE	1.00	X						0	0	0
(7) GORDON J DAVIS TRUSTEE	1.00	X						0	0	0
(8) ANNE E DE LA RENTA TRUSTEE	2.00	X						0	0	0
(9) HRH PRINCESS FIRYAL TRUSTEE	1.00	X						0	0	0
(10) HENRY LOUIS GATES, JR TRUSTEE	1.00	X						0	0	0
(11) WILLIAM GRAY TRUSTEE	2.00	X						0	0	0
(12) LOUISE L GRUNWALD TRUSTEE	1.00	X						0	0	0
(13) JOHN B HESS TRUSTEE	1.00	X						0	0	0
(14) MAHNAZ ISPAHANI BARTOS TRUSTEE	5.00	X						0	0	0

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ROBERT LIBERMAN TRUSTEE	5.00	X						0	0	0
16) SCOTT D MALKIN TRUSTEE	5.00	X						0	0	0
17) VICTOR MARRERO TRUSTEE	2.00	X						0	0	0
18) CATHERINE C MARRON TRUSTEE	1.00	X						0	0	0
19) ANTHONY W MARX TRUSTEE, PRESIDENT AND CEO	40.00	X		X				711,650.	0	69,557.
20) HAROLD W MCGRAW III TRUSTEE	1.00	X						0	0	0
21) RAYMOND J MCGUIRE TRUSTEE	1.00	X						0	0	0
22) LEIGH M MILLER EX OFFICIO TRUSTEE	1.00	X						0	0	0
23) ABBY S MILSTEIN TRUSTEE	2.00	X						0	0	0
24) SUSAN B MOORE MORGENTHAU TRUSTEE	4.00	X						0	0	0
25) JESSYE NORMAN TRUSTEE	2.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								5,599,143.	0	1,259,447.
d Total (add lines 1b and 1c)								5,599,143.	0	1,259,447.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **109**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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	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		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
ATTACHMENT 2		

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 **67**

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RICHARD L PLEPLER TRUSTEE	1.00	X					0	0	0	
(27) KATHARINE J RAYNER TRUSTEE	1.00	X					0	0	0	
(28) DAVID REMNICK TRUSTEE	1.00	X					0	0	0	
(29) PETER RIDER EX OFFICIO TRUSTEE	1.00	X					0	0	0	
(30) ELIZABETH ROHATYN FOUNDATION TRUSTEE	1.00	X					0	0	0	
(31) MARSHALL ROSE FOUNDATION TRUSTEE	7.00	X					0	0	0	
(32) NEIL L RUDENSTINE FOUNDATION TRUSTEE	4.00	X					0	0	0	
(33) ERIC S SCHWARTZ TRUSTEE - ENDED 11/12	1.00	X					0	0	0	
(34) STEPHEN A SCHWARZMAN TRUSTEE	2.00	X					0	0	0	
(35) DINAKAR SINGH TRUSTEE	1.00	X					0	0	0	
(36) LAURA J SLOATE TRUSTEE - ENDED 11/12	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 109

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 **▶**

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) GAYFRYD STEINBERG TRUSTEE	10.00	X					0	0	0	
(38) JOSHUA L STEINER TRUSTEE	2.00	X					0	0	0	
(39) JAMES S TISCH TRUSTEE	2.00	X					0	0	0	
(40) MARJORIE B TIVEN EX OFFICIO TRUSTEE	3.00	X					0	0	0	
(41) LUIS A UBINAS TRUSTEE	3.00	X					0	0	0	
(42) EDGAR WACHENHEIM III FOUNDATION TRUSTEE	2.00	X					0	0	0	
(43) JANE ABOYOUN CHIEF TECHNOLOGY OFFICER	35.00			X			273,513.	0	74,836.	
(44) JACQUELINE F BAUSCH VP, DEP GEN COUNSEL & ASST SEC	35.00			X			245,268.	0	80,293.	
(45) TODD M CORBIN CHIEF INVESTMENT OFFICER	35.00			X			634,815.	0	63,568.	
(46) ANNE L CORISTON VP FOR PUBLIC SERVICE	35.00			X			217,762.	0	121,823.	
(47) MARY LEE KENNEDY CHIEF LIB OFFICER - BEGAN 5/13	35.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 109

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 **▶**

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) DEANNA LEE VP FOR COMM & MRK - ENDED 9/12	35.00			X			188,522.	0	21,420.	
(49) MICHELE COLEMAN MAYES VP, GEN COUN&SEC - BEGAN 8/12	35.00			X			201,004.	0	14,183.	
(50) GEORGE D MIHALTSES VP FOR GOV AND COMM AFFAIRS	35.00			X			167,494.	0	31,554.	
(51) DAVID G OFFENSEND COO, CFO AND TREASURER	35.00			X			333,645.	0	74,469.	
(52) JOANNA M PESTKA VP CAPITAL PLAN & CONSTRUCTION	35.00			X			206,098.	0	115,773.	
(53) JAMES PISANIELLO VP FACILITIES OPS AND SECURITY	35.00			X			189,905.	0	1,886.	
(54) JEFFREY ROTH VP, FINANCE/ STRATEGIC INITIAT	35.00			X			213,550.	0	95,284.	
(55) LOUISE SHEA VP FOR HUMAN RESOURCES	35.00			X			270,745.	0	72,582.	
(56) ANN D THORNTON ANDREW W MELLON DIR NY PUB LIB	35.00			X			224,872.	0	87,707.	
(57) SHARON HEWITT WATKINS VP, FIN & ASST TR - ENDED 1/13	35.00			X			206,795.	0	32,153.	
(58) KENNETH N WEINE VP FOR COMM & MRK - BEGAN 2/13	35.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 109

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 **▶**

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Jennifer Zaslou, Mark D Berkowsky, Khalil Gibran Muhammad, Victoria Steele, Jean Strouse, and Barbara R Taranto.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 109

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes header row and several empty rows for data entry.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,260,873.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	167,064,834.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	78,696,744.				
	g Noncash contributions included in lines 1a-1f: \$		1,453,735.				
	h Total. Add lines 1a-1f		250,022,451.				
Program Service Revenue			Business Code				
	2a FINES AND FEES		900099	2,740,136.	2,740,136.		
	b INFORMATION SERVICES		519100	207,037.	207,037.		
	c PHOTOCOPY, MICROFILM		519100	758,808.	758,808.		
	d TICKET SALES		900099	229,021.	229,021.		
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,935,002.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,354,183.		14,354,183.	
	4 Income from investment of tax-exempt bond proceeds . . .			0			
	5 Royalties			152,778.		152,778.	
	6a Gross rents	(i) Real					
		(ii) Personal					
			32,125.				
		b Less: rental expenses					
	c Rental income or (loss)		32,125.				
	d Net rental income or (loss)			32,125.		32,125.	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
			206,758,035.	84,814,434.			
		b Less: cost or other basis and sales expenses		209,664,118.	32,384,997.		
	c Gain or (loss)		-2,906,083.	52,429,437.			
	d Net gain or (loss)			49,523,354.		49,523,354.	
8a Gross income from fundraising events (not including \$ 4,227,373. of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			43,245.		43,245.	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory			391,447.	182,970.	208,477.	
Miscellaneous Revenue		Business Code					
11a FEE - USE OF SPACE		532000	3,899,262.		558,554.	3,340,708.	
b UNIVERSAL SERVICES REIMBURSEMENT		900099	2,015,592.			2,015,592.	
c PUBLICATIONS		519100	365,509.	365,509.			
d All other revenue		900099	1,101,464.	1,101,464.			
e Total. Add lines 11a-11d			7,381,827.				
12 Total revenue. See instructions			325,836,412.	5,584,945.	767,031.	69,461,985.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,305,031.	1,305,031.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,560,623.	1,536,846.	3,490,621.	533,156.
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			
7 Other salaries and wages	104,714,114.	91,677,341.	9,860,666.	3,176,107.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,960,567.	15,575,721.	1,815,302.	569,544.
9 Other employee benefits	38,540,469.	32,828,997.	4,430,025.	1,281,447.
10 Payroll taxes	7,918,890.	6,718,854.	933,269.	266,767.
11 Fees for services (non-employees):				
a Management	0			
b Legal	548,804.	213,310.	323,292.	12,202.
c Accounting	398,926.	3,000.	395,926.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	621,920.			621,920.
f Investment management fees	9,612,524.		9,612,524.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,373,173.	7,109,145.	770,465.	493,563.
12 Advertising and promotion	2,451,683.	943,684.	327,744.	1,180,255.
13 Office expenses	8,031,583.	7,396,415.	426,688.	208,480.
14 Information technology	6,271,504.	5,525,801.	735,103.	10,600.
15 Royalties	0			
16 Occupancy	19,758,545.	19,627,801.	130,744.	
17 Travel	431,027.	316,085.	100,307.	14,635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	129,058.	103,826.	24,132.	1,100.
20 Interest	2,966,737.	2,966,737.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,210,232.	22,111,861.	98,371.	
23 Insurance	1,740,046.	1,662,035.	78,011.	
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.)				
a <u>BOOKS AND BINDING</u>	25,516,981.	25,516,981.		
b <u>BLDG REPAIRS AND RENOVATION</u>	2,735,024.	2,653,630.	71,457.	9,937.
c <u>AUTO LEASES, REPAIRS&SUPPLIES</u>	556,906.	556,906.		
d <u>UNRELATED BUSINESS INC TAX</u>	493,349.	84,629.	408,720.	
e All other expenses	1,922,867.	1,583,649.	323,448.	15,770.
25 Total functional expenses. Add lines 1 through 24e	290,770,583.	248,018,285.	34,356,815.	8,395,483.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	63,434.	1	61,467.
	2 Savings and temporary cash investments	97,246,496.	2	57,973,593.
	3 Pledges and grants receivable, net	87,101,505.	3	98,847,173.
	4 Accounts receivable, net	1,324,256.	4	1,566,698.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	241,600.	8	264,759.
	9 Prepaid expenses and deferred charges	1,770,356.	9	2,378,177.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 592,282,324.		
	b Less: accumulated depreciation	10b 296,819,734.	285,904,496.	10c 295,462,590.
	11 Investments - publicly traded securities	244,855,017.	11	233,011,917.
	12 Investments - other securities. See Part IV, line 11	644,469,671.	12	797,763,102.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	24,631,039.	15	21,129,560.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,387,607,870.	16	1,508,459,036.	
Liabilities	17 Accounts payable and accrued expenses	57,404,925.	17	64,545,939.
	18 Grants payable	0	18	0
	19 Deferred revenue	87,488,286.	19	86,910,972.
	20 Tax-exempt bond liabilities	84,510,002.	20	80,360,002.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	199,673,357.	25	177,638,642.
	26 Total liabilities. Add lines 17 through 25	429,076,570.	26	409,455,555.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	295,593,172.	27	378,994,126.
	28 Temporarily restricted net assets	236,690,530.	28	287,903,949.
	29 Permanently restricted net assets	426,247,598.	29	432,105,406.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	958,531,300.	33	1,099,003,481.
	34 Total liabilities and net assets/fund balances	1,387,607,870.	34	1,508,459,036.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	325,836,412.
2	Total expenses (must equal Part IX, column (A), line 25)	2	290,770,583.
3	Revenue less expenses. Subtract line 2 from line 1	3	35,065,829.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	958,531,300.
5	Net unrealized gains (losses) on investments	5	73,822,110.
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	31,584,242.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,099,003,481.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number
13-1887440

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (94.85%); 15 Public support percentage from 2011 Schedule A, Part II, line 14 (90.96%); 16a 33 1/3% support test - 2012; 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
7a Amounts included on lines 1, 2, and 3 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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a 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 carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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 of Contributors

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

2012

Name of the organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) () (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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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		\$ 143,676,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 21,273,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 7,398,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship 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, and ZIP + 4		Relationship 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, and ZIP + 4		Relationship 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, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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Part I-A 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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 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 filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, media advertisements, mailings, publications, grants, and direct contact with legislators.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and aggregate amount reported in notices.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY

SCHEDULE C, PART II-B

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

PAID STAFF OR MANAGEMENT: THE LIBRARY UTILIZES, ON A LIMITED BASIS, TWO OFFICERS TO WORK WITH ELECTED OFFICIALS AT THE FEDERAL, STATE AND CITY LEVELS ON LIBRARY-RELATED FUNDING ISSUES AND LEGISLATION.

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

DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: THE LIBRARY'S IN-HOUSE GOVERNMENT RELATIONS STAFF MEETS ELECTED AND APPOINTED GOVERNMENT OFFICIALS AND THEIR STAFF ON LIBRARY-RELATED FUNDING ISSUES AND LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 13-1887440

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 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.

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

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a 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. 1b 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: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2012

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

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

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

4 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 No

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	824,133,716.	813,848,809.	669,681,466.	592,167,243.	741,425,152.
b Contributions	47,268,882.	65,579,778.	39,560,272.	53,539,855.	43,068,357.
c Net investment earnings, gains, and losses	125,420,972.	-17,227,502.	139,588,261.	56,461,888.	-155406750.
d Grants or scholarships	621,293.	495,678.	609,200.	256,666.	635,000.
e Other expenditures for facilities and programs	40,607,387.	37,571,691.	34,371,990.	32,230,854.	36,284,516.
f Administrative expenses					
g End of year balance	955,594,890.	824,133,716.	813,848,809.	669,681,466.	592,167,243.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 36.1983 %
- b Permanent endowment ▶ 63.8017 %
- c Temporarily restricted endowment ▶ _____ %

The percentages in 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		X
(ii) related organizations		X
b If "Yes" to 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. 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	1,083,799.	3,109,093.		4,192,892.
b Buildings	14,606,595.	445,321,048.	258,673,146.	201,254,497.
c Leasehold improvements		48,723,150.	9,187,037.	39,536,113.
d Equipment		39,859,191.	28,959,551.	10,899,640.
e Other		39,579,448.		39,579,448.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				295,462,590.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED INVESTMENT FUNDS	442,699,375.	FMV
(B) HEDGE FUNDS	253,317,263.	FMV
(C) PRIVATE MARKET FUNDS	101,746,464.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	797,763,102.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFITS	166,168,204.
(3) INTEREST RATE SWAPS	11,470,438.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	177,638,642.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	400,704,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 73,822,110.		
b	Donated services and use of facilities	2b 11,140,132.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	84,962,242.
3	Subtract line 2e from line 1		3	315,742,346.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 10,996,755.		
b	Other (Describe in Part XIII.)	4b -902,689.		
c	Add lines 4a and 4b		4c	10,094,066.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	325,836,412.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	291,816,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 11,140,132.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 902,689.		
e	Add lines 2a through 2d		2e	12,042,821.
3	Subtract line 2e from line 1		3	279,773,828.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 10,996,755.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	10,996,755.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	290,770,583.

Part XIII Supplemental Information

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

SEE PAGE 5

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 407 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.

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 USES A THRESHOLD OF MORE-LIKELY THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AS OF JUNE 30, 2013, THE LIBRARY DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED BUSINESS INCOME TAX LIABILITY WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS FINANCIAL STATEMENTS.

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN

SCHEDULE D, PART XI LINE 4B - OTHER

\$ (258,119) LABOR COSTS AND OTHER EXPENSES RELATED TO

UNRELATED BUSINESS USE OF SPACE

\$ (644,570) LABOR COSTS AND OTHER EXPENSES ALLOCATED TO

COST OF GOODS SOLD

\$(902,689)

Part XIII Supplemental Information (continued)

PER THE ORGANIZATION'S ACCOUNTING PRACTICES, EXPENSES RELATED TO SPECIAL EVENTS (DIRECT BENEFITS TO DONORS) ARE NETTED WITH REVENUE FROM SPECIAL EVENTS FOR FINANCIAL STATEMENT PRESENTATION. THESE AMOUNTS ARE INCLUDED IN 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 IN SCHEDULE D, PART XI, LINE 1.

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN SCHEDULE D, PART XII, LINE 2D - OTHER

\$ 258,119 LABOR COSTS AND OTHER EXPENSES RELATED TO

UNRELATED BUSINESS USE OF SPACE

\$ 644,570 LABOR COSTS AND OTHER EXPENSES ALLOCATED TO

COST OF GOODS SOLD

\$ 902,689

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Employer identification number
13-1887440

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	DIGITAL CATALOG	821,385.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		137,931,943.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					138,753,328.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					138,753,328.

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

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV 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)* 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 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)* Yes 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)* 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)* 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)* 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V **Supplemental Information**

Complete this part to provide 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).

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Employer identification number
13-1887440

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DRAKES BAY FUNDRAISING, INC.	DIRECT MKTG SEE SCH 0		X	1,862,378.	332,543.	1,529,835.
2 JOHN BROWN LTD, INC.	MAJOR GIV SEE SCH 0		X		84,000.	-84,000.
3 PDR II, INC., D/B/A SHARE	TELE-MKTG SEE SCH 0		X	7,882.	8,218.	-336.
4 WAKEBY FIRE & ASSOCIATES, LLC	DIRECT MKTG SEE SCH 0		X	756,803.	197,159.	559,644.
5						
6						
7						
8						
9						
10						
Total				2,627,063.	621,920.	2,005,143.

3 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, AZ, 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,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LIBRARY LIONS (event type)	CORP DINNER (event type)	4. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,112,000.	1,288,168.	1,101,205.	4,501,373.
	2 Less: Contributions	1,980,850.	1,232,268.	1,047,755.	4,260,873.
	3 Gross income (line 1 minus line 2)	131,150.	55,900.	53,450.	240,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	73,727.	49,988.	73,540.	197,255.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(197,255.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				43,245.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate 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 operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 ▶ \$ _____.
- c 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:
 - a 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 IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

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

Employer identification number
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 the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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 FELLOWSHIP GRANTS	61.	1,305,031.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2

THE LIBRARY HAS TWO FELLOWSHIP PROGRAMS: THE DOROTHY AND LEWIS B. CULLMAN CENTER FOR SCHOLARS AND WRITERS LOCATED AT THE STEPHEN A. SCHWARZMAN BUILDING AND THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE. THE PROGRAMS ARE INTENDED TO CONNECT THE FELLOWS WITH THE RESOURCES OF THE LIBRARY; TO PROMOTE INTERPRETIVE AND CREATIVE SCHOLARSHIP AND WRITING; TO ENCOURAGE FELLOWS TO PRODUCE SCHOLARLY AND CREATIVE WORKS, AND TO PRESENT THEIR ORIGINAL WORK IN PAPERS, SYMPOSIA OR LECTURES TO THE PUBLIC; AND TO FOSTER PUBLIC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DISCOURSE ABOUT ISSUES RELATING TO HISTORY, CULTURE, AND CREATIVITY. AN ADVERTISEMENT IS PLACED IN THE NEW YORK REVIEW OF BOOKS EACH SPRING FOR APPLICATIONS DUE IN LATE SEPTEMBER. ANNOUNCEMENTS OF THE PROGRAMS ARE ALSO POSTED ON THE LIBRARY'S WEBSITE.

CULLMAN CENTER FELLOWSHIPS AT THE STEPHEN A. SCHWARZMAN BUILDING ARE OPEN TO ACADEMICS, INDEPENDENT SCHOLARS, AND CREATIVE WRITERS. THE CENTER HAS TWO COMMITTEES -- A PRELIMINARY REVIEWING PANEL, WHICH ASSESSES AND RANKS THE APPLICATIONS, AND A SELECTION COMMITTEE, WHICH REVIEWS THE FINALISTS AND CHOOSES THE CLASS OF FELLOWS. THE SELECTION COMMITTEE IS COMPRISED OF

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SEVEN INDIVIDUALS.

FELLOWSHIPS IN THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER ARE OPEN TO ACADEMICS AND INDEPENDENT SCHOLARS. THE SCHOMBURG CENTER'S SELECTION COMMITTEE REVIEWS THE APPLICATIONS AND SELECTS THE FELLOWS. THE SELECTION COMMITTEE IS COMPRISED OF FIVE EXTERNAL REVIEWERS, WHO SERVE UNDER THE DIRECTION OF THE PROGRAM DIRECTOR.

FOR BOTH CENTERS, THE CRITERIA FOR SELECTION INCLUDE:

- (1) THE RELEVANCE OF THE PROPOSED PROJECT TO THE HOLDINGS OF THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

LIBRARY;

- (2) THE QUALITY AND FEASIBILITY OF THE PROJECT PLAN;
- (3) THE LIKELIHOOD THAT THE PROJECT WILL BE COMPLETED SUCCESSFULLY;
- (4) EXCELLENCE, AS SHOWN IN A HIGHLY PROMISING PROPOSAL BY AN APPLICANT;
- (5) A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY AN APPLICANT ESTABLISHED IN HIS OR HER FIELD OR DISCIPLINE; AND
- (6) LETTERS OF RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT OF THE PROJECT.

FELLOWS ARE IN RESIDENCE AT THE LIBRARY FOR THE ACADEMIC YEAR FOLLOWING

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THEIR SELECTION. WHEN THEY FINISH THE BOOKS THEY WORKED ON AT THE
LIBRARY, THEY SEND COPIES TO THOSE WHO OVERSEE THE PROGRAMS. FOR MANY OF
THESE BOOKS AND WRITERS, THE CULLMAN CENTER AND THE SCHOMBURG CENTER
SPONSOR PUBLIC PROGRAMS THAT HIGHLIGHT AND DISCUSS THE FELLOWS' BOOKS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number 13-1887440

Part I Questions Regarding Compensation

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

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

b If 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

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

3 Indicate which, if any, of the following the 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.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY W MARX TRUSTEE, PRESIDENT AND CEO	(i)	491,049.	0	220,601.	36,847.	32,710.	781,207.	0
	(ii)	0	0	0	0	0	0	0
2 JANE ABOYOUN CHIEF TECHNOLOGY OFFICER	(i)	273,049.	0	464.	38,267.	36,569.	348,349.	0
	(ii)	0	0	0	0	0	0	0
3 JACQUELINE F BAUSCH VP, DEP GEN COUNSEL & ASST SEC	(i)	245,080.	0	188.	50,610.	29,683.	325,561.	0
	(ii)	0	0	0	0	0	0	0
4 TODD M CORBIN CHIEF INVESTMENT OFFICER	(i)	484,434.	150,000.	381.	34,740.	28,828.	698,383.	0
	(ii)	0	0	0	0	0	0	0
5 ANNE L CORISTON VP FOR PUBLIC SERVICE	(i)	217,457.	0	305.	106,326.	15,497.	339,585.	0
	(ii)	0	0	0	0	0	0	0
6 DEANNA LEE VP FOR COMM & MRK - ENDED 9/12	(i)	178,942.	0	9,580.	0	21,420.	209,942.	0
	(ii)	0	0	0	0	0	0	0
7 MICHELE COLEMAN MAYES VP, GEN COUN&SEC - BEGAN 8/12	(i)	130,497.	0	70,507.	10,338.	3,845.	215,187.	0
	(ii)	0	0	0	0	0	0	0
8 GEORGE D MIHALTSES VP FOR GOV AND COMM AFFAIRS	(i)	167,240.	0	254.	28,399.	3,155.	199,048.	0
	(ii)	0	0	0	0	0	0	0
9 DAVID G OFFENSEND COO, CFO AND TREASURER	(i)	332,588.	0	1,057.	43,408.	31,061.	408,114.	0
	(ii)	0	0	0	0	0	0	0
10 JOANNA M PESTKA VP CAPITAL PLAN & CONSTRUCTION	(i)	197,218.	0	8,880.	93,060.	22,713.	321,871.	0
	(ii)	0	0	0	0	0	0	0
11 JAMES PISANIELLO VP FACILITIES OPS AND SECURITY	(i)	167,612.	0	22,293.	0	1,886.	191,791.	0
	(ii)	0	0	0	0	0	0	0
12 JEFFREY ROTH VP, FINANCE/ STRATEGIC INITIAT	(i)	213,265.	0	285.	69,010.	26,274.	308,834.	0
	(ii)	0	0	0	0	0	0	0
13 LOUISE SHEA VP FOR HUMAN RESOURCES	(i)	269,883.	0	862.	44,036.	28,546.	343,327.	0
	(ii)	0	0	0	0	0	0	0
14 ANN D THORNTON ANDREW W MELLON DIR NY PUB LIB	(i)	207,601.	0	17,271.	55,796.	31,911.	312,579.	0
	(ii)	0	0	0	0	0	0	0
15 SHARON HEWITT WATKINS VP, FIN & ASST TR - ENDED 1/13	(i)	206,352.	0	443.	0	32,153.	238,948.	0
	(ii)	0	0	0	0	0	0	0
16 JENNIFER ZASLOW VP FOR DEVELOPMENT	(i)	246,207.	0	326.	44,424.	26,337.	317,294.	0
	(ii)	0	0	0	0	0	0	0

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK D BERKOWSKY DIRECTOR OF TALENT MANAGEMENT	(i)	209,104.	0	315.	40,269.	34,319.	284,007.	0
	(ii)	0	0	0	0	0	0	0
2 KHALIL GIBRAN MUHAMMAD DIRECTOR, THE SCHOMBURG CENTER	(i)	201,120.	0	1,062.	35,422.	3,344.	240,948.	0
	(ii)	0	0	0	0	0	0	0
3 VICTORIA STEELE BROOKE RUSSELL ASTOR DIRECTOR	(i)	192,763.	0	17,437.	40,464.	10,967.	261,631.	0
	(ii)	0	0	0	0	0	0	0
4 JEAN STROUSE DIRECTOR, SCHOLARS/WRITERS CEN	(i)	224,133.	0	377.	44,390.	9,869.	278,769.	0
	(ii)	0	0	0	0	0	0	0
5 BARBARA R TARANTO DIG PRG DIR - ENDED 5/12	(i)	52,969.	0	167,692.		12,554.	233,215.	0
	(ii)	0	0	0	0	0	0	0
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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 INCLUDED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J,

PART II, COLUMN (B)(III). ALSO, THE COMPENSATION INFORMATION FOR THE

PRESIDENT SHOWS A FULL YEAR OF COMPENSATION, AS REPORTED ON HIS 2012 W-2,

WHEREAS THE PRIOR YEAR FORM 990 SHOWED INFORMATION FROM HIS 2011 W-2 THAT

REFLECTED ONLY SIX MONTHS OF SERVICE.

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

BARBARA R. TARANTO, FORMER DIGITAL PROGRAM DIRECTOR, SEPARATED ON MAY 10,

2012 AND RECEIVED A SEVERANCE PAYMENT OF \$155,500.

BONUS

SCHEDULE J, PART II, COLUMN B(II)

TODD M. CORBIN, CHIEF INVESTMENT OFFICER, RECEIVED A ONE-TIME BONUS OF

\$150,000 AT THE END OF HIS FIRST FOUR YEARS OF SERVICE AS PER HIS

Part III Supplemental Information

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

EMPLOYMENT CONTRACT.

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.

OTHER REPORTABLE COMPENSATION ALSO INCLUDES ANY SEVERANCE PAYMENT NOTED

IN PART I, LINE 4A AND ACCRUED BENEFIT PAYOUTS TO BARBARA R. TARANTO AND

DEANNA LEE.

IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES TEMPORARY HOUSING AND

THE RELATED TAX GROSS-UP, AND RELOCATION STIPEND FOR MICHELE COLEMAN

MAYES.

RETIREMENT AND OTHER DEFERRED COMPENSATION

SCHEDULE J, PART II, COLUMN C

RETIREMENT AND OTHER DEFERRED COMPENSATION REFLECTS THE CHANGE IN

Part III Supplemental Information

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

ACTUARIAL VALUE OF THE DEFINED BENEFIT PENSION PLAN, NEW YORK STATE AND LOCAL EMPLOYEES' RETIREMENT SYSTEM (NYSLRS), AND NOT THE LIBRARY'S ACTUAL CONTRIBUTION TO THE PLAN. THE CHANGE IN ACTUARIAL VALUE IS BASED ON NYSLRS FISCAL YEAR APRIL 1, 2012 THROUGH MARCH 31, 2013. THE CHANGE IN ACTUARIAL VALUE FOR EMPLOYEES WHOSE SERVICES ENDED DURING NYSLRS FISCAL YEAR REPORTED ARE EXCLUDED FROM SCHEDULE J, PART II, COLUMN C, AND ARE AS FOLLOWS:

- * DEANNA LEE \$(81,306)
- * SHARON HEWITT WATKINS \$15,861
- * BARBARA R. TARANTO \$(8,221)

COMPENSATION OF CHIEF LIBRARY OFFICER AND VICE PRESIDENT FOR COMMUNICATIONS AND MARKETING: MARY LEE KENNEDY, CHIEF LIBRARY OFFICER, AND KENNETH N. WEINE, VICE PRESIDENT FOR COMMUNICATIONS AND MARKETING, BEGAN WORKING AT THE LIBRARY IN MAY 2013 AND FEBRUARY 2013, RESPECTIVELY. THEREFORE, THEY DID NOT RECEIVE COMPENSATION FOR CALENDAR YEAR 2012 AND COMPENSATION REPORTED ON SCHEDULE J, PART II IS 2012 CALENDAR YEAR

Part III Supplemental Information

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

COMPENSATION.

COMPENSATION OF CHIEF TECHNOLOGY OFFICER: JANE ABOYOUN BEGAN WORKING AS THE ORGANIZATION'S CHIEF TECHNOLOGY OFFICER IN APRIL 2011. THEREFORE, THE COMPENSATION INFORMATION IN THE PRIOR YEAR FORM 990 REFLECTED APPROXIMATELY EIGHT MONTHS OF SERVICE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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

Employer identification number
13-1887440

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NEUBERGER BERMAN	SEE PART V	477,942.	MANAGEMENT FEES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION:

LAURA J. SLOATE, TRUSTEE, IS A MANAGING DIRECTOR OF NEUBERGER BERMAN. THE LIBRARY HAS A PORTFOLIO THAT IS MANAGED BY NEUBERGER BERMAN. THE RELATIONSHIP EXISTED PRIOR TO MS. SLOATE'S APPOINTMENT AS A TRUSTEE OF THE LIBRARY AND MS. SLOATE IS NOT PART OF THE INVESTMENT TEAM THAT MANAGES THE ASSETS FOR THE LIBRARY. MS. SLOATE RECUSED HERSELF FROM PARTICIPATION IN ANY RELATED DISCUSSION AND VOTE. MS. SLOATE RESIGNED AS TRUSTEE OF THE LIBRARY IN NOVEMBER 2012.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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

Employer identification number
13-1887440

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	52 .	0	N/A
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X			N/A
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	45 .	1,453,735 .	MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 6 .

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

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

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to 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.

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

**Open to Public
Inspection**

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

Employer identification number
13-1887440

PRINCIPAL OFFICER

FORM 990, ITEM F

ANTHONY W. MARX HAS BEEN THE PRESIDENT AND CEO OF THE LIBRARY SINCE JULY
1, 2011.

VOLUNTEERS

FORM 990, PART I, LINE 6

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

SALARIES, OTHER COMPENSATION, EMPLOYEE BENEFITS

FORM 990, PART I, LINE 15

INCREASE PRIMARILY RELATES TO FRINGE BENEFIT COSTS DUE TO HIGHER COSTS
ASSOCIATED WITH PENSION AND POSTRETIREMENT BENEFITS.

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

FORM 990, PART III, LINE 4

LINE 4A - THE BRANCH LIBRARIES

THE SERVICES OF THE 86 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 2013, THERE WERE 14.2 MILLION VISITS TO THE BRANCH LIBRARIES BY INDIVIDUALS WHO BORROWED 25.9 MILLION ITEMS. THE BRANCH LIBRARIES SPONSORED 59,030 PROGRAMS, ATTENDED BY 1,120,064 ADULTS AND CHILDREN. COLLECTIONS INCLUDE 5.0 MILLION BOOKS AND 1.1 MILLION NONPRINT ITEMS SUCH AS FILMS, VIDEOTAPES, PICTURES, AUDIO RECORDINGS AND MATERIALS FOR THE BLIND. REFERENCE INQUIRIES TOTALED 8.8 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 5.2 MILLION.

LINE 4B - THE RESEARCH LIBRARIES

DURING FISCAL 2013, 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 PERFORMING ARTS - HAD 3.5 MILLION ON-SITE USERS. LIBRARY STAFF RESPONDED TO 205,246 REFERENCE INQUIRIES. OF 45.0 MILLION COLLECTION ITEMS, APPROXIMATELY 16.6 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET

Name of the organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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MUSIC, PRINTS, AND CLIPPINGS. THE RESEARCH LIBRARIES HAVE AN EXTENSIVE CONSERVATION AND PRESERVATION PROGRAM: THROUGH RESTORATION, PRESERVATION, MICROFILMING AND REPRINT, 280,192 ITEMS WERE PRESERVED. IN ADDITION, ABOUT 2,979 HOURS OF VIDEO TAPE MEDIA, 2,223 HOURS OF RECORDED SOUND MEDIA, AND 58,955 FEET OF MOTION PICTURE FILM WERE PRESERVED. AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 29 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.

RELATIONSHIPS

FORM 990, PART VI, LINE 2

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

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

CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 4

THE LIBRARY AMENDED ITS BYLAWS ON NOVEMBER 14, 2012. KEY CHANGES INCLUDE THE REDUCTION IN THE NUMBER OF COMMITTEES AS WELL AS CHANGES TO AGE LIMITS AND INTRODUCTION OF TERM LIMITS FOR CERTAIN OFFICERS AND COMMITTEE

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

REVIEW OF FORM 990

FORM 990, PART VI, LINE 11B

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

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

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

FOR THEIR REVIEW WITH MANAGEMENT AT A SCHEDULED AUDIT COMMITTEE MEETING

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

TO THE MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

NEWLY ELECTED TRUSTEES AND NEWLY APPOINTED OFFICERS ARE PROVIDED WITH A

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

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

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

CONFLICT OF INTEREST STATEMENT.

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

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

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

CONFLICT OF INTEREST ANNUAL STATEMENT AND ANNUAL QUESTIONNAIRE.

EACH CONFLICT OF INTEREST STATEMENT AND ANNUAL QUESTIONNAIRE IS REVIEWED

AND EVALUATED IN ACCORDANCE WITH THE POLICY FOR ANY ACTUAL AND/OR

Name of the organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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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 VOTES RELATING TO SUCH MATTER.

COMPENSATION

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

THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES MEETS AT LEAST THREE TIMES A YEAR TO REVIEW THE COMPENSATION OF THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE LIBRARY, AS RECORDED CONTEMPORANEOUSLY IN MINUTES.

THE LIBRARY REGULARLY CONSULTS COMPETITIVE DATA INCLUDING PUBLISHED SURVEYS AND FORM 990 DATA WHEN REVIEWING AND MAKING COMPENSATION AND SALARY ADJUSTMENTS. IN ADDITION, THE LIBRARY RETAINS THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO SURVEY EXECUTIVE COMPENSATION AMONG PEER ORGANIZATIONS TO PRESENT TO THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND TO SUPPORT DELIBERATIONS IN MAKING COMPENSATION DECISIONS.

PUBLIC DISCLOSURE

FORM 990 PART VI, LINE 19

THE LIBRARY'S BYLAWS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS THEY ARE

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

FUNDRAISING ACTIVITIES

FORM 990, PART IX, COLUMN (D) AND SCHEDULE G, PART I
THE LIBRARY IS CONTINUALLY WORKING TO ASSESS CURRENT AND LONG-TERM
FUNDRAISING GOALS, AND STRIVES DILIGENTLY TO ALLOCATE RESOURCES TO MEET
THOSE GOALS. DUE TO THE NATURE OF PLANNED GIVING AND OTHER LONG-TERM
FUNDRAISING ACTIVITIES, RESOURCE ALLOCATION AND CONTRIBUTION REVENUE ARE
OFTEN REPORTED IN SEPARATE TIME PERIODS. THE LIBRARY'S FUNDRAISING AND
MEMBERSHIP DEVELOPMENT ACTIVITIES INCLUDE WORKING WITH PROGRAM STAFF TO
DEVELOP 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;
CONDUCTING OUTREACH EFFORTS TO SECURE MEMBERSHIP CONTRIBUTIONS AND CREATE
AWARENESS OF THE LIBRARY AND ITS PROGRAMS; AND CONDUCTING SPECIAL
FUNDRAISING EVENTS.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

5,446,015 CHANGE IN VALUE OF INTEREST RATE SWAPS

Name of the organization THE NEW YORK PUBLIC LIBRARY, ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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26,138,227 POSTRETIREMENT BENEFITS OTHER THAN NET PERIODIC COST

\$31,584,242

ACTIVITIES CONDUCTED BY PROFESSIONAL FUNDRAISERS

SCHEDULE G, PART I, QUESTION 2B, COLUMN (II)

*DRAKES BAY FUNDRAISING, INC. IS A FULL-SERVICE MARKETING AGENCY THAT WORKS ON THE FRIENDS OF THE LIBRARY DIRECT-MAIL PROGRAM. IT COLLABORATES ON ANNUAL PLANNING AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND MANAGES ALL PRODUCTION AND MAILING SERVICE LISTS FOR THE FRIENDS OF THE LIBRARY PROGRAM. IN ADDITION, IT MONITORS DIRECT-MAIL PROGRAM RETURNS AND PROVIDES ANALYSIS TO SUPPORT STRATEGIC DECISIONS.

*JOHN BROWN LTD., INC., CONDUCTED SEVERAL MONTHLY MEETINGS AND CONFERENCE CALLS WITH THE VICE PRESIDENT FOR DEVELOPMENT FOR THE PURPOSE OF DEVELOPING FUNDRAISING STRATEGIES.

*PDR II, INC., D/B/A SHARE IS A TELEMARKETING FIRM. IN FISCAL YEAR 2013, IT PRODUCED A TELE-FUNDRAISING CAMPAIGN FOR THE SCHOMBURG SOCIETY PROGRAM TO SOLICIT ONE-TIME DONATIONS FROM MEMBERS TO SUPPORT THE SCHOMBURG CENTER.

*WAKEBY & FIRE ASSOCIATES, LLC IS A FULL-SERVICE, DIRECT-MARKETING FUNDRAISING AGENCY THAT WORKS ON THE SCHOMBURG SOCIETY PROGRAM AND COLLABORATES ON ANNUAL PLANNING AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND MANAGES ALL PRODUCTION AND MAILING LIST SERVICES FOR THE

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

Employer identification number
13-1887440

SCHOMBURG SOCIETY PROGRAM. IN ADDITION, IT MONITORS RETURNS AND PROVIDES
ANALYSIS TO SUPPORT STRATEGIC DECISIONS.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AK, AZ, CA, CT,

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

MN, MS, NH, NJ, NM, 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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RESEARCH COLLECTIONS & PRESERVATION CNST 701 CARNEGIE CENTER PRINCETON, NJ 08540	PRESERV & CONSTRUCT	10,161,203.
FOSTER AND PARTNERS ARCHITECTS NY INC 300 WEST 57TH STREET NEW YORK, NY 10019	ARCHITECTURAL	4,089,680.
SPARTAN SECURITY SERVICES INC ONE PARK AVENUE NEW YORK, NY 10016	SECURITY	2,764,475.
BIBLIOCOMMONS, INC. 461 KING STREET WEST, 3RD FLOOR TORONTO, ON M5V 1K4 CANADA	ONLINE CATALOGUE	1,815,163.
CLANCY MOVING SYSTEMS, INC. 2963 ROUTE 22 PATTERSON, NY 12563	STORAGE & RETRIEVAL	1,557,014.

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

Employer identification number
13-1887440

ATTACHMENT 3

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	2,031,434.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	995,417.
SALARIES AND WAGES	520,921.
OTHER COSTS	123,649.
SUBTOTAL	<u>1,639,987.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u><u>1,639,987.</u></u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

Employer identification number
13-1887440

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BRYANT PARK CORPORATION (BPC) 13-3009946 1065 AVENUE OF AMERICAS STE 2400, NY, NY 10018	PARK MGMT	NY	501 (C) (3)	11A	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Rows (1) through (7) are empty.

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

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No). Rows (1) through (7) are empty.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p 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 thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
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Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
