Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01 **, 2013, and ending** 06/30 **, 20** 14

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 445 FIFTH AVENUE — Room/suite: 8TH FL

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10016

D Employer identification number 13-1887440

E Telephone number (212) 621-0241

G Gross receipts $ 639,178,672.

F Name and address of principal officer: ANTHONY W. MARX, PRES & CEO 476 FIFTH AVENUE NEW YORK, NY 10018

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW.NYPL.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1895 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELONG LEARNING, ADVANCE KNOWLEDGE, AND STRENGTHEN OUR COMMUNITIES.		
2	Check this box ▶ ☐ 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	41.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3,340.
6	Total number of volunteers (estimate if necessary)	6	1,877.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	84,834.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-83,282.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	250,022,451.	217,031,181.
	9	Program service revenue (Part VIII, line 2g)	3,935,002.	3,622,859.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,877,537.	79,802,891.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,001,422.	6,544,171.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	325,836,412.	307,001,102.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,305,031.	1,353,138.
	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)	174,694,663.	185,300,118.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	621,920.	1,079,127.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,686,267.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	114,148,969.	124,798,737.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	290,770,583.	312,531,120.
	19	Revenue less expenses. Subtract line 18 from line 12	35,065,829.	-5,530,018.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,508,459,036.	1,592,224,323.
	21	Total liabilities (Part X, line 26)	409,455,555.	395,457,851.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,099,003,481.	1,196,766,472.

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's signature	Date	Check ☐ if self-employed	PTIN
DEVIN L. DUNCAN	Devin Duncan	5/7/15		P01249521

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102 — 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. Form **990** (2013)

Form **8868**
(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- 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. 445 FIFTH 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 (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

- The books are in the care of ▶ JEFFREY ROTH, VP FIN&STRATEGY, 445 FIFTH AVENUE NEW YORK, NY 10016

Telephone No. ▶ 212 621-0241 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 02/16 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year 20 _____ or
▶ [X] tax year beginning 07/01 , 20 13 , and ending 06/30 , 20 14 .

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**	**$** 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	**$** 0
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**	**$** 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment 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	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. 445 FIFTH AVENUE, 8TH FLOOR	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-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 ▶ JEFFREY ROTH , VP FIN & STRAT, 445 FIFTH AVE NEW YORK, NY 10016
  Telephone No. ▶ 212 621-0241 . 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 15 .

5 For calendar year ______ , or other tax year beginning 07/01 , 20 13 , and ending 06/30 , 20 14 .

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**	$ 0
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**	$ 0
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**	$ 0

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 ▶ Jem Huan Title ▶ PAID PREPARER Date ▶ 2/9/15

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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**

If "Yes," describe these new services on Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 158,351,990. including grants of $ 7,555.) (Revenue $ 2,690,074.)

THE BRANCH LIBRARIES - THE SERVICES OF THE 88 BRANCH LIBRARIES EXTEND FAR BEYOND THE TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRARIES, TO PROVIDE VITAL OUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS, SHELTERS AND PRISONS, AND TO THE BLIND AND PHYSICALLY HANDICAPPED, INCLUDING BOOK- BY- MAIL DELIVERIES TO THE HOMEBOUND. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code:) (Expenses $ 105,532,769. including grants of $ 1,345,583.) (Revenue $ 1,919,224.)

THE RESEARCH LIBRARIES - DURING FISCAL YEAR 2014, 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 3.6 MILLION ON-SITE USERS. LIBRARY STAFF RESPONDED TO 354,360 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 ▶ 263,884,759.

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**
Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a** 580			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 3,340			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country: ▶ ____________ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?		**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		

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

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 41			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		X
6	Did the organization have members or stockholders?		**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	X	
b	Each committee with authority to act on behalf of the governing body?		**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**14**	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	X	
b	Other officers or key employees of the organization	**15b**	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 FINANCE 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 or note to any line 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) KWAME ANTHONY APPIAH TRUSTEE - BEGAN 5/14	1.00	X						0	0	0
(2) JOHN H. BANKS III TRUSTEE	1.00	X						0	0	0
(3) SILA M. CALDERON TRUSTEE	3.00	X						0	0	0
(4) EVAN ROBERT CHESLER TRUSTEE & VICE CHAIR	3.00	X		X				0	0	0
(5) ROBERT DARNTON TRUSTEE	5.00	X						0	0	0
(6) GORDON J. DAVIS TRUSTEE	1.00	X						0	0	0
(7) ANNE E. DE LA RENTA TRUSTEE(VICE CHAIR THRU 11/13)	2.00	X		X				0	0	0
(8) H.R.H. PRINCESS FIRYAL TRUSTEE	1.00	X						0	0	0
(9) HENRY LOUIS GATES, JR TRUSTEE	1.00	X						0	0	0
(10) WILLIAM GRAY TRUSTEE	5.00	X						0	0	0
(11) LOUISE GRUNWALD TRUSTEE	1.00	X						0	0	0
(12) JOHN B. HESS TRUSTEE	1.00	X						0	0	0
(13) MAHNAZ ISPAHANI BARTOS TRUSTEE	5.00	X						0	0	0
(14) ELIZABETH KOJIMA TRUSTEE - BEGAN 5/14	3.00	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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) ROBERT LIBERMAN TRUSTEE	5.00	X						0	0	0
(16) SCOTT D. MALKIN TRUSTEE	3.00	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				715,799.	0	79,485.
(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 REP OF COMPTROLLER	1.00	X						0	0	0
(23) ABBY S. MILSTEIN TRUSTEE & VICE CHAIR	6.00	X		X				0	0	0
(24) SUSAN B. MOORE MORGENTHAU TRUSTEE	6.00	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 ▶								5,825,898.	0	1,635,107.
d Total (add lines 1b and 1c) ▶								5,825,898.	0	1,635,107.

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 ▶ 116

		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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(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 ▶ 78

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(26) RICHARD L. PLEPLER TRUSTEE	1.00	X						0	0	0
(27) KATHARINE J. RAYNER TRUSTEE	5.00	X						0	0	0
(28) DAVID REMNICK TRUSTEE	1.00	X						0	0	0
(29) PETER RIDER REP OF SPEAKER -ENDED 4/14	1.00	X						0	0	0
(30) ELIZABETH ROHATYN FOUNDATION TRUSTEE	1.00	X						0	0	0
(31) MARSHALL ROSE FOUNDATION TRUSTEE	2.00	X						0	0	0
(32) NEIL L. RUDENSTINE FOUNDATION TRUSTEE & CHAIR	4.00	X		X				0	0	0
(33) STEPHEN A. SCHWARZMAN TRUSTEE	1.00	X						0	0	0
(34) DINAKAR SINGH TRUSTEE	5.00	X						0	0	0
(35) GAYFRYD STEINBERG TRUSTEE	1.00	X						0	0	0
(36) JOSHUA L. STEINER TRUSTEE(VICE CHAIR THRU 11/13)	1.00	X		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 ▶ 116

		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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(37) GEORGE STEPHANOPOLOUS TRUSTEE - BEGAN 5/14	1.00	X						0	0	0
(38) JAMES S. TISCH TRUSTEE	2.00	X						0	0	0
(39) MARJORIE B. TIVEN REP OF MAYOR -ENDED 2/14	3.00	X						0	0	0
(40) LUIS A. UBINAS TRUSTEE	6.00	X						0	0	0
(41) EDGAR WACHENHEIM III FOUNDATION TRUSTEE	2.00	X						0	0	0
(42) MAYOR OF THE CITY OF NY REP BY M.B. TIVEN THRU 2/14	1.00	X						0	0	0
(43) COMPTROLLER OF THE CITY OF NY REP BY LEIGH M. MILLER	1.00	X						0	0	0
(44) SPKR OF THE CITY COUNCIL OF NY REP BY PETER RIDER THRU 4/14	1.00	X						0	0	0
(45) JANE ABOYOUN CHIEF TECHNOLOGY OFFICER	35.00			X				285,796.	0	73,905.
(46) JACQUELINE F. BAUSCH VP, DEP GEN COUNSEL & ASST SEC	35.00			X				247,148.	0	105,652.
(47) TODD M. CORBIN CHIEF INVESTMENT OFFICER	35.00			X				493,676.	0	80,537.
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 ▶ 116

		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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(48) ANNE L. CORISTON VP FOR PUBLIC SERVICE	35.00			X				244,970.	0	161,734.
(49) MARY LEE KENNEDY CHIEF LIBRARY OFF. -BEGAN 5/13	35.00			X				279,175.	0	25,955.
(50) MICHELE COLEMAN MAYES VP, GEN COUNSEL & SECRETARY	35.00			X				321,725.	0	24,306.
(51) GEORGE D. MIHALTSES VP FOR GOV & COMM AFFAIRS	35.00			X				178,466.	0	44,037.
(52) DAVID G. OFFENSEND COO, CFO & TREASURER -END 4/14	35.00			X				333,592.	0	86,271.
(53) JOANNA M. PESTKA VP CAPITAL PLAN & CONSTRUCTION	35.00			X				213,974.	0	148,849.
(54) CARL H. PFORZHEIMER III ACTING CFO AND TREAS -BEG 5/14	2.00			X				0	0	0
(55) JAMES PISANIELLO VP FAC OPS & SECURTY -END 4/14	35.00			X				193,562.	0	6,688.
(56) JEFFREY ROTH VP FIN/ STRAT INIAT & ASST TRS	35.00			X				251,660.	0	143,421.
(57) LOUISE SHEA VP FOR HUMAN RESOURCES	35.00			X				280,526.	0	78,016.
(58) ANN D. THORNTON ANDREW W MELLON DIR NY PUB LIB	35.00			X				232,363.	0	122,979.
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 ▶ 116

		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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(59) KENNETH N. WEINE VP FOR COMM & MRKT -BEGAN 2/13	35.00			X				228,408.	0	54,624.
(60) JENNIFER ZASLOW VP FOR DEVELOPMENT -ENDED 5/14	35.00			X				264,298.	0	89,873.
(61) MARK D. BERKOWSKY DIR OF TALENT MGMT -ENDED 1/14	35.00					X		214,471.	0	77,527.
(62) RYAN D. CAIRNS SEN DIR OF INDIVIDUAL GIVING	35.00					X		189,147.	0	45,827.
(63) KHALIL GIBRAN MUHAMMAD DIRECTOR, THE SCHOMBURG CENTER	35.00					X		209,236.	0	39,816.
(64) VICTORIA STEELE BROOKE RUSSELL ASTOR DIRECTOR	35.00					X		215,580.	0	66,361.
(65) JEAN STROUSE DIRECTOR, SCHOLARS/WRITERS CEN	35.00					X		232,326.	0	79,244.
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 ▶ 116

		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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(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 VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII X

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	4,409,926.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	168,560,846.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	44,060,409.				
	g	Noncash contributions included in lines 1a-1f: $ 1,803,047.						
	h	**Total.** Add lines 1a-1f ▶			217,031,181.			
Program Service Revenue				Business Code				
	2a	FINES AND FEES		900099	2,514,262.	2,514,262.		
	b	INFORMATION SERVICES		519100	161,163.	161,163.		
	c	PHOTOCOPY, MICROFILM		519100	767,596.	767,596.		
	d	TICKET SALES		900099	179,838.	179,838.		
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			3,622,859.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			13,572,773.		-486,228.	14,059,001.
	4	Income from investment of tax-exempt bond proceeds ▶			0			
	5	Royalties ▶			240,940.			240,940.
			(i) Real	(ii) Personal				
	6a	Gross rents	33,089.					
	b	Less: rental expenses						
	c	Rental income or (loss)	33,089.					
	d	Net rental income or (loss) ▶			33,089.			33,089.
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	179,233,370.	216,195,474.				
	b	Less: cost or other basis and sales expenses	167,616,503.	161,582,223.				
	c	Gain or (loss)	11,616,867.	54,613,251.				
	d	Net gain or (loss) ▶			66,230,118.			66,230,118.
	8a	Gross income from fundraising events (not including $ 4,409,926. of contributions reported on line 1c). See Part IV, line 18	a	287,015.				
	b	Less: direct expenses	b	278,136.				
	c	Net income or (loss) from fundraising events ▶			8,879.			8,879.
	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	2,874,789.				
	b	Less: cost of goods sold ATCH 3	b	2,700,708.				
	c	Net income or (loss) from sales of inventory ▶			174,081.	46,561.	127,520.	
		Miscellaneous Revenue		Business Code				
	11a	FEE - USE OF SPACE		532000	3,457,522.		443,542.	3,013,980.
	b	UNIVERSAL SERVICES REIMBURSEMENT		900099	1,689,782.			1,689,782.
	c	PUBLICATIONS		519100	292,442.	292,442.		
	d	All other revenue		900099	647,436.	647,436.		
	e	**Total.** Add lines 11a-11d ▶			6,087,182.			
	12	**Total revenue.** See instructions ▶			307,001,102.	4,609,298.	84,834.	85,275,789.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX 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	1,353,138.	1,353,138.		
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	5,960,399.	1,990,274.	3,445,134.	524,991.
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	112,568,827.	98,953,624.	10,112,652.	3,502,551.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,645,071.	17,176,689.	1,841,722.	626,660.
9 Other employee benefits	38,575,305.	32,800,523.	4,415,921.	1,358,861.
10 Payroll taxes	8,550,516.	7,315,184.	945,014.	290,318.
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,348,456.	878,222.	467,934.	2,300.
c Accounting	525,500.	2,000.	523,500.	
d Lobbying	55,000.		55,000.	
e Professional fundraising services. See Part IV, line 17	1,079,127.			1,079,127.
f Investment management fees	12,015,100.		12,015,100.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,878,984.	6,412,135.	1,100,577.	366,272.
12 Advertising and promotion	2,081,271.	694,798.	249,413.	1,137,060.
13 Office expenses	7,618,492.	6,987,441.	431,058.	199,993.
14 Information technology	5,911,238.	5,389,616.	490,626.	30,996.
15 Royalties	0			
16 Occupancy	21,618,110.	19,560,498.	1,556,012.	501,600.
17 Travel	435,259.	383,217.	33,291.	18,751.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	236,330.	190,646.	41,365.	4,319.
20 Interest	2,767,677.	2,767,677.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	23,400,037.	23,229,621.	170,416.	
23 Insurance	1,747,151.	1,672,623.	74,528.	
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 BOOKS AND BINDING	28,542,770.	28,542,770.		
b BUILDING REPAIRS& RENOVATION	5,242,831.	5,053,876.	188,630.	325.
c AUTO LEASES, REPAIRS&SUPPLIE	510,783.	510,783.		
d UNRELATED BUSINESS INC TAX	252,021.	48,781.	203,240.	
e All other expenses	2,611,727.	1,970,623.	598,961.	42,143.
25 **Total functional expenses.** Add lines 1 through 24e	312,531,120.	263,884,759.	38,960,094.	9,686,267.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	61,467.	1	55,508.
	2	Savings and temporary cash investments	57,973,593.	2	52,022,010.
	3	Pledges and grants receivable, net	98,847,173.	3	80,518,163.
	4	Accounts receivable, net	1,566,698.	4	7,380,738.
	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	264,759.	8	187,812.
	9	Prepaid expenses and deferred charges	2,378,177.	9	2,041,325.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 605,135,159.			
	b	Less: accumulated depreciation — 10b: 320,186,897.	295,462,590.	10c	284,948,262.
	11	Investments - publicly traded securities	233,011,917.	11	292,326,061.
	12	Investments - other securities. See Part IV, line 11	797,763,102.	12	860,542,792.
	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	21,129,560.	15	12,201,652.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,508,459,036.	16	1,592,224,323.
Liabilities	17	Accounts payable and accrued expenses	64,545,939.	17	75,649,724.
	18	Grants payable	0	18	0
	19	Deferred revenue	86,910,972.	19	59,495,191.
	20	Tax-exempt bond liabilities	80,360,002.	20	76,000,002.
	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	177,638,642.	25	184,312,934.
	26	**Total liabilities.** Add lines 17 through 25	409,455,555.	26	395,457,851.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	378,994,126.	27	400,801,670.
	28	Temporarily restricted net assets	287,903,949.	28	357,094,777.
	29	Permanently restricted net assets	432,105,406.	29	438,870,025.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] 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	1,099,003,481.	33	1,196,766,472.
	34	Total liabilities and net assets/fund balances	1,508,459,036.	34	1,592,224,323.

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	307,001,102.
2	Total expenses (must equal Part IX, column (A), line 25)	2	312,531,120.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,530,018.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,099,003,481.
5	Net unrealized gains (losses) on investments	5	103,778,255.
6	Donated services and use of facilities	6	7,906,933.
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	-8,392,179.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,196,766,472.

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?	2b	X	
	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: [X] 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?	2c	X	
	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?	3a	X	
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.	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.**

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

OMB No. 1545-0047

2013

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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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?

		Yes	No
(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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**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										

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,349,584.	48,643,420.	77,619,561.	82,957,617.	48,470,335.	328,040,517.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	190,283,380.	164,409,329.	163,797,431.	167,064,834.	168,560,846.	854,115,820.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	8,781,311.	8,049,019.	22,599,960.	9,160,545.	17,576,071.	66,166,906.
4 **Total.** Add lines 1 through 3	269,414,275.	221,101,768.	264,016,952.	259,182,996.	234,607,252.	1,248,323,243.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4.						1,248,323,243.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	269,414,275.	221,101,768.	264,016,952.	259,182,996.	234,607,252.	1,248,323,243.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,910,182.	8,989,717.	10,944,174.	14,539,086.	13,846,802.	55,229,961.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		478,122.	541,221.	699,087.		1,718,430.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,819,206.	4,134,478.	4,995,857.	5,356,300.	4,703,762.	23,009,603.
11 **Total support.** Add lines 7 through 10						1,328,281,237.

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 35,989,383.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . **14** 93.98 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . **15** 94.85 %

16a 33 1/3 % support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3 % support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2013.** 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 - 2012.** 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.** 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 B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047
2013

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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 its Form 990-PF, Part I, line 2, 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

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		$ 147,280,528.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 20,360,737.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 5,600,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number 13-1887440

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

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

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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

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)				

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
1a	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.		

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.

		(a)	(b)
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? ☐ **Yes** ☐ **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)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(e)** Total
2a 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					

Schedule C (Form 990 or 990-EZ) 2013

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)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		22,214.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		66,642.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			88,856.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."**

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

Part IV **Supplemental Information**

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.

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

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2013

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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.

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.

b 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 ▶ $

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	955,594,890.	824,133,716.	813,848,809.	669,681,466.	592,167,243.
b Contributions	14,418,679.	47,268,882.	65,579,778.	39,560,272.	53,539,855.
c Net investment earnings, gains, and losses	167,717,074.	125,420,972.	-17,227,502.	139,588,261.	56,461,888.
d Grants or scholarships	924,094.	621,293.	495,678.	609,200.	256,666.
e Other expenditures for facilities and programs	43,684,906.	40,607,387.	37,571,691.	34,371,990.	32,230,854.
f Administrative expenses					
g End of year balance	1093121643.	955,594,890.	824,133,716.	813,848,809.	669,681,466.

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

a Board designated or quasi-endowment ▶ 36.5198 %

b Permanent endowment ▶ 63.4802 %

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,083,799.	3,109,093.		4,192,892.
b Buildings	14,606,595.	482,883,821.	276,515,256.	220,975,160.
c Leasehold improvements		48,723,150.	11,299,633.	37,423,516.
d Equipment		45,901,696.	32,372,008.	13,529,689.
e Other		8,827,005.		8,827,005.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				284,948,262.

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED INVESTMENT FUNDS	505,919,060.	FMV
(B) HEDGE FUNDS	233,536,130.	FMV
(C) PRIVATE MARKET FUNDS	121,087,602.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	860,542,792.	

Part VIII **Investments - Program Related.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X **Other Liabilities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFITS	173,266,206.
(3) INTEREST RATE SWAPS	11,046,728.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	184,312,934.

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	419,868,162.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	103,778,255.		
b	Donated services and use of facilities	2b	19,946,832.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,016,150.		
e	Add lines **2a** through **2d**			2e	124,741,237.
3	Subtract line **2e** from line **1**			3	295,126,925.
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	13,304,022.		
b	Other (Describe in Part XIII.)	4b	-1,429,845.		
c	Add lines **4a** and **4b**			4c	11,874,177.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	307,001,102.

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	322,105,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	12,039,899.		
b	Prior year adjustments	2b			
c	Other losses	2c	9,408,329.		
d	Other (Describe in Part XIII.)	2d	1,429,845.		
e	Add lines **2a** through **2d**			2e	22,878,073.
3	Subtract line **2e** from line **1**			3	299,227,098.
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	13,304,022.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	13,304,022.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	312,531,120.

Part XIII **Supplemental Information.**

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 413 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, 2014, 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 2D - OTHER

$ 423,710 CHANGE IN VALUE OF INTEREST RATE SWAPS

$ 592,440 POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET PERIODIC

BENEFIT COST

$1,016,150

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN

SCHEDULE D, PART XI, LINE 4B - OTHER

$ (234,949) LABOR COSTS AND OTHER EXPENSES RELATED TO

Part XIII Supplemental Information *(continued)*

UNRELATED BUSINESS USE OF SPACE

$ (1,194,896) LABOR COSTS AND OTHER EXPENSES ALLOCATED TO

COST OF GOODS SOLD

\-------------

$(1,429,845)

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

$ 234,949 LABOR COSTS AND OTHER EXPENSES RELATED TO

UNRELATED BUSINESS USE OF SPACE

$ 1,194,896 LABOR COSTS AND OTHER EXPENSES ALLOCATED TO

COST OF GOODS SOLD

\-------------

$ 1,429,845

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

Part XIII Supplemental Information *(continued)*

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)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2013
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 **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		94,537,965.
(2)	NORTH AMERICA			INVESTMENTS		2,204,813.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					96,742,778.
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					96,742,778.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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" on 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)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	[X] Yes	[ ] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	[X] Yes	[ ] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	[ ] Yes	[X] No

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.**

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

OMB No. 1545-0047

2013

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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] 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? [X] **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? Yes	No	**(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
1	THE LUKENS COMPANY, INC	SEE SCH O		X	1,984,409.	796,077.	1,188,332.
2	M&R STRATEGIC SERVICES INC	SEE SCH O		X	1,217,125.	213,050.	1,004,075.
3	JOHN BROWN LTD, INC	SEE SCH O		X		70,000.	-70,000.
4							
5							
6							
7							
8							
9							
10							
Total ▶					3,201,534.	1,079,127.	2,122,407.

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 LIBRARY LIONS (event type)	(b) Event #2 CORP DINNER (event type)	(c) Other events 4. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,304,085.	1,264,650.	1,128,206.	4,696,941.
	2 Less: Contributions	2,189,275.	1,215,200.	1,005,451.	4,409,926.
	3 Gross income (line 1 minus line 2)	114,810.	49,450.	122,755.	287,015.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	108,280.	48,136.	121,720.	278,136.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				278,136.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				8,879.

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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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.** 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)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

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 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? . . . . . [X] **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 . . . . . ▶

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	58.	1,345,583.			
2	MAGIC GRANTS	8.	7,555.			
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

FELLOWSHIP GRANTS

THE LIBRARY HAS TWO SEPARATE FELLOWSHIP PROGRAMS: THE DOROTHY AND LEWIS B. CULLMAN CENTER FOR SCHOLARS AND WRITERS, LOCATED IN THE STEPHEN A. SCHWARZMAN BUILDING, AND THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE. THE PROGRAMS CONNECT FELLOWS WITH THE RESOURCES OF THE LIBRARY; PROMOTE INTERPRETIVE AND CREATIVE SCHOLARSHIP AND WRITING; AND INVITE FELLOWS TO PRESENT THEIR WORK TO THE GENERAL PUBLIC IN PAPERS, SYMPOSIA, CONVERSATIONS, AND

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.

LECTURES. EACH SPRING, THE CULLMAN CENTER PLACES AN ADVERTISEMENT IN THE NEW YORK REVIEW OF BOOKS ANNOUNCING THAT APPLICATIONS ARE DUE IN LATE SEPTEMBER. OTHER ANNOUNCEMENTS ABOUT THE PROGRAMS ARE POSTED ON THE LIBRARY'S WEBSITE.

CULLMAN CENTER FELLOWSHIPS AT THE STEPHEN A. SCHWARZMAN BUILDING ARE OPEN TO APPLICANTS IN THE HUMANITIES AND SOCIAL SCIENCES, INCLUDING ACADEMICS, INDEPENDENT SCHOLARS, CREATIVE WRITERS, AND VISUAL ARTISTS WHO ARE WORKING ON BOOKS. THE CENTER'S FELLOWSHIP COMPETITION HAS TWO STAGES: FIRST, REVIEWERS WHO ARE EXPERTS IN EACH FIELD READ THE APPLICATIONS AND

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						
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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.

PROVIDE COMMENTS, SCORES, AND RANKINGS. THEN, A SEVEN-PERSON SELECTION COMMITTEE REVIEWS THE FINALIST APPLICATIONS AND CHOOSES THE CLASS OF FELLOWS.

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.

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						
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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.

FOR BOTH CENTERS, THE CRITERIA FOR SELECTION INCLUDE:

(1) THE NEED OF THE PROPOSED PROJECT FOR THE RESEARCH HOLDINGS OF THE

LIBRARY.

(2) THE QUALITY AND FEASIBILITY OF THE PROJECT PLAN.

(3) THE LIKELIHOOD THAT THE PROJECT WILL BE COMPLETED SUCCESSFULLY.

(4) EXCELLENCE, AS SHOWN EITHER IN:

*A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY AN APPLICANT ESTABLISHED

IN HIS OR HER FIELD; OR

*A HIGHLY PROMISING PROPOSAL BY AN APPLICANT.

(5) LETTERS OF RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT

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.

OF THE PROJECT.

FELLOWS ARE IN RESIDENCE AT THE LIBRARY FOR THE ACADEMIC YEAR FOLLOWING THEIR SELECTION. WHEN THEY FINISH THE BOOKS THEY WORKED ON AT THE LIBRARY, THEY SEND COPIES TO THE DIRECTORS OF 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.

MAGIC GRANTS

MAGIC GRANTS UNDER THE BRIDGEUP PROGRAM FOR INDIVIDUAL SCHOLARS ARE USED

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.

TO DEFRAY, OR COVER IN FULL, THE COSTS ASSOCIATED WITH THE SCHOLAR'S ENROLLMENT IN ACTIVITIES AND/OR PROGRAMS THAT SERVES TO ENHANCE THE SCHOLAR'S OVERALL EDUCATIONAL/LEARNING EXPERIENCE.

UPON ENROLLING IN BRIDGEUP, SCHOLARS AND FAMILIES ARE INFORMED THAT EACH STUDENT WHO REGULARLY ATTENDS AND ACTIVELY PARTICIPATES IN BRIDGEUP, WOULD HAVE THE OPPORTUNITY TO APPLY FOR A MAGIC GRANT. AWARDS ARE DETERMINED BASED ON MAGIC GRANT APPLICATION / PROPOSAL WITH ADDITIONAL CONSIDERATION GIVEN TO THE FOLLOWING FACTORS, ALL OF WHICH ARE MONITORED BY BRIDGEUP STAFF ON AN ONGOING BASIS: (1) SCHOLAR'S OVERALL ATTENDANCE

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.

AND COMMITMENT TO BRIDGEUP, (2) SCHOLAR'S OVERALL PARTICIPATION TO

BRIDGEUP, AND (3) SCHOLAR'S OVERALL BEHAVIOR AS A BRIDGEUP PARTICIPANT.

DISBURSEMENT OF THE FUNDING ARE APPLIED DIRECTLY TO THE ORGANIZATION,

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

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

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.**

► **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2013

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

			Yes	No
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. [ ] First-class or charter travel [ ] Travel for companions [X] Tax indemnification and gross-up payments [ ] Discretionary spending account [X] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [X] Health or social club dues or initiation fees [ ] 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	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. [X] Compensation committee [X] Independent compensation consultant [X] Form 990 of other organizations [ ] Written employment contract [X] Compensation survey or study [X] 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?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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				
ANTHONY W. MARX	(i)	490,779.	0	225,020.	41,764.	37,721.	795,284.	
1 TRUSTEE, PRESIDENT AND CEO	(ii)	0	0	0	0	0	0	
JANE ABOYOUN	(i)	285,052.	0	744.	44,473.	29,432.	359,701.	
2 CHIEF TECHNOLOGY OFFICER	(ii)	0	0	0	0	0	0	
JACQUELINE F. BAUSCH	(i)	246,468.	0	680.	73,965.	31,687.	352,800.	
3 VP, DEP GEN COUNSEL & ASST SEC	(ii)	0	0	0	0	0	0	
TODD M. CORBIN	(i)	493,279.	0	397.	46,450.	34,087.	574,213.	
4 CHIEF INVESTMENT OFFICER	(ii)	0	0	0	0	0	0	
ANNE L. CORISTON	(i)	244,643.	0	327.	145,445.	16,289.	406,704.	
5 VP FOR PUBLIC SERVICE	(ii)	0	0	0	0	0	0	
MARY LEE KENNEDY	(i)	198,688.	0	80,487.	18,837.	7,118.	305,130.	
6 CHIEF LIBRARY OFF. -BEGAN 5/13	(ii)	0	0	0	0	0	0	
MICHELE COLEMAN MAYES	(i)	320,156.	0	1,569.	10,555.	13,751.	346,031.	
7 VP, GEN COUNSEL & SECRETARY	(ii)	0	0	0	0	0	0	
GEORGE D. MIHALTSES	(i)	178,129.	0	337.	40,856.	3,181.	222,503.	
8 VP FOR GOV & COMM AFFAIRS	(ii)	0	0	0	0	0	0	
DAVID G. OFFENSEND	(i)	331,818.	0	1,774.	49,983.	36,288.	419,863.	
9 COO, CFO & TREASURER -END 4/14	(ii)	0	0	0	0	0	0	
JOANNA M. PESTKA	(i)	205,036.	0	8,938.	125,096.	23,753.	362,823.	
10 VP CAPITAL PLAN & CONSTRUCTION	(ii)	0	0	0	0	0	0	
JAMES PISANIELLO	(i)	170,477.	0	23,085.	0	6,688.	200,250.	
11 VP FAC OPS & SECURTY -END 4/14	(ii)	0	0	0	0	0	0	
JEFFREY ROTH	(i)	250,866.	0	794.	113,237.	30,184.	395,081.	
12 VP FIN/ STRAT INIAT & ASST TRS	(ii)	0	0	0	0	0	0	
LOUISE SHEA	(i)	279,389.	0	1,137.	47,759.	30,257.	358,542.	
13 VP FOR HUMAN RESOURCES	(ii)	0	0	0	0	0	0	
ANN D. THORNTON	(i)	214,585.	0	17,778.	91,296.	31,683.	355,342.	
14 ANDREW W MELLON DIR NY PUB LIB	(ii)	0	0	0	0	0	0	
KENNETH N. WEINE	(i)	228,077.	0	331.	17,386.	37,238.	283,032.	
15 VP FOR COMM & MRKT -BEGAN 2/13	(ii)	0	0	0	0	0	0	
JENNIFER ZASLOW	(i)	263,954.	0	344.	56,122.	33,751.	354,171.	
16 VP FOR DEVELOPMENT -ENDED 5/14	(ii)	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	(i)	213,907.	0	564.	38,419.	39,108.	291,998.	
DIR OF TALENT MGMT -ENDED 1/14	(ii)	0	0	0	0	0	0	
2 RYAN D. CAIRNS	(i)	188,858.	0	289.	34,949.	10,878.	234,974.	
SEN DIR OF INDIVIDUAL GIVING	(ii)	0	0	0	0	0	0	
3 KHALIL GIBRAN MUHAMMAD	(i)	208,169.	0	1,067.	36,390.	3,426.	249,052.	
DIRECTOR, THE SCHOMBURG CENTER	(ii)	0	0	0	0	0	0	
4 VICTORIA STEELE	(i)	197,607.	0	17,973.	52,575.	13,786.	281,941.	
BROOKE RUSSELL ASTOR DIRECTOR	(ii)	0	0	0	0	0	0	
5 JEAN STROUSE	(i)	231,677.	0	649.	68,278.	10,966.	311,570.	
DIRECTOR, SCHOLARS/WRITERS CEN	(ii)	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 TUITION ALLOWANCES AS PER HIS EMPLOYMENT CONTRACT. IN ADDITION, THE LIBRARY PROVIDES A MONTHLY HOUSING ALLOWANCE TO THE PRESIDENT AS STIPULATED BY HIS EMPLOYMENT CONTRACT. SUCH AMOUNTS ARE TAXABLE COMPENSATION AND ARE INCLUDED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III).

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.

IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES TEMPORARY HOUSING AND MOVING EXPENSE, AND THE RELATED TAX GROSS-UP FOR MARY LEE KENNEDY.

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.

RETIREMENT AND OTHER DEFERRED COMPENSATION

SCHEDULE J, PART II, COLUMN (C)

RETIREMENT AND OTHER DEFERRED COMPENSATION REFLECTS THE CHANGE IN 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, 2013 THROUGH MARCH 31, 2014.

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, CALEDAR YEAR 2013 COMPENSATION REFLECTS APPROXIMATELY 8 AND 11 MONTHS OF SERVICE, RESPECTIVELY.

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.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

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	36.	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	48.	1,803,047.	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?	**30a**		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?	**31**	X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		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.			

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, LINE 33

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

LINE 1A.

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
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Open to Public Inspection

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

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 STAFF HIRED FOR BOOK OPS, A SHARED COLLECTIONS MANAGEMENT AND DISTRIBUTION FACILITY, AND FOR THE EDUCATIONAL PROGRAMMING PILOTS, AND ACCRUAL FOR UNION RETROACTIVE PAY INCREASES THROUGH JUNE 30, 2014 AS WELL AS MERIT INCREASES FOR NON-UNION EMPLOYEES EFFECTIVE JANUARY 1, 2014; IN ADDITION TO CONTINUED GROWTH IN HEALTH AND PENSION COSTS.

PROGRAM SERVICES

FORM 990, PART III, LINE 4

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

Employer identification number 13-1887440

LINE 4A - THE BRANCH LIBRARIES

THE SERVICES OF THE 88 BRANCH LIBRARIES EXTEND FAR BEYOND THE TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRARIES, TO PROVIDE VITAL OUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS, SHELTERS AND PRISONS, AND TO THE BLIND AND PHYSICALLY HANDICAPPED, INCLUDING BOOK-BY-MAIL DELIVERIES TO THE HOMEBOUND. IN FISCAL 2014, THERE WERE 14.0 MILLION VISITS TO THE BRANCH LIBRARIES BY INDIVIDUALS WHO BORROWED 24.7 MILLION ITEMS. THE BRANCH LIBRARIES SPONSORED 65,842 PROGRAMS, ATTENDED BY 1,209,148 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 8.5 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 4.5 MILLION.

LINE 4B - THE RESEARCH LIBRARIES

DURING FISCAL 2014, 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 3.6 MILLION ON-SITE USERS. LIBRARY STAFF RESPONDED TO 354,360 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. THE RESEARCH LIBRARIES HAVE AN EXTENSIVE CONSERVATION AND PRESERVATION PROGRAM: THROUGH RESTORATION, PRESERVATION, MICROFILMING AND REPRINT, 68,743 ITEMS WERE PRESERVED. IN

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

Employer identification number 13-1887440

ADDITION, ABOUT 2,394 HOURS OF VIDEO TAPE MEDIA, 2,237 HOURS OF RECORDED SOUND MEDIA, AND 21,680 FEET OF MOTION PICTURE FILM WERE PRESERVED. AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 18 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, DINAKAR SINGH AND TRUSTEE, ELIZABETH KOJIMA - 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 20, 2013 AND MAY 21, 2014. KEY CHANGES INCLUDE A DESCRIPTION OF THE CHIEF LIBRARY OFFICER POSITION AND REFLECTS THE NEW ROLE AND AUTHORITY OF THE PROGRAM AND POLICY COMMITTEE WITH RESPECT TO DEACCESSIONING, LOANS AND ACQUISITIONS OF RESEARCH LIBRARY MATERIALS. IN ADDITION, CERTAIN CHANGES WERE MADE TO REFLECT THE ADOPTION OF THE NEW YORK NONPROFIT REVITALIZATION ACT, SIGNED INTO LAW BY GOVERNOR CUOMO IN DECEMBER 2013 AND EFFECTIVE JULY 1, 2014 INCLUDING BUT NOT LIMITED TO: 1) AN EMPLOYEE OF THE LIBRARY MAY NOT SERVE AS CHAIRMAN

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

Employer identification number 13-1887440

OF THE BOARD, 2) SPECIAL COMMITTEE DESIGNATIONS ARE NO LONGER RECOGNIZED, 3) AUDIT COMMITTEE AND COMPENSATION AND TALENT DEVELOPMENT COMMITTEE COMPRISED SOLEY OF "INDEPENDENT DIRECTORS" 4) AUDIT COMMITTEE OVERSEES CONFLICT OF INTEREST POLICY AND WHISTLEBLOWER POLICY, 5) EMAIL MAY BE USED FOR NOTICE OF MEETINGS, WAIVER OF NOTICE AND VOTING BY UNANIMOUS WRITTEN CONSENT AND 6) MEETINGS USING SKYPE OR OTHER VIDEO CONFERENCE SERVICES ARE PERMITTED.

REVIEW OF FORM 990

FORM 990, PART VI, LINE 11B

THE LIBRARY'S FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE LIBRARY. THE DRAFT FORM 990 IS REVIEWED BY CERTAIN OFFICERS AND KEY EMPLOYEES. AS REQUIRED BY THE CHARTER OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, THE FORM 990 IS THEN SENT TO THE MEMBERS OF THE AUDIT COMMITTEE FOR THEIR REVIEW WITH MANAGEMENT AT A SCHEDULED AUDIT COMMITTEE MEETING PRIOR TO FILING. FINALLY AND ALSO PRIOR TO FILING, THE FORM 990 IS SENT TO THE MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

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

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

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

Employer identification number 13-1887440

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 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 AUDIT COMMITTEE, OR THE BOARD 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. PRIOR TO APPROVAL, THE AUDIT COMMITTEE OR THE BOARD MUST DETERMINE THAT THE TRANSACTION IS FAIR, REASONABLE, AND IN THE LIBRARY'S BEST INTEREST, AND IF A TRUSTEE, OFFICER, OR KEY EMPLOYEE HAS A "SUBSTANTIAL FINANCIAL INTEREST", MUST CONSIDER ALTERNATIVE TRANSACTIONS TO THE EXTENT AVAILABLE.

COMPENSATION REVIEW AND APPROVAL

FORM 990, PART VI, LINES 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 THE MINUTES.

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

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

THE LIBRARY'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE GENERAL PUBLIC AS IT IS POSTED ON THE LIBRARY'S WEBSITE.

THE LIBRARY'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS THEY ARE POSTED ON THE LIBRARY'S WEBSITE AND PROVIDED UPON REQUEST.

ACTING CHIEF FINANCIAL OFFICER AND ACTING TREASURER

FORM 990, PART VII, SECTION A

EFFECTIVE MAY 2014, CARL H. PFORZHEIMER III, LIFE TRUSTEE, WAS THE ACTING CHIEF FINANCIAL OFFICER AND TREASURER AND DID NOT RECEIVE ANY COMPENSATION FOR HIS ROLE.

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

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.

ACTIVITIES PROVIDED BY PROFESSIONAL FUNDRAISERS

FORM 990, SCHEDULE G, PART I, LINE 2B, COLUMN (II)

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

*M+R STRATEGIC SERVICES, INC. IS AN ONLINE STRATEGIC CONSULTING AGENCY THAT WORKS ON THE LIBRARY'S ONLINE AND EMAIL FUNDRAISING CAMPAIGNS, AS WELL AS DIGITAL ENGAGEMENT CAMPAIGNS. IT COLLABORATES ON ANNUAL

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

PLANNING AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND PROVIDES TECHNICAL ASSISTANCE. IN ADDITION, IT MONITORS RESULTS 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.

DONATED SERVICES AND USE OF FACILITIES

FORM 990, PART XI, LINE 6

THE CITY PROVIDED THE LIBRARY WITH A PROPERTY FOR ITS LONG-TERM USE, FREE OF CHARGE, SO LONG AS THE LIBRARY USES IT AS AN OPERATING LIBRARY. FOR FINANCIAL STATEMENT PURPOSES, THE LIBRARY RECORDS THE FAIR VALUE OF SUCH CONTRIBUTED PROPERTIES FOR USE AS REVENUE AND FIXED ASSETS AT THE TIME THEY ARE MADE AVAILABLE TO THE LIBRARY FOR ITS USE.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

423,710	CHANGE IN VALUE OF INTEREST RATE SWAPS
592,440	POSTRETIREMENT BENEFITS OTHER THAN NET PERIODIC COST
(9,408,329)	LOSS ON FIXED ASSETS *(SEE NOTE BELOW)

$(8,392,179)	

*LOSS ON FIXED ASSETS

DURING FISCAL YEAR 2014, THE LIBRARY RECORDED AN IMPAIRMENT LOSS ON FIXED ASSETS OF $9,408,329 RELATING TO THE CHANGE IN RENOVATION PLAN OF THE

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

Employer identification number 13-1887440

CENTRAL LIBRARY PROJECT. THE LOSS WAS DETERMINED BY REVIEWING COSTS ASSOCIATED WITH INCORPORATING MID-MANHATTAN LIBRARY INTO THE STEPHEN A. SCHWARZMAN BUILDING THAT WERE PREVIOUSLY CAPITALIZED AND NOT PART OF THE REVISED RENOVATION PLAN.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RESEARCH COLLECTIONS AND PRESERVATN CNST 701 CARNEGIE CENTER PRINCETON, NJ 08540	PRESERV & CONSTRUC	8,533,420.
FOSTER AND PARTNERS ARCHITECTS NY INC 300 WEST 57TH STREET NEW YORK, NY 10019	ARCHITECTURAL	4,144,983.
SPARTAN SECURITY SERVICES INC ONE PARK AVENUE NEW YORK, NY 10016	SECURITY	2,475,182.
CLANCY MOVING SYSTEMS, INC 2963 ROUTE 22 PATTERSON, NY 12563	STORAGE & RETRIEVAL	1,710,791.
TISHMAN CONSTRUCTION CORP OF NY 100 PARK AVENUE NEW YORK, NY 10017	CONSTRUCTION	1,710,041.

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ATTACHMENT 3

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

GROSS SALES LESS RETURNS AND ALLOWANCES	2,874,789.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	1,505,812.
SALARIES AND WAGES	1,063,277.
OTHER COSTS	131,619.
SUBTOTAL	2,700,708.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	2,700,708.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) BRYANT PARK CORPORATION (BPC) 13-3009946 1065 AVE OF AMERICAS STE 2400 NEW YORK, 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.

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

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

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

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

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on 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 related 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)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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