# <sub>Form</sub> 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2011 Open to Rubile

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011	and endi	ng J	UN 30, 20	<u>012</u>						
ВС	treck if pplicable	C Name of organization			D Employer Id	entific	cation number					
	Addres	THE QUEENS BOROUGH PUBLIC LIBRARY			]							
$\subseteq$	]Namo change		Doing Business As 11-1904262									
	Initial return   Torrnin	Number and street (or P.O. box il mail is not delivered to street address) 89-11 MERRICK BLVD.	Roon	v/suite	E Telephone no 7:		900 <u>700</u>					
	Amono	City or town, state or country, and ZIP + 4			G Gross receipts \$		106,120,160.					
	Applica	JAMAICA, NY 11432-5242			H(a) is this a gr	oup re	etum					
	pendin	F Name and address of principal officer: THOMAS W. GALANT SAME AS C ABOVE	re		for affiliates	-	Yes X No					
<del></del>			(a)(1) or	527	4 '''		list. (see instructions)					
		e: ▶ QUEENSLIBRARY.ORG	<u> </u>	_, ,,,,,	H(c) Group exe		-					
		organization: X Corporation Trust Association Other		Year			State of legal domicile: NY					
		Summary			V. 1011/1011111	<u>- , , , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>						
البحيا		Briefly describe the organization's mission or most significant activities: PR	ROVIDE	S L	IBRARY SI	ERV	ICES TO THE					
Activities & Governance		RESIDENTS OF QUEENS COUNTY NY										
Ĕ	2	Check this box 🕨 🔲 if the organization discontinued its operations or o	disposed o	f more	than 25% of its	net aș						
8	3	Number of voting members of the governing body (Part VI, line 1a)			***********	3	. 18					
9	4	Number of independent voting members of the governing body (Part VI, line				4	18					
ğ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)				5	2040					
\$	6	Total number of volunteers (estimate if necessary)				6	0					
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	1,586.					
	ь	Net unrelated business taxable income from Form 990-T, line 34			***************************************	7b	-7,115.					
				L	Prior Year		Current Year					
٥	8	Contributions and grants (Part VIII, line 1h)					100,295,551.					
影	9	Program service revenue (Part VII), line 2g)			2,652,9							
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			984,6							
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			273,2							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		99,943,2		103,291,049.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		[		0.	0.					
ı	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
8		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5			79,446,6		79,099,213.					
8	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>			0.	0.					
Expensos	þ.	Total fundraising expenses (Part IX, column (D), line 25)	0.									
٣	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	*- * >		19,389,9							
	16	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) $$			98,836,5							
_	19	Revenue less expenses. Subtract line 18 from line 12			1,106,7							
Net Assets or Fund Balances					ginning of Current		End of Year					
Set	20	Total assets (Part X, line 16)			.04,608,6		83,415,567.					
쯽	21	Total liabilities (Part X, line 26)		. 🗀	60,748,0		35,887,130.					
컐	22	Net assets or fund balances. Subtract line 21 from line 20		<u>.                                    </u>	43,860,5	82.	47,528,437.					
_		Signature Block										
	*	ties of perjury, I declare that I have examined this return, including accompanying sch			•		y knowledge and belief, it is					
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information	n of which p	reparer	has any knowledge	<u>).</u>						
		Signature of officer			Date							
Sign					0410							
Her	₽	THOMAS W. GALANTE, DIRECTOR  Type or print name and little										
		, ,,,,		£ [	Date I ch	eck	II PTIN					
Pald	. 1	Print/Type preparer's name PATRICK YAGHDJIAN PROPARER'S Signature		l'	Ĭ.	_	000051701					
Prep	- 1		PA'S,	PC	Firm's El	ii-employi IM ⊷	11-3044886					
Use		Firm's address 1225 FRANKLIN AVENUE, SUITE 2				III 🏲	** 1044000					
	-"",	GARDEN CITY, NY 11530			Phone n	. 5	16-240-3300					
Lanu	Alt. 11 15	Schooler this return with the even-pre-chown shows? (see instructions)			) r none ir	<del>,, ,</del>	X Ves No					

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Page 3

			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	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		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? 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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	
ь	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	116	x	
ċ	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<del>                                     </del>		
-	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	110	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 167 If "Yes," complete Schedule D, Part IX	110		X
ə	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, Pert X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the lax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	X	L_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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 assistance to any organization			
	or entity located cutside the United States? 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 assistance to individuals			
	located outside the United States? 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,			27
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\vdash$	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,"			х
ac -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
	II 189 to line 294, out the organization attach a copy of its addited linking a state heart to this follows.		990 d	20111

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Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	<b>\</b>		
	United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		_ <b>x</b> _
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	
24a	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 25	24a		x
ь	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		
	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
ь	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," 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	$\Box$		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 '		
	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	26a		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, ar 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?// "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			l
	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?			ļ
	if "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<del>                                     </del>
35a		35a		Х
b	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	35ь		x
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	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			آ ا
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>,</b>	,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	Щ.

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13b

c Enter the amount of reserves on hand 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

a Is the organization licensed to issue qualified health plans in more than one state?
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

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

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

_	Check if Schedule O contains a response to any question in this Part VI			,			لمّا				
Sec	tion A. Governing Body and Management				_		· · ·				
•	F-b M	۱		18	ETA A	Yes	No				
78	Enter the number of voting members of the governing body at the end of the tax year	1a	-	10		1					
	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.	1	<u> </u>				*				
		16		18			1				
	Enter the number of voting members included in line 1a, above, who are independent		any other	1.0			1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				2	الدعائد حا	X				
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the				- 2		A				
3			-		3		x				
		.,,,,,,,,,					X				
4	Did the organization make any significant changes to its governing documents since the prior Form				5		X				
5											
6	Did the organization have members or stockholders?				6		X				
78	Did the organization have members, stockholders, or other persons who had the power to elect or a				<b>.</b>		x				
	more members of the governing body?				7a						
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,				_		x				
_	persons other than the governing body?				76	: · · · · · · · · · · · · · · ·					
8	Oid the organization contemporaneously document the meetings held or written actions undertaken during the year					اد کیدا	V				
8	The governing body?				<u>8a</u>	X					
þ	Each committee with authority to act on behalf of the governing body?	,,			8b	<u> </u>	-				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the		_		x				
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0- 4- 1		9	_	<u> </u>				
260	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	e Code.)			<del></del>	<del></del>				
	Disk the second of the state of the second o			1	40-	Yes	No				
1Qa	Oid the organization have local chapters, branches, or affiliates?				10a		-				
þ	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, aniliates,			x					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b 11a	Ŷ					
11a											
ь											
128	Did the organization have a written conflict of interest policy? If "No," go to line 13		······		12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		,		12b	^					
Ç	Did the organization regularly and consistently monitor and enforce compliance with the policy? If **				40-	х					
40	in Schedule O how this was done		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12c	Α.	X				
13	Did the organization have a written whistleblower policy?	* 1 4 - * * 4 * 4 *	******		13	х	-				
14	Did the organization have a written document retention and destruction policy?				14	er Cross	<u>≅</u> . :				
15	Did the process for determining compensation of the following persons include a review and approve		naepenaent				I Say				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					X					
8	The organization's CEO, Executive Director, or top management official		**		15a	X	<b>—</b>				
D	Other officers or key employees of the organization				15b	A	To the Time				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		uiète c								
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					فتقتتها	X				
	taxable entity during the year?				16a	<u>د</u>	I S				
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the		-				燃				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		n's				187.00				
844	exempt status with respect to such arrangements?		*********	····	16b		Щ.				
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
17		T (Foel	ion 501/eV/2		Ilah						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply.	. (300)	uon 30 ((C)(3)	ja urily) E	validi	,, <del>,,</del>					
	Tor public inspection, indicate now you made these available. Check all that apply.    X   Own website										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest o	aliev sa	d fine:	aciel					
10	statements available to the public during the tax year.	o mici	or unarest b	owy, an	<b>⊌</b> (#121	ıııdı					
20	State the name, physical address, and telephone number of the person who possesses the books a	and rea	orde of the	nragoizai	lion 🏲						
	MALCOLM BRYAN - 718-990-5105	100	STATE OF ILITE	÷i Åen uva	II.	_					
	89-11 MERRICK BLVD., JAMAICA, NY 11432-5242										
13200 01-23-					Form	990	2011				
					,	1					

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

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

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

- ta 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.

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

- 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.

(A) Name and Title	(B) Average hours per week	box,	nat d while	69 PO	tion more rson	ithan is bol ir/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	eessaa saadaasa	Officer	Key employee	Highest compensated employee	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JACQUELINE E. ARRINGTON										
BOARD OF TRUSTBES MEMBER	2.00	X	Ц.	Ш		ļ	_	0.	0.	0.
(2) JUDY E. BERGTRAUM, ESQ.								١ .		
BOARD OF TRUSTEES MEMBER	2.00	X				_		0.	0.	0.
(3) LEONARD T. D'ANICO	1	<b> </b>						.	_	_
BOARD OF TRUSTEBS MEMBER	2.00	X				Ļ	_	0.	0.	0.
(4) JOSEPH R. FICALORA	ا ممم	١ا				1		١ ,	١	_
BOARD OF TRUSTEBS MEMBER	2.00	X				_		0.	0.	0.
(5) PATRICIA PLYNN	1	<b> </b> ,,						٥.	٥.	_
BOARD OF TRUSTEES MEMBER	2.00	X						<u> </u>	U +	0.
(6) WILLIAM JEPPERSON	2.00	x				ļ		٥.	о.	0.
BOARD OF TRUSTEES MEMBER (7) TERRI C. MANGINO	2.00	Α	-			H		0,	٧.	
· ,	2.00	x						l o.	о.	0.
BOARD OF TRUSTEES MEMBER (8) HARY ANN MATTONE	2.00	Α	_	Н					•	<u>_</u>
BOARD OF TRUSTEES MEMBER	2.00	x						l o.	о.	0.
(9) JOEL A. MIELE, SR., P.E.	2.00	Α		Н		-		<del></del>	<u>``</u>	•
BOARD OF TRUSTEES MEMBER	2.00	X						l 0.	О.	0.
(10) GEORGE L. STAMATIADES	2.00	•		-	_	╀━	_			
BOARD OF TRUSTEES MEMBER	2.00	x						l o.	ο.	0.
(11) EDNARD SADOWSKY ESQ.		-				Н		<del>                                     </del>	<u> </u>	•
BOARD OF TRUSTERS MEMBER	2.00	x						0.	O.,	0.
(12) GRACE LAWRENCE	+	-		H		-	_			
BOARD OF TRUSTEES MEMBER	2.00	X						l o.	o.	0.
(13) LAURA ENSLER		一			_		-			
BOARD OF TRUSTEES MEMBER	2.00	x						l o.	ο.	0.
(14) MATTHEW M. GORTON								-		
BOARD OF TRUSTEES MEMBER	2.00	X						0.	.0.	0.
(15) LILLIAN GAVIN									•	
BOARD OF TRUSTEES MEMBER	2.00	X			L			0.	0.	0.
(16) ERNEST P. HART, ESQ.										
BOARD OF TRUSTEES MEMBER	2.00	X				匚	Ļ	0.	0.	0.
(17) GABRIEL TAUSSIG, ESQ.							Ī			
BOARD OF TRUSTEES MEMBER	2.00	X						0.	0.	0.

132007 01-23-12

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	compensation from the organization			28
		Y	es	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			75 W
	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		<u> </u>

Section B. Independent Contractors

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

the diganization. Report compensation for the caterioan year enoung with or within the diganizations tax year.											
(A)	(8)	(C)									
Name and business address	Description of services	Compensation									
FJC SECURITY SERVICES, INC.	· I										
275 JERICHO TURNPIKE, FLORAL PARK, NY 11001	SECURITY SERVICES	842,796.									
ECLIPSE CONSTRUCTION SERVICE INC											
1725 NO STRONGS ROAD, COPIAGUE, NY 11726	CONSTUCTION SERVICES	807,974.									
RP COOLING CORP											
43 OAK STREET, HICKSVILLE, NY 11801	HVAC MAINTENANCE	514,730.									
ESSENTIAL ELECTRIC CORP											
	CONSTUCTION SERVICES	34 <u>3</u> ,91 <u>6</u> .									
UNIQUE MANAGEMENT SERVICE, INC											
119 EAST MAPLE ST, JEFFERSONVILLE, IN 47130	INTERIOR DESIGN	257,533.									
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than										
\$100,000 of compensation from the organization >											
SEE PART VII, SECTION A CONTINUATION SH	EETS	Form <b>990</b> (2011)									

Part VIII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	Form 990 (2011) THE QUEEN									11-190	4262		
(A) Name and title	Part VII Section A. Officers, Directors, Tru	stees, Key Er	mple	уес	9, a	nd l	High	est	Compensated Employ	ees (continued)			
Name and title											(F)		
Per   Week   Per	Name and title			Position			1		Reportable	Reportable	Estimated		
Week		hours	(cl	(check a					арр	ly)	compensation	,	
Fig.   CAPITAL 4 PACILITIES N   40.00   X   158,086   0. 24,661		-				Γ	<u> </u>	Ì					
127   PETER NAGNANI   18 CAPITAL 4 PACILITIES   18   142   10   142   138   142		week	l				a ju						
127   PETER NAGNANI   18 CAPITAL 4 PACILITIES   18   142   10   142   138   142			复				## ## ## ## ## ## ## ## ## ## ## ## ##			(W-Z/1088-MISC)			
127   PETER NAGNANI   18 CAPITAL 4 PACILITIES   18   142   10   142   138   142			8	*		ነ	1		(11 2, 1000 111100)				
127   PETER NAGNANI   18 CAPITAL 4 PACILITIES   18   142   10   142   138   142			1	흏		¥	ME						
127   PETER NAGNANI   18 CAPITAL 4 PACILITIES   18   142   10   142   138   142			흏	ğ	¥	Ē	page 1	*					
DIR CAPITAL & FACILITIES M 40.00 X 158,086. 0. 24,661  (28) NICHAEL DALY INVESTIGATIN 40.00 X 142,381. 0. 38,006  (29) DALE HOREIT (29) DALE HOREIT (30) TON FORTIN DIRECTOR OF PUBLIC LIBRARY 40.00 X 137,784. 0. 30,752  (30) TON FORTIN DIRECTOR OF COMMUNITY LIBRARY SERVIC 40.00 X 134,606. 0. 27,857  (31) YIR NOW SR. PROJECT MANAGER 40.00 X 128,849. 0. 35,243  (32) ANDY WEDNORE ABONA/BULOYEE RELATIONS 40.00 X 125,008. 0. 36,792  (34) ANTHONY DREN 40.00 X 131,494. 0. 11,762  (34) ANTHONY DREN 40.00 X 165,439. 0. 19,431  (35) WELLER TRAGER PORMER CHIEF TECHNOLOGY OFFICE 40.00 X 179,626. 0. 17,752			ğ	ž.	흏	3		10g					
(28) MICHARE DALY	(27) PETER MAGNANI									_			
DIRECTOR, INVESTIGATIN 40.00 X 142,381. 0. 38,006 (23) DALE MCNEIL DIRECTOR OF PUBLIC LIBRARY 40.00 X 137,784. 0. 30,752 (30) TON FORTIN DIRECTOR OF COMMUNITY LIBRARY SERVIC 40.00 X 134,606. 0. 27,857 (31) YIR WON SR. PROJECT MANAGER 40.00 X 128,849. 0. 35,243 (31) ANDY WEDNORE ALABON /PRICEPER RELATIONS 40.00 X 125,008. 0. 36,792 (31) JAMES MELLER (34) ANTHONY DREW PORNER CHIEF MANESTING OFF 40.00 X 131,494. 0. 11,762 (34) ANTHONY DREW PORNER CHIEF TRAGER PORNER CHIEF TECHNOLOGY OFFICE PORNER CHIEF TRAGER PORNER	DIR CAPITAL & PACILITIES M	40.00	L	Ļ	_	X		_	158,086.	0.	24,661.		
(29) DALE HONEIL DIRECTOR OF PUBLIC LIBRARY A0.00  X 137,784. 0. 30,752  30,752  30,752  31) YIN KNOK BR. PROJECT MAINGER 40.00  X 128,849. 0. 35,243  (32) ANDY MEDMORE (33) JAMES KELLER POMMER CHIEF MARKETING OFF 40.00  X 131,494. 0. 11,762  (34) ANTHONY DRM PORMER DIR ITS 40.00  X 165,439. 0. 19,431  (35) MESLEY TRAGER PORMER CHIEF TECHNOLOGY OFFICE  40.00  X 179,626. 0. 17,752													
DIRECTOR OF PUBLIC LIBRARY 40.00		40.00	<u> </u>	Ļ		<u> </u>	X		142,381.	0.	38,006.		
(30) TON FORTIN DIRECTOR OF COMMUNITY LIBRARY SERVIC DIRECTOR OF COMMUNITY LIBRARY SE							١		100 504	•	20 850		
DIRECTOR OF COMMUNITY LIBRARY SERVIC 40.00 X 134,606. 0. 27,857 (31) THE MOK X 128,849. 0. 35,243 (32) ANDY MEDIORE ABOAR MEDIOTER RELATIONS 40.00 X 125,008. 0. 36,792 (33) JAMES RELIGER FORMER CHIEF MARKETING OFF 40.00 X 131,494. 0. 11,762 (34) ANTHONY DREM PORNER DELS 40.00 X 165,439. 0. 19,431 (35) MESLEY TRADER PORNER CHIEF TECHNOLOGY OFFICE 40.00 X 179,626. 0. 17,752		40.00	_	<u> </u>	<b> </b> _	<u> </u>	X	L	137,784.	Ų.	30,752.		
(31) YIN KMOK  R. PROJECT NANAGER  R. PROJECT NANAGER  (A0.00 X 128,849. 0. 35,243  (A32) ANDY MEDIONE  LABOR/ENPLOYEE RELATIONS  (A31) ANTHONY DREM  PORNER CHIEF HARKETING OFF  (A0.00 X 131,494. 0. 11,762  (34) ANTHONY DREM  PORNER CHIEF TECHNOLOGY OFFICE  (A0.00 X 179,626. 0. 17,752		40 00		l		ł	۱		124 606		07 055		
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(32) ANDY MEDMORE LABOR/REPLOYER ERLATIONS (33) JAMES KELLER PORMER CHIEF MARKETING OPF (34) ANTHONY DREW PORMER DIR ITS (35) MESLEY TRACER PORMER CHIEF TECHNOLOGY OFFICE (40.00) (X 131,494. 0. 11,762 (X 165,439. 0. 19,431 (X 179,626. 0. 17,752 (X 179,626. 0. 17,752		40 00				ľ	١,,		100 040	_	25 242		
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(35) NESLEY TRAGER PORMER CHIEF TECHNOLOGY OFFICE  40.00  X 179,626.  0. 17,752		40.00						v	165 439	n.	19 431		
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		40.00	l	l				x	179.626.	0.	17.752.		
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Total to Part VII, Section A, line 1c 1,303,273. 242,256			•	_				_		······································			
	Total to Part VII, Section A. line 1c								1,303,273.		242,256.		

	<u>Lit Ali</u>	Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
, Grants			1a 1b					
উয়					-			
Gifts,	C	Fundraising events						
2	d	•	1d	A C C O A A A	<b>↓</b>	1		
泛팄	0	Government grants (contribut	· · · · · · · · · · · · · · · · · · ·	9668280.		1		
흉위	f	All other contributions, gifts, gran						
호취		similar amounts not included abo	ve <b>if</b>	627,271.				
Contributions, and Other Sim	9	Noncesh contributions included in lines	s 1e-1f: \$		ار از ا الاستواد بن من من منتوسع من من من ا			1 1 July 2
스틱	h	Total, Add lines 1a-1f			100295551.			
				Business Code	ATTENTION AND A TENT	A 444 675		
Program Service Revonue	2 8	FINES AND FEES		900099	2,330,843.	2,330,843.		
£ 9	þ				ļ			
일일	c					<u> </u>	<u> </u>	<u> </u>
	d				ļ			
8-1	6							
ا ہ	1	All other program service reve	enue					
$\dashv$	9	Total. Add lines 2a-2f			2,330,843.	1.		·
	3	Investment income (including						224 255
		other similar amounts)			331,865.			331,865.
	4	Income from investment of ta	x-exempt bond ;	proceeds 🕨				<u>_</u> .
	5	Royalties	. <u> </u>	<u></u>	<u> </u>			
			(i) Real	(ii) Personal	·	*		
	6 a	Gross rents			• •			-
	b	Less: rental expenses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>.</b>	
	c	Rental income or (loss)			1		, A	
		Net rental income or (loss)			1			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	* ** ** * * * * * * * * * * * * * * *	1 4: The state of		
		assets other than inventory	2957492.		1.			
	ь	Less: cost or other basis			1			
		and sales expenses	2829111.		ļ : ::			
	c	Gain or (loss)	128,381.	1	1			1.2
i	d		· · · · · · · · · · · · · · · · · · ·		128,381.	C CONTRACTOR OF CLEANING	/	128,381.
اہ		Gross income from fundraisin			<u> </u>			
ě	-	including \$	of	1				
§		contributions reported on line		1				
ď		Part IV, line 18	-				1, 5	
Other Reven		Less: direct expenses		}	1		3 T 10	
δ		Net income or (loss) from fund					····· - ·· · · · · · · · · · · · · · ·	
		Gross income from gaming a	_					
	D H			i				:
		Part IV, line 19		<del></del>				
		Less: direct expenses			<b>.</b>			
		Net income or (loss) from gan	-					
	IU B	Gross sales of inventory, less				= 1		
- 1		and allowances	8	<del> </del>	-			
- 1		Less: cost of goods sold	b		d	المنت المعاولات المادات في المراد		_ ·· · ·
ŀ	С	Net income or (loss) from sale		<b>P</b>	<del>                                     </del>			
ŀ	44 -	Miscellaneous Revenu USED BOOK SALES		Business Code 900099	183,764.	183,764.		
	11 8			900099	9,855.	9,855.		<del> </del>
ļ		MEMBERSHIP FEES	-	900099	9,204.	9,055.		
- 1		MISCELLANEOUS				7,204.		-
ł		All other revenue		453220	1,586.	<del></del>	1,586.	
- 1		Total. Add lines 11a-11d		,	204,409.			160 216
13200	12	Total revenue. See instructions.		<u></u> <u>▶</u> .	103291049.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1,586.	_
01-23-	12							Form 990 (2011)

THE QUEENS BOROUGH PUBLIC LIBRARY

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	ot include amounts reported on lines 6b, b, 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				
	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				elementary and a second of the contract of the
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	1,457,573.		1,457,573.	
	Compensation not included above, to disqualified	4, -4, 1, 4, 1 - 1			
	persons (as defined under section 4958(1)(1)) and			i	
	persons described in section 4958(c)(3)(B)			ļ	
	Other salaries and wages	51.678.178.	46,565,251.	5,112,927.	
	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	7,256,623.	7,230,051.	26,572.	
	Other employee benefits		13,549,652.	1,198,313.	
	Payroll taxes	3,958,874.		438,755.	
	Fees for services (non-employees):	<u> </u>	0,000,000	3007.000	
	Management				
	Legal	97,277.		97,277.	
	Accounting	77,000.		77,000.	
	Lobbying	125,568.		125,568.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	66,049.	<u> </u>	66,049.	<del></del> -
		00,043.	<u> </u>		
	OtherAdvertising and promotion	142,777.	16,356.	126,421.	
	Office expenses	4,033,948.	3,213,268.	820,680.	
	Information technology	2,015,700.	1,673,096.	342,604.	
	Royalties	5,020,,000	2,0,0,0,00		
		1,188,397.	1,188,397.		
	Occupancy	70,686.	56,353.		
	Travel Payments of travel or entertainment expenses	70,000.	30,333.	14,0001	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	236,664.	151,467.	85,197.	
		14,483.	1,358.	13,125.	
	Payments to affiliates	11,100.	1,5501	13,123.	
	Depreciation, depletion, and amortization	3,998,613.	3,878,655.	119,958.	
	Insurance	457,115.	0,0,0,000.	457,115.	
	Other expenses, Itemize expenses not covered		The little for the second seco		
	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 ().)				
	BOOKS, LIBRARY MATERIAL	4,650,985.	4,650,985.		
	CONTRACTUAL	3,593,369.	2,503,257.	1,090,112.	
	EQUIPMENT (NON-TECH) AN	1,468,472.	1,297,246.	171,226.	
	PROGRAMS	487,644.	485,131.	2,513.	
- ,	All other expenses	240,549.	93,040.	147,509.	
	Total functional expenses. Add lines 1 through 24e	102,064,509.		11,990,827.	O
	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 I if following SOP 98-2 (ASC 958-720)				

ar	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
- 1	2	Savings and temporary cash investments	47,375,614.		17,567,396.
- 1	3	Pledges and grants receivable, net	10,915,580.	3	
- 1	4	Accounts receivable, net	636,141.	4	99,755.
-	5	Receivables from current and former officers, directors, trustees, key			
- 1		employees, and highest compensated employees. Complete Part II			
- 1		of Schedule L		5	
- 1	6	Receivables from other disqualified persons (as defined under section	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(a=9)	
ŀ		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		×	
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ы		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	4,597,285.		4,596,785.
1	8	Inventories for sale or use	8,701.		0.
	9	Prepaid expenses and deferred charges	470,777.	9	482,272.
	10a	Land, buildings, and equipment: cost or other		1.00	
- 1		basis. Complete Part VI of Schedule D 10a 49,147,507.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- 1	b	Less: accumulated depreciation 10b 14,722,183.	28,278,919.	10c	34,425,324.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	10,907,422.	12	11,193,104.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part (V, line 11	1,418,166.	15	2,824,793.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	104,608,605.	16	83,415,567.
╅	17	Accounts payable and accrued expenses	1,662,111.	17	5,233,289.
	18	Grants payable	<del></del>	18	
	19	Deferred revenue	48,297,754.	19	20,431,375.
	20	Tax-exempt bond liabilities		20	
,	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,		\$ 0.00 1.00	
		highest compensated employees, and disqualified persons. Complete Part II		13	
•		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
İ	24	Unsecured notes and loans payable to unrelated third parties		24	815,000.
	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	10,788,158.	25	9,407,466.
	26_	Total liabilities, Add lines 17 through 25	60,748,023.	26	35,887,130.
ヿ		Organizations that follow SFAS 117, check here   X and complete			
: I		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	25,896,758.	27	27,295,812.
;	28	Temporarily restricted net assets	17,963,824.	28	20,232,625.
;	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, 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	1
	32	Retained earnings, endowment, accumulated income, or other funds		32	ļ
:	33	Total net assets or fund balances	43,860,582.		47,528,437.
- 1	34	Total liabilities and net assets/lund balances	104,608,605.		83,415,567.

Form 990 (2011)

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2011)

X

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 11-1904262 THE QUEENS BOROUGH PUBLIC LIBRARY Reason for Public Charity Status (Al) 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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)(ii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership tees, 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III - Other c Type III · Functionally integrated a Type I b ☐ Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(il) (iii) A 35% controlled entity of a person described in (i) or (ii) above? [ 1 1g(iii) Provide the following information about the supported organization(s). (iiii) Type of (v) Did you notify the (vi) is the (iv) is the organization (iii) EIN (vii) Amount of (i) Name of supported organization organization in col in col. (1) listed in your organization in col. organization (I) organized in the support (described on lines 1-9 governing document? (i) of your support? **U.S.?** above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

132021

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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

<u> 5e</u>	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and				1						
	membership fees received. (Do not										
	include any "unusual grants.")	98008760.	101559128	<u>95187847.</u>	<u>96032316.</u>	100295551	491083602				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge	17181978.									
4	Total. Add lines 1 through 3	115190738	121557355	115154102	116186640	121047968	589136803				
5	The portion of total contributions					2. A. A. A. A.					
	by each person (other than a		para gray term								
	governmental unit or publicly			图的形式的							
	supported organization) included	[20] 中新州	[漢明 成][[2]]		的第二分词						
	on line 1 that exceeds 2% of the						i				
	amount shown on line 11,	EASTER 18		医复数学的							
	column (f)										
6	Public support. Subtract line 5 from line 4.			of all lights			589136803				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
7	Amounts from line 4	115190738	121557355	<u> 115154102</u>	116186640	121047968	<u>589136803</u>				
B	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties	l									
	and income from similar sources	2756993.	971,640.	671,160.	984,678.	460,246.	5844717.				
9	Net income from unrelated business										
	activities, whether or not the			1							
	business is regularly carried on		11,990.		3,473.	1,586.	17,049.				
10	Other income. Do not include gain	İ									
	or loss from the sale of capital										
	assets (Explain in Part IV.)		138,312.		274,325.						
11	Total support. Add lines 7 through 10						597006542				
	Gross receipts from related activities,	• • • •	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •			,527,260.				
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)					
<del>.</del> .	organization, check this box and stor	here					<u></u> ▶∟				
	ction C. Computation of Publ	• •					00.60				
	Public support percentage for 2011 (	• • •	•			14	98.68 %				
	Public support percentage from 2010						99.33 %				
16a	33 1/3% support test - 2011. If the	•									
_	stop here. The organization qualifies										
b	33 1/3% support test - 2010. If the	-					_				
	and stop here. The organization qual										
17a	10% -facts-end-circumstances tes										
	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										
þ		-									
	more, and if the organization meets to						. $\square$				
	organization meets the "facts-and-circ		•	•		•	. —				
18	Private foundation. If the organization	on did not check a	<u>00x on tine 13, 16</u>	a, 160, 17a, or 17							
					Sche	dule A (Form 990	or 980-62) 2011				

# Schedule A (Form 990 or 990-EZ) 2011 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

Se	ction A. Public Support	now, piedse com	pieta Fart II.	<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						-
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Gross receipts from admissions,		<del>                                     </del>			1	
_	merchandise sold or services per-						
	formed, or facilities furnished in		Į.	Ì		1	
	any activity that is related to the organization's tax-exempt purpose			ĺ			
•	Gross receipts from activities that	<del></del>	<del></del>			1	
3	are not an unrelated trade or bus-						
	iness under section 513		ļ				
		<del></del> -	<del></del>	<u> </u>	<del> </del>	†	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		<u> </u>		<del> </del>	<del> </del>	
5	The value of services or facilities				ļ		
	furnished by a governmental unit to						
	the organization without charge				<u> </u>	ļ	
6	Total. Add lines 1 through 5					<u> -</u>	
78	Amounts included on lines 1, 2, and				Į	1	
	3 received from disqualified persons		ļ				
t	Amounts included on lines 2 and 3 received				ļ		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year				<u>                                     </u>		
	Add lines 7a and 7b				'		
	Public support (Subtractine 7c from tine 5.)					1721	
Se	ction B. Total Support						
Cate	ndar year (or flecal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
108	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties		İ			İ	
	and income from similar sources		ļ				
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1	ľ	
	acquired after June 30, 1975						
	Add lines 10a and 10b	•		··· ·· ·-	<del></del>	<del>                                     </del>	
11	Net income from unrelated business				<del> </del>		
	activities not included in line 10b,		}				
	whether or not the business is						
12	regularly carried on		<del>                                     </del>				
-	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total Support (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	- Commant Da					<u>P.L</u>
	ction C. Computation of Publi				<del></del>	T 1	
	Public support percentage for 2011 (ii		•	column (f))		15	<u>%</u>
	Public support percentage from 2010 ction D. Computation of Inves					16	<u> </u>
$\overline{}$	<del></del>					17	
	Investment income percentage for 20	-	D-+40 447			<del></del>	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2011. If the	-					7 is not
	more than 33 1/3%, check this box an						▶└─
b	33 1/3% support tests - 2010. If the	•			-	•	
	line 18 is not more than 33 1/3%, che		•	•	, , , , ,	-	
20	Private foundation. If the organization	<u>) did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	<u></u> ▶Ш

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

# **Political Campaign and Lobbying Activities**

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

➤ See separate instructions.

QMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete If the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Rubilo Inspection

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-8. Do not complete Part II-A.

swered "Yes" to Form 990 Part IV, line 5 (Provy Tax), or Form 990-F7, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	• • • •	(y 18x), or Form 690-6		
	e of organization THE QUE	ENS BOROUGH PUB	LIC LIBRARY		oyer identification number 11-1904262
Pa	rt I-A Complete if the org	ganization is exempt un	der section 501(c	) or is a section 527 o	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours			<b>&gt;</b> \$	
Par	rt I-B Complete if the or	nanization is exempt un	der section 501/c	1/31	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
48	Was a correction made?	····			Yes No
ь	If "Yes." describe in Part IV.				
	t LC Complete if the or	<u> </u>	<u> </u>	· · ·	<u> </u>
	Enter the amount directly expende				
	Enter the amount of the filing organ				
3	exempt function activities	s Add lines 1 and 2 Enter here	and on Form 1120-PO		<del></del>
	line 17b				
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and ei made payments. For each organize contributions received that were pr	ation listed, enter the amount paromptly and directly delivered to	aid from the filing organ o a separate political or	ization's funds. Also enter th ganization, such as a separa	e amount of political
	political action committee (PAC). If	additional space is needed, pro	ovide information in Par	t 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 O.
•					

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 Part II-A   Complete if the or (election under sec	ganizatio	n is exe	BOROUGH PUB mpt under sectio	LIC LIBRARY n 501(c)(3) and fi	11-1 led Form 5768	904262 Page 2
A Check if the filing organizexpenses, and sha	ation belong are of exces	gs to an affi is lobbying	•		group member's nam	e, address, EiN,
Lim	its on Lobb	ying Expe	-		(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to infib Total lobbying expenditures to infic Total lobbying expenditures (add d) Other exempt purpose expenditures.	lluence à leg lines 1a and	jislative boo 1 1b)	dy (direct lobbying)			-
e Total exempt purpose expenditur						
					· <u>-</u> -	<u></u>
f Lobbying nontaxable amount. En			•		eten og engengspor	Mannethinine the test
If the amount on fine 1e, column (a)	01 (0) 19;		bying nontaxable am			
Not over \$500,000	20.000		the amount on line 1e.		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Over \$500,000 but not over \$1,00			10 plus 15% of the exc			
Over \$1,000,000 but not over \$1,			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	7,000,000		10 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (e h Subtract line 1g from line 1a. If ze l Subtract line 1f from line 1c. If ze j If there is an amount other than z	oro or less, e ro or less, e ero on eithe	nter -0-	line 11, did the organiz	ation file Form 4720		
	Izations the	4-Year Ave it made a s low. See th	eraging Period Under ection 501(h) election e instructions for line	Section 501(h) n do not have to com es 2a through 2f on p	plete all of the five	Yes No
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	<u> </u>					
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures	ļ				<u>-</u> .	
d Grassroots nontaxable amount						
Grassroots ceiling amount						
(150% of line 2d, column (e))				W.		
f_ Grassroots lobbying expenditures	5					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 THE QUEENS BOROUGH PUBLIC LIBRARY 11-190426

Part II-Bi 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	(	a)	(b	)
of the lobbying activity.	Yes	No	Ama	unt
During the year, did the fiting organization attempt to influence foreign, national, state or		7. A. G.	F. M. W.	75 (1867) 1-24 (1967)
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				30° (4.7) - 7/
a Volunteers?		X		
b. Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		erger or an ex-
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		117	7,868.
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u></u>	X		
Other activities?	X			7,700.
j Total. Add lines 1c through 1i		302	125	5,56B.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<del></del>	X	أنسال سياسا	<u>ارست سدی ند</u>
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?		<u> </u>	W	
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c	)(5), or se	ection	
			Yes	No
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?				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members			•	- -
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		28		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
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 expanditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A; and	l Part II·B, lir	ne 1. Also, d	complete
this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
PAID FOR TRANSPORTATION COSTS FOR LIBRARY DAY PARTIC	[PATIO]	N		
···				

## **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, 11s, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011 2010 Open to Public Inspection

Name of the organization

THE OUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

Pai	Organizations Maintaining Donor Advise		Funds or A	ccounts. Complete if the
7	organization answered "Yes" to Form 990, Part IV, line			
		(a) Donor advised funds	<del> </del>	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 v	riting that the assets held in done	or advised fur	nds
•	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ad			***************************************
•	for charitable purposes and not for the benefit of the donor or			
			-	· · · · · · · · · · · · · · · · · · ·
Pai	tilia Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or ea		of an historical	lly important land area
	Protection of natural habitat			istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in th	se form of a co	onservation essement on the last
_	day of the tax year.			
	out of the tax your.			Held at the End of the Tax Year
8	Total number of conservation easements			2a
ь				2b
c	Number of conservation easements on a certified historic stru			2c
ď	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			1 2d
3	Number of conservation easements modified, transferred, rele			
-	year >		,	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		lling of	
	violations, and enforcement of the conservation easements it	<u>-</u>	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and e			_
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of secti	ion 170(h)(4)(l	3)(i)
	and section 170(h)(4)(B)(ii)?	-		
9	In Part XIV, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizati	on's financial statements that des	scribes the or	ganization's accounting for
	conservation easements.			
Pa	tilli Organizations Maintaining Collections of	Art, Historical Treasures	, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form to			
18	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue	e statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exh	bition, education, or research in f	urtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descrit	es these items.		
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue sta	atement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtheranc	e of public se	rvice, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			
				. <b>&gt;</b> \$
2	If the organization received or held works of art, historical tres	sures, or other similar assets for (	financial gain,	provide
	the following amounts required to be reported under SFAS 11	· • •		
8	Revenues included in Form 990, Part VIII, line 1			
b	Assets Included in Form 990, Part X			. <b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		ENS BOROUGH					1904262	
Par	Organizations Maintaining C							
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	iollowing that ar	re a signif	icant use of	its collection	items
	(check all that apply):		<u> </u>					
8	Public exhibition	d		ange programs				
ь	Scholarly research	e	Cther					
c	Preservation for future generations							
4	Provide a description of the organization's co			_	-		Part XIV.	
5	During the year, did the organization solicit or						<b>—</b>	<b>—</b>
. man	to be sold to raise funds rather than to be ma						<u> Yes</u>	No_
Par	tilVi Escrow and Custodial Arrang		e if the organization	n answered "Ye	s' to Fon	m 990, Part	IV, line 9, or	
_	reported an amount on Form 990, Par							
18	Is the organization an agent, trustee, custodic		•				п.,	<b></b>
	on Form 990, Part X?			••••••••••			└── Yes	∟ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the follo	owing table:		г	<del>- 1</del>		
					ŀ	_	Amount	
C	Beginning balance					1c		
đ	Additions during the year					1d		
•	Distributions during the year					1e		
	Ending balance					1f	Yes	No
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •		L Yes	ш No
	If "Yes," explain the arrangement in Part XIV.  1 Y Endowment Funds. Complete if		wared West to Eas	- 000 Post IV	line 10			
راعة بال	Market Fullos: Complete ii			(c) Two years b		Three weare h	ock (a) Four v	ware back
•-	Basinsing of contributions	(a) Current year 6,715,450.	6,019,299,	5 . 891 . 1		5,892,80		
18	Beginning of year balance	168,546.	603,953,	105,1		75.00		7.477
D	Contributions	2,459,	92,198,	22,9	_	-76,79	***************************************	Fill Carles of the
-	Net investment earnings, gains, and losses		32,230,	,-	-	,,,	(400 mm)	1991 <u>277 277</u>
đ	Grants or scholarships				$\dashv$		1. (49.0) de 7.5	*/************************************
•	Other expenditures for facilities							
	and programs Administrative expenses						76 75 37	
•		6,086,455.	6,715,450.	6,019.2	99.	5 891 11	1.	
g 2	Provide the estimated percentage of the curr			<u> </u>		*,***,**	1.6 22.26.26.20	<u></u>
	Board designated or quasi-endowment	-	%	// 110KG 43.				
b	Permanent endowment > 100.00	%	.′•					
_	Temporarily restricted endowment	^ ~						
•	The percentages in lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posses	* .	ion that are held an	nd administered	for the o	roanization		
	by:						- IS	res No
	(I) unrelated organizations						3a(i)	X
								X
	If "Yes" to 3a(ii), are the related organizations							X
4	Describe in Part XIV the intended uses of the	-				***************************************		
Par	tVI Land, Buildings, and Equipm							
	Description of property	(a) Cost or oth		or other	(c) Accur	nulated	(d) Book	value
		basis (Investme			depred	iation	• •	
18	Land	1		185	enganes.		<u>-</u>	
	Buildings		33,550	0,967.	3,17	5,375.	30,374	,592.
c	Leasehold improvements		1,75	4,900.	1,22	2,911.	531	,989.
đ	Equipment	**	13,84		0,32	2,897.	3,518	
	Other							
	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	. column (B), line 10	0(c).)		<b>&gt;</b>	34,425	,324.

Schedule D (Form 990) 2011

<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of va Cost or end-of-year n	
1) Financial derivatives		- · · · · · · · · · · · · · · · · · · ·	
2) Closely-held equity interests			
3) Other	1 44 422 422	_ BMB VB 41876 717642	m ******
(A) LONG TERM INVESTMENTS	11,193,104.	END-OF-YEAR MARKE	T VALUE
(B)	<del> </del>	<del></del>	
(C)			
(D) (E)	+	<del></del>	
(F)	<del> </del>		
(G)	<del>                                     </del>		
(H)			
(0)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. s	iee Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		-	
(7)	<del>                                     </del>		
(6)	<del> </del>	- ·	
(9)	+		
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<del>   </del>		
Part IX Other Assets, See Form 990, Part X, line			rustroj <u>je je ujalantilanumu itta</u> )
	Description		(b) Book value
(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
***			<del></del>
(7)			
(8)			
(8) (9)			
(8) (9) (10)	e 15.)		
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin			<b>&gt;</b>
(8) (9)	, line 25.	b) Book value	
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (8) lin Part X: Other Liabilities. See Form 990, Part X I. (a) Description of liability (1) Federal income taxes	, line 25. (t		•
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X: Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA	, line 25. (t		
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X: Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS	, line 25. (t		>
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATEI	, line 25. (t		
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, coi (B) lin Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATEI (5)	, line 25. (t		
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATEI (5) (6)	, line 25. (t		
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (8) lin Part X: Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATEI (5) (6) (7)	, line 25. (t		
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATEI (5) (6) (7) (8)	, line 25. (t		
(8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (8) lin Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYX (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATEI (5) (6) (7) (8)	, line 25. (t		
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATED (5) (6) (7) (8) (9) (10)	, line 25. (t		
(8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (8) lin Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) COMPENSATED ABSENCES PAYA (3) INTERFUND BORROWINGS (4) ACCRUED PAYROLL & RELATEI (5) (6) (7) (8)	, kine 25. (t	5,131,230. 2,787,020. L,489,216.	

	dule D (Form 990) 2011 THE QUEENS BOROUGH PUBLIC L.				11-1904262	Page 4
Pai	tXI Reconciliation of Change in Net Assets from Form 990 to A	\u <u>d</u> it	ed Finan	cial State		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		**********	1	103,291	
2	Total expenses (Form 990, Part IX, column (A), line 25)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	102,064	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		5,540.
4	Net unrealized gains (losses) on investments			4		7,156.
5	Donated services and use of facilities	4*****		5	20,752	2,417.
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8	-18,25	
9	Total adjustments (net). Add lines 4 through 8		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9		315.
10 Date	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and table. Reconciliation of Revenue per Audited Financial Statement	9 te W	ith Devor	10		7,855.
	Total revenue, gains, and other support per audited financial statements				1 129,16	3 359.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1 203,200	<del>, , , , , , , , , , , , , , , , , , , </del>
٠,	· · · · · · · · · · · · · · · · · · ·	2a	-5	7,156.		
	Donated services and use of facilities	2b	20 75	$\frac{1,300}{2,417}$	10-3	
		2c	20,12	0,21,		
_	Recoveries of prior year grants	2d	5 17	7.049.		
d	Other (Describe in Part XIV.)			•	**************************************	2 310.
	Add lines 2a through 2d				2e 25,8/2 3 103,29	
3	Subtract line 2e from line 1				3 103,23	1,043.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ـه				
8	Investment expenses not included on Form 990, Part VIII, line 7b	48		<del></del>	1 1	
Þ	Other (Describe in Part XIV.)	4b			<b>-</b>	Λ
-			• • • • • • • • • • • • • • • • • • • •		5 103,29	0.40
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		liidh Evan			L, U49.
"Pai	t XIII Reconciliation of Expenses per Audited Financial Statemen				Return	010
1	Total expenses and losses per audited financial statements				1 124,56	2,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	20 25	2 417	i <sup>n</sup>	
a	Donated services and use of facilities	2a	20,75	2,417.	4 1	
	Prior year adjustments	2b			4 1	
C	Other losses	2c	4 75 4	5.992.	<b>-</b> E::	
đ		2d				9 400
0	Add lines 2a through 2d				2e 22,49	
3	Subtract line 2e from line 1	·····		*************	3 102,06	4,509.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b				4	
b	Other (Describe in Part XIV.)	4b				_
¢	Add lines 4a and 4b	•••••			4c	0.
<u>5</u> Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  EXIV Supplemental Information			***************************************	5 102,06	4,509.
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	s and A. Da	rt IV linne 1	Ih and 2h: Part V lir	a d. Dari
	· · · · · · · · · · · · · · · · · · ·					
Д, ИП	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	Ke uic	s part to pro	vice ariy ac	ditional information.	•
PAR	T XI, LINE 8 - OTHER ADJUSTMENTS:					
10 <u>0</u>	NATED SERVICES AND USE OF FACILITIES EXPENSE	E\$			-20,75	2,417.
CAI	PITAL GRANTS				1,370	<u>6,762.</u>
DEF	RECIATION DIFF BETWEEN BOOK AND TAX				1,75	6,548.
<u>IN-</u>	KIND TO QUEENS LIBRARY FOUNDATION				-63	4,836.
ROU	INDINGS					-3.
	AL TO SCHEDULE D, PART XI, LINE 8				-18,25	3 946
101	10 COMBOOD D; ITALI AI; DIME 0				Schedule D (Form	

Schedule D (Form 990) 2011 THE QUEENS BOROUGH PUBLIC LIBRARY	11-1904262 Page 5
Part XIV Supplemental Information (continued)	
PART XII, LINE 2D: QUEENS LIBRARY FOUNDATION REVENUE \$3,800	),287
PART XIII, LINE 2D: QUEENS LIBRARY FOUNDATION EXPENSES \$3,5	02,479
PART XII, LINE 2D: CAPITAL GRANTS \$1,376,762	
PART_XII, LINE 2D TOTAL \$5,177,049	
PART XIII, LINE 2D: BOOK TAX DIFFERENCE DEPRECIATION \$1,756	5,548
PART XIII, LINE 2D: ROUNDINGS 61	
PART XIII, LINE 2D TOTAL \$1,745,992	
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### SCHEDULE J (Form 990)

Department of the Treasury

Internal Rovenue Service

## **Compensation Information**

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public inspection

Name of the organization

THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

Schedule J (Form 990) 2011

The 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.    Pirst-class or charter traivel	P	Questions Regarding Compensation				
Part VII, Section A, line 1.e. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel					Yes	No
First-class or charter travel	18	Check the appropriate box(es) if the organization provided any of	of the following to or for a person listed in Form 990,			
Travel for companions Payments for business use of personal residence   Health or social club dues or initiation feas   Discretionary spending account   Personal services (e.g., maid, chauffeur, chel)    b if any of the boxes on line 1 a 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   the companization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 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's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization's CEO/Executive Director. Check all that apply. Written employment contract		Part VII, Section A, line 1a. Complete Part ItI to provide any relev	ant information regarding these items.			, A
Tax indemnification and gross-up payments		First-class or charter travel	Housing allowance or residence for personal use	1		W.,
Discretionary spending account 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  10 Did the corganization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filting 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. Explain in Part III.  Compensation committee  I Written employment contract  I Compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filting organization or a related organization:  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For paraons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  The organization?  Press to line 5 are 5b, describe in Part III.  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:  The organization?  Press to line 5 are 5b, describe in Part III.  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.  Any related organization?  Press to lin		Travel for companions	Payments for business use of personal residence			
b if any of the boxes on line 1a are chacked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to relimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filling 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 committee  3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Explain in Part III.  3 Indicate which, if any, of the following the filling organization consultant III.  4 Compensation committee III.  5 Compensation committee III.  5 Ouring the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  5 a Receive a severance payment from, a supplemental nonqualified retirement plan?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  7 Participate in, or receive payment from, an equity-based compensation arrangement?  8 A III.  9 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  9 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:  9 The organization?  9 Any related organization?  10 Yes' to line 5 ar 5b, describe in Part III.  9 Any related organization?  11 Yes' to line 6 ar 6b, describe in Part III.  12 Any reparts of the 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.  12 A III Yes' to line 8, did		Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain    2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.  Compensation committee  I independent compensation consultant  I Compensation survey or study  Form 990 of other organizations  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 form, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 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?  5 Participate or the file of the Special organization organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  5 Participate organization?  6 Participate organization?  7 Participate organization?  8 Participate organization?  8 Participate organization?  9 Participate organization?  1 Pres' to line 8 are 5b, describe in Part III.  7 Pres' to line 8 are 6b, describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regula		Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain    2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.  Compensation committee  I independent compensation consultant  I Compensation survey or study  Form 990 of other organizations  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 form, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 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?  5 Participate or the file of the Special organization organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  5 Participate organization?  6 Participate organization?  7 Participate organization?  8 Participate organization?  8 Participate organization?  9 Participate organization?  1 Pres' to line 8 are 5b, describe in Part III.  7 Pres' to line 8 are 6b, describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regula				-1		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filling 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 committee	b	If any of the boxes on line 1a are checked, did the organization (	follow a written policy regarding payment or			2.3
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.    Compensation committee		reimbursement or provision of all of the expenses described abo	ove? If "No," complete Part III to explain	1b		
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. Explain in Part III.    Compensation committee   X Written employment contract   X Original Compensation committee   X Independent compensation consultant   X Original Compensation survey or study   Independent compensation consultant   X Original Compensation survey or study   Independent compensation committee   X Independent compensation committee   X Independent compensation consultant   X Original Compensation survey or study   X Approval by the board or compensation committee   X Independent Compensation or a related organization:   X Approval by the board or compensation committee   X Independent Compensation or a related organization:   X Approval by the board or compensation or a related organization:   X Approval by the board or compensation or a related organization:   X X X X X X X X X X X X X X X X X X	2	Did the organization require substantiation prior to reimbursing of	or allowing expenses incurred by all officers, directors,	,		
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. Explain in Part III.    Compensation committee   X   Written employment contract   X   Independent compensation consultant   X   Compensation survey or study		trustees, and the CEO/Executive Director, regarding the items of	hecked in line 1a?	2		
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. Explain in Part III.    Compensation committee   X   Written employment contract   X   Written employment contract   X   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   X   Independent compensation consultant   X   Approval by the board or compensation committee   X   Independent compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or commensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or cecive payment from the applicable amounts for each item in Part III.   Application					,	, X
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. Explain in Part III.    Compensation committee   X   Written employment contract   X   Written employment contract   X   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   X   Independent compensation consultant   X   Approval by the board or compensation committee   X   Independent compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or commensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or cecive payment from the applicable amounts for each item in Part III.   Application	3	Indicate which, if any, of the following the filing organization use-	d to establish the compensation of the organization's		A	10 W
Compensation committee    X   Independent compensation consultant   X   Compensation survey or study				- FR		
X   Independent compensation consultant   X   Compensation survey or study   Form 990 of other organizations   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 filting 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    C   Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X    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   Asy related organization?   5c   Asian    if "Yes" to line 5a or 5b, describe in Part III.   5b   X    if "Yes" to line 6a or 6b, describe in Part III.   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments   7c   Any related organization in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Ferm 990, Part VII, paid or accrued pursuant to a contract that was subject to the ini		establish compensation of the CEO/Executive Oirector. Explain i	n Part III.			egan yang. Pagan pagan
X   Independent compensation consultant   X   Compensation survey or study   Form 990 of other organizations   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 filting 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    C   Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X    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   Asy related organization?   5c   Asian    if "Yes" to line 5a or 5b, describe in Part III.   5b   X    if "Yes" to line 6a or 6b, describe in Part III.   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization?   5c   Any related organization in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments   7c   Any related organization in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Ferm 990, Part VII, paid or accrued pursuant to a contract that was subject to the ini		Compensation committee	Written employment contract	1		<i>.</i>
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filting organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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?  If "Yes" to line 5a or 5b, describe in Part III.  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?  If "Yes" to line 6a or 6b, describe in Part III.  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   Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the linitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				: The state of the	1 (1)	
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For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  lf "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  c The organization?  b Any related organization?  c If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3) and 501(c)(4) organizations must come	plete lines 5-9.			
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	•	Regulations section 53.4958-6(c)?	processiphent processio acassisted III	. 9		

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

Part If: 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		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D) Nontaxable	(E)	(F)
		(i) Base compensation	(iii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	benefits	Total of columns (B)(i)-(D)	Compensation reported as deterred in prior Form 990
	(i)	373,210.	0.	0.	58,655.	14,979.	446,844.	0.
1 THOMAS W. GALANTE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(1)	149,997.	0.	0.	23,400.	0.	173,397.	0.
2 DIANA CHAPIN	(H)	0.	0.	0.1	0.	0.	0.	0.
	(1)	120,405.	0.	0.1	19,200.	11,597.	151,202.	0.
3 BRIDGET QUINN-CAREY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	179,506.	0.	0.	26,423.	6,778.	212,707.	0.
4 LISA EPPS	(ii)	0.	0.	0.	0.	0.	0.	0.
<b>51515115 147711 54571144</b>	(i)	199,985.	0.	0.	29,248.	6,778.	236,011.	0.
5 DARLENE ASKEW ROBINSON		0.	0.	0.	0.	14 070	0.	0.
. SMORT TOS MIRATE DITTERS	(0)	184,783.	0.	0.	27,225.	14,978.	226,986.	0.
6 ANGELICA HUYNH RIVERA	(ii)	150 514	0.	0.		0.	0.	0.
7 LAWRENCE VEDILAGO	(1)	150,514. 0.	0.	0.	21,936.	14,978. 0.	187,428. 0.	0.
7 DAWRENCE VEDIDAGO	Ü	158,086.	0.	0.	24,661.	0.	182,747.	0.
8 PETER MAGNANI	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
6 1 DI BIC LESOTALIST	(i)	142,381.	0.	<del>- 0.</del>	22,216.	15,790.	180,387.	0.
9 MICHAEL DALY	(ii)	0.	0.	0.1	0.1	0.	0.	0.
-	(i)	137,784.	0.	0.1	23,336.	7,416.	168,536.	0.
10 DALE MCNEIL	(ii)	0.	Ö.	0.1	0.1	0.	0.	0.
10	(i)	134,606.	0.	0.	21,345.	6,512.	162,463.	0.
11 TOM FORTIN	(ii)	0.	0.	Ö.	0.	0.	0.	0.
•••	(i)	128,849.	0.	0.	19,453.	15,790.	164,092.	0.
12 YIM KWOK	(11)	0.	0.	0.	0.	0.	0.	0.
	0	125,008.	0.	0.	21,002.	15,790.	161,800.	0.
13 ANDY WEDMORE	(0)	0.	0.	0.	0.	0.	0.	0.
·	(i)	131,494.	0.	0.0	7,086.	4,676.	143,256.	0.
14 JAMES KELLER	(ii)	0.	0.	0.	0.0	0.	0.	
	(i)	165,439.	0.	0.	_11,603.	7,828.	184,870.	0.
15 ANTHONY DREW	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	179,626.	0.	0.	16,553.	1,199.	197,378.	0.
16 WESLEY TRAGER	(ii)	0.	0.	0.	0.1	0.	0.	0.

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open: to Public Indiposition

Department of the Treesury Internal Revenue Service

Name of the organization

THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

THE QUEENS BOROUGH FUBLIC DIBRARI 11-1904202
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHANGING POPULATION. THE LIBRARY IS A FORUM FOR ALL POINTS OF VIEW AND
ADHERES TO THE PRINCIPLES OF INTELLECTUAL FREEDOM AS EXPRESSED IN THE
LIBRARY BILL OF RIGHTS FORMULATED BY THE AMERICAL LIBRARY ASSOCIATION.
FORM 990, PART VI, SECTION B, LINE 11: DIRECTOR OF FINANCE AND CONTROLLER
REVIEWS FORM 990 AND PROVIDES A COPY TO BOARD MEMBERS FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: MONITORED BY BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 15: APPROVAL BY BOARD OF TRUSTEES
FORM 990, PART VI, SECTION C, LINE 19: APPLICABLE FORMS ARE AVAILABLE FOR
INSPECTION UPON REQUEST BY THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -57,156.
DONATED SERVICES AND USE OF FACILITIES: 20,752,417.
DONATED SERVICES AND USE OF FACILITIES EXPENSES -20,752,417.
CAPITAL GRANTS 1,376,762.
DEPRECIATION DIFF BETWEEN BOOK AND TAX 1,756,548.
IN-KIND TO QUEENS LIBRARY FOUNDATION -634,836.
ROUNDINGS -3.
TOTAL TO FORM 990, PART XI, LINE 5 2,441,315.

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

Schedule O (Form 990 or 990-EZ) (2011)

#### SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No.	1545-0047
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Opent	Public:
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Name of the organization

## THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

Primary activity	Legal domicile (state of	or Total inco	me End-of-year	r specie i	Dina at		
<u>l</u> _	foreign country)			433612	Direct controlling entity		
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<u> </u>				İ			
tetions (Complete if the organization	answered "Yes" to Form 990	), Part IV, line 34 b	ecause it had one	or more re	elated tax-exe	mpt	
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(f) Direct controlling entity		cont	g) 5 12(b)(13) trolled tity?
	<del> </del> -	<del> </del>	501(0)(3))			Yes	No
EDUCATIONAL AND CULTURAL							1
PROGRAMS	NEW YORK	501 (C)3	LINE 7				X
4			<u> </u>				
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		"					<del>                                     </del>
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<del> </del>	<del>                                     </del>	<del>                                     </del>				+	<del>                                     </del>
	(b) Primary activity  RDUCATIONAL AND CULTURAL	(b) (c) Primary activity Legal domicile (state or foreign country)  EDUCATIONAL AND CULTURAL	(b) (c) (d)  Primary activity Legal domicile (state or foreign country) Exempt Code section  EDUCATIONAL AND CULTURAL	(b) (c) (d) (e)  Primary activity Legal domicile (state or foreign country) Exempt Code section status (if section 501(c)(3))  BDUCATIONAL AND CULTURAL	(b) (c) (d) (e)  Primary activity Legal domicile (state or foreign country) Exempt Code section status (if section 501(c)(3))  BDUCATIONAL AND CULTURAL	(b) (c) (d) (e) (f)  Primary activity Legal domicile (state or foreign country) Exempt Code section section 501(c)(3))  BDUCATIONAL AND CULTURAL	Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Exempt Code section  Section  Solicity  Status (if section 501(c)(3))  Yes

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" to 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 FiN	(b) Primary activity	(C) Legal domicila	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of		h)	(i) Code W IRI	(J) General	(k)						
Name, address, and EiN of related organization	r milety activity	domicile (state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	Income	end-of-year assets	ate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner?	ownership						
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>						
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<del></del>	Yes	No					
	During the tax year, did the organization engage in any of the following transaction				3723	li wa						
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					<b>-</b>	X					
	Gift, grant, or capital contribution to related organization(s)					<b>├</b>	X					
	Gift, grant, or capital contribution from related organization(s)					_	X					
	Loans or loan guarantees to or for related organization(s)					ļ	X					
e	Loans or loan guarantees by related organization(s)	***************************************			<u>1e</u>	u	X					
						-11	x					
	Sale of assets to related organization(s)					-						
	Purchase of assets from related organization(s)					1	X					
	Exchange of assets with related organization(s)					╄	X					
l Lease of facilities, equipment, or other assets to related organization(s)												
	Lease of facilities, equipment, or other assets from related organization(s)					<u> </u>	X					
	Performance of services or membership or fundraising solicitations for related orga					X	<u> </u>					
Performance of services or membership or fundraising solicitations by related organization(s)												
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)												
n	Sharing of paid employees with related organization(s)				<u>1n</u>	X						
							المستا					
	Reimbursement paid to related organization(s) for expenses					X	12					
P	Reimbursement paid by related organization(s) for expenses	,.,,,,			1p	V	X					
	Other transfer of cash or property to related organization(s)					X	X					
	Other transfer of cash or property from related organization(s)				1r		Α.					
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered re	liationships and transaction thresholds.								
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved								
n 7	THE QUEENS LIBRARY FOUNDATION	0	2,021.									
_												
2) ]	HE QUEENS LIBRARY FOUNDATION	K	634,836.									
3) 7	HE QUEENS LIBRARY FOUNDATION	Q	1,455.									
4) 7	HE QUEENS LIBRARY FOUNDATION	N	864,291.	<del></del>								
		_										
5) <sup>]</sup>	HE QUEENS LIBRARY FOUNDATION	L	53,512.									
6)_		<u> </u>										

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(	e)	(f)	(g)	(1	h)	(i)	Ø	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	Add partne 5010 org	: 311 :rs sec (c)(3) (s.?	Share of total income	Share of end-of-year assets	Dispr tion attoca Yes	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi partne Yes N	Percentage
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Schedule R (Form 990) 2011	THE	QUEENS	BOROUGH	PUBLIC	LIBRARY	11-1904262 Page 5
Schedule R (Form 990) 2011 Part VIII Supplemental Info	rmation				_	
Complete this part to pro	vide additi	ional informat	tion for response	s to questions	on Schedule R (see	instructions).
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# 4562

Internal Revenue Service Name(s) shown on return

#### Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

Form 4562 (2011)

Business or activity to which this form rotates THE QUEENS BOROUGH PUBLIC LIBRARY FORM 990 PAGE 10 11-1904262 Part I. Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 2,000,000. 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 -. If married filling separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business Income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 1,790,240. 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 2,122,304. Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 4,487. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (4) Recovery period (a) Ctassification of property (e) Convention only - see (natructions) 19a 3-year property 37<u>,431</u>. YRS. HY 200DB 12,478. 12,270YRS. 200DB 2.454. ь 5-year property ΗÝ 58.490 YRS. 7-year property HY 200DE8,355. c 10-year property đ 15-year property t 20-year property 25-year property g 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. мм 84 39 yrs. MM S/L j Nonresidential real property STATEMENT 35,975. ММ SAL Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life SA b 12-year 12 yrs. ŞΛ 40-year 40 yrs. MM SA Part IV Summary (See instructions.) 22,320. 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 3.998.613. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

No 24b If "Yes," is the evidence written? X Yes

24a Do you have evidence to support the business/investment use claimed?

Part W Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

> Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) X Yes

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

_	(a) Type of property (list vehicles first )	Date placed in service	(C) Business/ investment use percenta	ا ا	(d) Cost or her basis		(e) is for depressiones. sinessiones use only	stment	(f) Recovery period	Met	g) thod/ rention	Depre	h) eciation ection		
	Special depreciation allo			property	placed in	servk	ce during	g the t	ax year an	d				lor (m) h	
_	used more than 50% in										25	22,	320.		
	Property used more that								in			,			
			100.00		9,549					200D					
<u>VE</u>	HICLES	013112	100.00	<u> </u>	6,091	•	<u>14,9</u>	31.	5.00	200D	B-HY	<u> </u>			
		: ;		%											
27	Property used 50% or le	ess in a quali	fied business	use:						<del>,</del>					
	<u>-</u>	<u> </u>	9	%						S/L·					
		<u> </u>	9	16		┷				S/L.					
		1 1		6						S/L·					
	Add amounts in column												320.		LWI
<u> 29 /</u>	Add amounts in column	(i), line 26. E			7, page 1 3 - Inform								. 29		
lf yo	nplete this section for ve u provided vehicles to y se vehicles.		by a sole prop	orletor, p er the qu	artner, or duestions in	other * Secti	more the	an 5%	owner,* (	an excep	otion to	completi			
30	Total business/investment miles driven during the		1 '	B) nicle	•	b) hicle	v	(c) 'ehicle		d) iicle	'	e) licle	(f) Vehicle		
-	year (do not include comn							<u> </u>		<u> </u>					
	Total commuting miles o	_						ļ							
	Total other personal (no driven	_	•												
33	Total miles driven during														
,	Add lines 30 through 32	- }													
	Was the vehicle availabl			Yes	No	Yea	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	3:10:::	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
35	Was the vehicle used pr	rimarily by a	more				1								l
	than 5% owner or relate	ed person?													
36	ls another vehicle availe	ble for perso	nal				1						1	.	
	use?			ŀ			<u>.                                    </u>								
		Section C	- Questions (	ior Empl	loyers Wh	o Pro	vide Vet	hicles	for Use b	y Their I	Employe	968			
Ans	wer these questions to d	determine if	you meet an e	xception	ı to compl	eting S	Section I	B for v	ehicles us	ed by er	mployee	s who a	re not m	ore than	5%
own	ers or related persons.														, .
	Do you maintain a writte employees?		tement that pr						_	_				Yes	No
	Do you maintain a writte														
	employees? See the ins		•	•				-		• • •				. L	
	Do you treat all use of v														
	Do you provide more the														
	the use of the vehicles,		-								,			. L	
41 1	Do you meet the require	ments conc	eming qualifie	d autom	obile dem	onstra	ation use	?	•••••		••••••		,,.,,,,,.		l
	Note: If your answer to 3	37, 38, 39 <i>, 4</i>	0, or 41 is 'Ye	s,* do n	ot complet	e Sec	tion B fo	or the c	covered ve	hicles.				1	
PΙ	Amortization														
	(a) Description of	í costs	Cate	(b) smortization begins	^	mortizat mortizat			(d) Code section		(e) Amerikzi period er per	200	A.	(f) nortization r Unis year	
42	Amortization of costs th	at begins du	ring your 201		ar:										
			<u>l</u>	1 1											
_				i i											
43	Amortization of costs th	at began be	fore your 201	1 tax yea	v						**********	43			