

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

<b>B</b>	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>THE NEW YORK PUBLIC LIBRARY</u> <u>ASTOR, LENOX AND TILDEN FOUNDATIONS</u>			<b>D</b> Employer identification number <u>13-1887440</u>		
		Doing Business As			<b>E</b> Telephone number <u>(212) 621-0241</u>		
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		<b>G</b> Gross receipts \$ <u>757,519,958.</u>	
		<u>445 FIFTH AVENUE</u>		<u>8TH FL</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10016</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>F</b> Name and address of principal officer: <u>ANTHONY W. MARX, PRES &amp; CEO</u> <u>476 FIFTH AVENUE NEW YORK, NY 10018</u>			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶				
<b>J</b> Website: ▶ <u>WWW.NYPL.ORG</u>							
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: <u>1895</u> <b>M</b> State of legal domicile: <u>NY</u>			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE NEW YORK PUBLIC LIBRAR IS TO INSPIRE LIFELONG LEARNING, ADVANCE KNOWLEDGE, AND STRENGTHEN OUR COMMUNITIES.</u>									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.									
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <u>43.</u>								
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <u>42.</u>								
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a) <u>3,845.</u>								
	<b>6</b>	Total number of volunteers (estimate if necessary) <u>1,452.</u>								
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <u>53,327.</u>								
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 <u>-142,305.</u>									
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <u>222,414,273.</u>	<b>9</b>	Program service revenue (Part VIII, line 2g) <u>2,764,031.</u>	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>172,331,064.</u>	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>6,278,224.</u>	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>403,787,592.</u>
	<b>COPY FOR PUBLIC INSPECTION</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>2,037,058.</u>	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u>				
			<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>183,090,269.</u>	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <u>1,258,175.</u>				
	<b>COPY FOR PUBLIC INSPECTION</b>		<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>11,147,735.</u>	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>124,150,418.</u>				
			<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>310,535,920.</u>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <u>93,251,672.</u>				
	<b>COPY FOR PUBLIC INSPECTION</b>		<b>20</b>	Total assets (Part X, line 16) <u>1,729,832,399.</u>	<b>21</b>	Total liabilities (Part X, line 26) <u>372,963,745.</u>				
<b>22</b>			Net assets or fund balances. Subtract line 21 from line 20. <u>1,356,868,654.</u>	<b>Beginning of Current Year</b>	<b>End of Year</b>					
<b>20</b>			Total assets (Part X, line 16) <u>1,729,832,399.</u>	<b>21</b>	Total liabilities (Part X, line 26) <u>372,963,745.</u>	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20. <u>1,356,868,654.</u>			

## Part II Signature Block

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

<b>Sign Here</b>	<b>Signature of officer</b> <u>[Signature]</u>	<b>Date</b> <u>05/10/2017</u>			
	<b>Type or print name and title</b>				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <u>DEVIN L DUNCAN</u>	<b>Preparer's signature</b> <u>[Signature]</u>	<b>Date</b> <u>05/01/2017</u>	<b>Check</b> <input type="checkbox"/> <b>if self-employed</b>	<b>PTIN</b> <u>P01249521</u>
	<b>Firm's name</b> ▶ <u>KPMG LLP</u>			<b>Firm's EIN</b> ▶ <u>13-5565207</u>	
	<b>Firm's address</b> ▶ <u>345 PARK AVENUE NEW YORK, NY 10154-0102</u>			<b>Phone no.</b> <u>212-758-9700</u>	

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990** (2015)

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

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

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

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

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

MICHAEL DARDIA, VP FINANCE

- The books are in the care of ► 445 FIFTH AVENUE NEW YORK, NY 10016

Telephone No. ► 212 621-0241 FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20\_\_ or
- tax year beginning 07/01, 2015, and ending 06/30, 2016.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. . . . .

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **01**

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

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

• The books are in the care of  MICHAEL DARDIA- VP FOR FINANCE 445 FIFTH AVE NEW YORK, NY 10016  
Telephone No.  212 592-7405 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 17 .

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	0.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature   Title  PAID PREPARER Date  2/6/17

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code: ) (Expenses \$ 174,000,714. including grants of \$ 527,656. ) (Revenue \$ 2,911,799. )

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

4b (Code: ) (Expenses \$ 111,247,025. including grants of \$ 1,321,954. ) (Revenue \$ 1,747,137. )

THE RESEARCH LIBRARIES - DURING FISCAL YEAR 2016, THE FOUR RESEARCH LIBRARIES - THE STEPHEN A. SCHWARZMAN BUILDING; THE SCIENCE, INDUSTRY AND BUSINESS LIBRARY; THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE; AND THE LIBRARY FOR PERFORMING ARTS - HAD 3.7 MILLION ON-SITE USERS. LIBRARY STAFF RESPONDED TO 514,000 REFERENCE INQUIRIES. OF 46.4 MILLION COLLECTION ITEMS, APPROXIMATELY 17.4 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET MUSIC AND PRINTS AND CLIPPINGS. FOR MORE INFORMATION, SEE SCHEDULE O.

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

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

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

4e Total program service expenses 285,247,739.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organization activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for 1a (647), 1b (0), 2a (3,845), and various other compliance questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (43), 1b (42), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MICHAEL DARDIA- VP FOR FINANCE 445 FIFTH AVE NEW YORK, NY 10016 212-621-0241



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY W. MARX TRUSTEE, PRESIDENT AND CEO	40.00 0.	X		X				723,659.	0.	83,285.
(2) KWAME ANTHONY APPIAH TRUSTEE	1.00 0.	X						0.	0.	0.
(3) PETER BALDWIN TRUSTEE	1.00 0.	X						0.	0.	0.
(4) JOHN H. BANKS III TRUSTEE	1.00 0.	X						0.	0.	0.
(5) MAHNAZ ISPAHANI BARTOS TRUSTEE	5.00 0.	X						0.	0.	0.
(6) LISA J. BLAU TRUSTEE	1.00 0.	X						0.	0.	0.
(7) SILA M. CALDERON TRUSTEE	1.00 0.	X						0.	0.	0.
(8) EVAN ROBERT CHESLER CHAIR, TRUSTEE	5.00 0.	X		X				0.	0.	0.
(9) GORDON J. DAVIS TRUSTEE	1.00 0.	X						0.	0.	0.
(10) H.R.H. PRINCESS FIRYAL TRUSTEE	1.00 0.	X						0.	0.	0.
(11) HENRY LOUIS GATES, JR TRUSTEE	1.00 0.	X						0.	0.	0.
(12) WILLIAM GRAY TRUSTEE	2.00 0.	X						0.	0.	0.
(13) LOUISE L. GRUNWALD TRUSTEE	1.00 0.	X						0.	0.	0.
(14) ETHAN HAWKE - BEGAN 5/16 TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOHN B. HESS TRUSTEE	1.00 0.	X					0.	0.	0.	
( 16) ARTHUR W. KOENIG TRUSTEE	2.00 0.	X					0.	0.	0.	
( 17) BETH KOJIMA TRUSTEE	3.00 0.	X					0.	0.	0.	
( 18) JANE LAUDER TRUSTEE	1.00 0.	X					0.	0.	0.	
( 19) ROBERT LIBERMAN TRUSTEE	5.00 0.	X					0.	0.	0.	
( 20) SCOTT D. MALKIN TRUSTEE	2.00 0.	X					0.	0.	0.	
( 21) CAREY MALONEY REP OF SPKR OF CITY COUNCIL	3.00 0.	X					0.	0.	0.	
( 22) HON. VICTOR MARRERO TRUSTEE	2.00 0.	X					0.	0.	0.	
( 23) CATHERINE C. MARRON TRUSTEE	1.00 0.	X					0.	0.	0.	
( 24) MAYOR OF THE CITY OF NY EX-OFFICIO TRUSTEE	1.00 0.	X					0.	0.	0.	
( 25) HAROLD W. MCGRAW III TRUSTEE	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							723,659.	0.	83,285.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							6,067,256.	0.	761,695.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							6,790,915.	0.	844,980.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 141

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 98

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) RAYMOND J. MCGUIRE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 27) LEIGH M. MILLER REP OF COMPTROLLER	1.00 0.	X					0.	0.	0.	
( 28) ABBY S. MILSTEIN VICE CHAIR, TRUSTEE	4.00 0.	X		X			0.	0.	0.	
( 29) SUSAN MORGENTHAU TRUSTEE	4.00 0.	X					0.	0.	0.	
( 30) JESSYE NORMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 31) CHARLES PHILLIPS TRUSTEE	1.00 0.	X					0.	0.	0.	
( 32) RICHARD L. PLEPLER TRUSTEE	1.00 0.	X					0.	0.	0.	
( 33) KATHARINE J. RAYNER TRUSTEE	1.00 0.	X					0.	0.	0.	
( 34) DAVID REMNICK TRUSTEE	1.00 0.	X					0.	0.	0.	
( 35) ELIZABETH ROHATHYN FOUNDATION TRUSTEE	1.00 0.	X					0.	0.	0.	
( 36) MARSHALL ROSE FOUNDATION TRUSTEE	2.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 141

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) STEPHEN A. SCHWARZMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 38) DINAKAR SINGH TRUSTEE	5.00 0.	X					0.	0.	0.	
( 39) GAYFRYD STEINBERG TRUSTEE	1.00 0.	X					0.	0.	0.	
( 40) JOSHUA L. STEINER TRUSTEE - VOTING THRU 11/15	1.00 0.	X					0.	0.	0.	
( 41) GEORGE STEPHANOPOULOS TRUSTEE	1.00 0.	X					0.	0.	0.	
( 42) JAMES S. TISCH TRUSTEE	1.00 0.	X					0.	0.	0.	
( 43) LUIS A. UBINAS TRUSTEE	3.00 0.	X					0.	0.	0.	
( 44) EDGAR WACHENHEIM III FOUNDATION TRUSTEE	2.00 0.	X					0.	0.	0.	
( 45) JANE ABOYOUN -END 5/16 CHIEF TECHNOLOGY OFFICER	35.00 0.			X			295,021.	0.	87,766.	
( 46) JACQUELINE F. BAUSCH VP, DEP GEN COUNSEL & ASST SEC	35.00 0.			X			259,042.	0.	126,636.	
( 47) RYAN D CAIRNS -END 4/16 VP FOR DEVELOPMENT	35.00 0.			X			227,672.	0.	56,286.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 141

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) MICHELE COLEMAN MAYES VP, GEN COUNSEL & SECRETARY	35.00 0.			X				340,508.	0.	25,732.
( 49) TODD M. CORBIN CHIEF INVESTMENT OFFICER	35.00 0.			X				658,050.	0.	77,967.
( 50) RISA HONIG VP CAPITAL PLAN & CONSTRUCTION	35.00 0.			X				168,126.	0.	33,203.
( 51) MARY LEE KENNEDY CHIEF LIBRARY OFFICER	35.00 0.			X				344,180.	0.	35,968.
( 52) KRISTIN MCDONOUGH ACTING DIRECTOR, ANDREW MELLON	35.00 0.			X				216,460.	0.	192,167.
( 53) GEORGE D. MIHALTSES VP FOR GOV & COMM AFFAIRS	35.00 0.			X				180,330.	0.	60,709.
( 54) CHRISTOPHER D. PLATT VP FOR PUBLIC SERVICE	35.00 0.			X				244,091.	0.	91,032.
( 55) JEFFREY ROTH -END 12/15 VP, FINANCE & ASST TREASURER	35.00 0.			X				298,427.	0.	97,350.
( 56) LOUISE SHEA VP FOR HUMAN RESOURCES	35.00 0.			X				294,721.	0.	77,284.
( 57) KENNETH N. WEINE VP FOR COMM & MARKETING	35.00 0.			X				269,784.	0.	57,360.
( 58) IRIS WEINSHALL COO, CFO & TREASURER	35.00 0.			X				356,409.	0.	33,368.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 141

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) CARRIE WELCH CHIEF EXTERNAL RELATIONS OFCR	35.00 0.			X				344,224.	0.	45,671.
( 60) FRANK MIGLIORELLI DIR. DIGITAL EXPER. - END 5/16	35.00 0.					X		214,904.	0.	32,107.
( 61) KHALIL GIBRAN MUHAMMAD DIRECTOR, THE SCHOMBURG CENTER	35.00 0.					X		214,171.	0.	73,072.
( 62) GENNARO OLIVA DIRECTOR, FACILITIES MGMT	35.00 0.					X		212,104.	0.	125,358.
( 63) JEAN STROUSE DIRECTOR, SCHOLARS/WRITERS	35.00 0.					X		243,501.	0.	51,053.
( 64) JENNIFER FRIEDMAN DIR OF CAPTL & RE INITIATIVES	35.00 0.					X		207,347.	0.	43,992.
( 65) ANN D THORNTON-END 5/15 ANDREW W MELLON DIR NY PUB LIB	35.00 0.						X	171,453.	0.	-352,367.
( 66) ANNE L CORISTON SEN ADVIS MID CAMPUS-END 2/15	35.00 0.						X	306,731.	0.	-310,019.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 141

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	5,584,532.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	212,285,242.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	41,019,311.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		3,339,759.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			258,889,085.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>FINES AND FEES</u>			<b>Business Code</b>			
			900099	2,327,115.	2,327,115.			
<b>b</b> <u>PHOTOCOPY, MICROFILM</u>			519100	742,924.	742,924.			
<b>c</b> <u>TICKET SALES</u>			900099	241,433.	241,433.			
<b>d</b> <u>INFORMATION SERVICES</u>			519100	29,677.	29,677.			
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				3,341,149.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			14,920,142.		-1,546,931.	16,467,073.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			163,629.			163,629.	
	<b>6a</b> Gross rents . . . . .	(i) Real	91,104.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		91,104.				
	<b>d</b> Net rental income or (loss) . . . . . ▶			91,104.			91,104.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	393,228,592.	73,585,159.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		393,726,644.	59,339,065.			
		<b>c</b> Gain or (loss) . . . . .		-498,052.	14,246,094.			
	<b>d</b> Net gain or (loss) . . . . . ▶			13,748,042.		860,774.	12,887,268.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>5,584,532.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			352,035.				
		<b>b</b> Less: direct expenses . . . . . <b>b</b>			419,043.			
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				-67,008.			-67,008.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
	<b>b</b> Less: direct expenses . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>			4,616,844.					
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		4,187,334.					
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			429,510.	210,322.	219,188.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> <u>UNIVERSAL SERVICES REIMBURSEMENT</u>			900099	3,637,351.			3,637,351.	
	<b>b</b> <u>FEE - USE OF SPACE</u>		532000	3,587,403.		520,296.	3,067,107.	
	<b>c</b> <u>PUBLICATIONS</u>		900099	265,634.	265,634.			
	<b>d</b> All other revenue . . . . .		519100	841,831.	841,831.			
	<b>e Total.</b> Add lines 11a-11d . . . . . ▶			8,332,219.				
<b>12 Total revenue.</b> See instructions. . . . . ▶			299,847,872.	4,658,936.	53,327.	36,246,524.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	509,633.	509,633.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,339,977.	1,339,977.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,867,248.	2,224,143.	3,795,712.	847,393.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	127,917,534.	113,423,776.	10,804,277.	3,689,481.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,206,797.	16,826,782.	1,797,358.	582,657.
9 Other employee benefits . . . . .	33,298,540.	28,393,438.	3,846,526.	1,058,576.
10 Payroll taxes . . . . .	9,857,452.	8,480,445.	1,048,907.	328,100.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	1,385,995.		1,374,528.	11,467.
c Accounting . . . . .	652,387.		652,387.	
d Lobbying . . . . .	44,294.		44,294.	
e Professional fundraising services. See Part IV, line 17.	1,364,606.			1,364,606.
f Investment management fees . . . . .	9,221,244.		9,221,244.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	9,742,467.	7,835,630.	1,401,437.	505,400.
12 Advertising and promotion . . . . .	2,354,595.	598,989.	259,927.	1,495,679.
13 Office expenses . . . . .	8,009,297.	7,578,993.	292,017.	138,287.
14 Information technology . . . . .	6,708,122.	5,880,638.	730,376.	97,108.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	22,803,120.	22,278,050.	370,411.	154,659.
17 Travel . . . . .	408,563.	321,445.	56,403.	30,715.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	399,281.	333,856.	60,117.	5,308.
20 Interest . . . . .	8,121,459.	6,619,887.	1,030,167.	471,405.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	23,028,016.	22,099,892.	660,691.	267,433.
23 Insurance . . . . .	1,880,425.	1,695,467.	171,914.	13,044.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BOOKS AND BINDING</u> . . . . .	32,784,810.	32,767,664.	17,146.	
b <u>BUILDING REPAIRS&amp; RENOVATION</u> . . . . .	2,755,008.	2,721,556.	24,552.	8,900.
c <u>AUTO RELATED EXPENDITURES</u> . . . . .	731,180.	731,180.		
d <u>UNRELATED BUSINESS INC TAX</u> . . . . .	595,774.		595,774.	
e All other expenses . . . . .	3,217,038.	2,586,298.	553,223.	77,517.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	335,204,862.	285,247,739.	38,809,388.	11,147,735.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	59,262.	<b>1</b>	57,253.
	<b>2</b> Savings and temporary cash investments . . . . .	45,276,537.	<b>2</b>	35,495,438.
	<b>3</b> Pledges and grants receivable, net . . . . .	62,064,524.	<b>3</b>	69,464,405.
	<b>4</b> Accounts receivable, net . . . . .	18,535,151.	<b>4</b>	9,633,142.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	212,422.	<b>8</b>	280,611.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,270,078.	<b>9</b>	5,056,849.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 744,265,739.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 365,994,495.	346,154,095.	<b>10c</b> 378,271,244.
	<b>11</b> Investments - publicly traded securities . . . . .	354,281,991.	<b>11</b>	267,587,128.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	895,636,276.	<b>12</b>	859,056,541.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	5,342,063.	<b>15</b>	11,876,059.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,729,832,399.	<b>16</b>	1,636,778,670.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	84,830,920.	<b>17</b>	86,495,996.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	2,342,016.	<b>19</b>	4,309,349.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	629,833.	<b>24</b>	6,495,159.
	<b>25</b> 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 . . . . .	285,160,976.	<b>25</b>	275,746,725.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	372,963,745.	<b>26</b>	373,047,229.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	557,297,883.	<b>27</b>	533,336,139.
	<b>28</b> Temporarily restricted net assets . . . . .	356,542,690.	<b>28</b>	285,344,261.
	<b>29</b> Permanently restricted net assets . . . . .	443,028,081.	<b>29</b>	445,051,041.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	1,356,868,654.	<b>33</b>	1,263,731,441.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,729,832,399.	<b>34</b>	1,636,778,670.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	299,847,872.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	335,204,862.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-35,356,990.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,356,868,654.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-66,495,601.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	8,715,378.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,263,731,441.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

Employer identification number  
**13-1887440**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 92.82%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 93.16%; 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.	Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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OTHER INCOME

SCHEDULE A, PART II, SECTION B, LINE 10

REPORTED IN THIS SECTION IS OTHER INCOME RELATING TO REVENUE GENERATED BY  
ACTIVITIES SUCH AS FEES FOR FACILITY USAGE AND REIMBURSEMENT UNDER THE  
UNIVERSAL SERVICES PROGRAM TO PROVIDE DISCOUNTS ON TELECOMMUNICATION  
EXPENSES TO ALLOW LIBRARIES AND EDUCATIONAL INSTITUTIONS TO PURCHASE  
ADVANCED TECHNOLOGIES.

**Schedule of Contributors**

**2015**

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

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

**Filers of:**

**Section:**

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

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

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> THE NEW YORK PUBLIC LIBRARY ASTOR, LENOX AND TILDEN FOUNDATIONS	<b>Employer identification number</b> 13-1887440
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 185,855,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 24,494,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

Name of organization THE NEW YORK PUBLIC LIBRARY ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 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; 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## LOBBYING ACTIVITY

## SCHEDULE C, PART II-B

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 13-1887440

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2015

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 37.9648 %
b Permanent endowment 62.0352 %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) COMMINGLED INVESTMENT FUNDS	555,617,488.	FMV
(B) HEDGE FUNDS	183,557,685.	FMV
(C) PRIVATE MARKET FUNDS	119,881,368.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	859,056,541.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAXABLE BONDS PAYABLE	183,621,660.
(3) ACCRUED POSTRETIREMENT BENEFIT	92,125,065.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	275,746,725.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 299,847,872.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 335,204,862.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information (continued)

COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS

SCHEDULE D, PART III, LINES 1A AND 4

THE LIBRARY HAS EXTENSIVE RESEARCH COLLECTIONS OF LIBRARY MATERIALS, INCLUDING BOOKS, PERIODICALS AND OTHER ITEMS. THESE COLLECTIONS ARE MAINTAINED BY THE RESEARCH LIBRARIES UNDER CURATORIAL CARE AND ARE HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE. PROCEEDS FROM THE SALES OF COLLECTIONS ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS. THE COST OF COLLECTIONS PURCHASED BY THE LIBRARY FOR THE RESEARCH LIBRARIES IS CHARGED TO EXPENSE WHEN INCURRED AND DONATED COLLECTION ITEMS ARE NOT RECORDED. THE VALUE OF THE LIBRARY'S RESEARCH COLLECTIONS CANNOT BE DETERMINED.

THE COST OF BOOKS AND OTHER LIBRARY MATERIALS PURCHASED BY THE BRANCH LIBRARIES IS NOT RECORDED AS COLLECTIONS, BUT IS CHARGED AS A LIBRARY SERVICES EXPENSE IN THE YEAR PURCHASED BECAUSE, LARGELY BY REASON OF THEIR FREQUENT USE, SUCH ITEMS ARE EXHAUSTIBLE OVER A SHORT PERIOD OF TIME.

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE LIBRARY'S ENDOWMENT CONSISTS OF 418 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

**Part XIII** Supplemental Information (continued)

THE ENDOWMENT FUNDS SUPPORT THE FOLLOWING PROGRAM ACTIVITIES:

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

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

SCHEDULE D, PART X, LINE 2

THE LIBRARY PRESCRIBES TO A THRESHOLD OF MORE LIKELY THAN NOT FOR  
RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE  
TAKEN IN A TAX RETURN. AS OF JUNE 2016, THE LIBRARY DOES NOT HAVE ANY  
UNCERTAIN TAX POSITIONS OR ANY UNRELATED BUSINESS INCOME TAX LIABILITY  
WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS FINANCIAL STATEMENTS.

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN

SCHEDULE D, PART XI, LINE 2D - OTHER

POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET

PERIODIC BENEFIT COST	\$12,365,624
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**Part XIII** Supplemental Information (continued)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN

SCHEDULE D, PART XI, LINE 4B - OTHER

LABOR COSTS AND OTHER EXPENSES RELATED TO

UNRELATED BUSINESS USE OF SPACE \$ (248,830)

LABOR COSTS AND OTHER EXPENSES ALLOCATED TO

COST OF GOODS SOLD \$(1,701,507)

-----

\$(1,950,337)

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

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN

SCHEDULE D, PART XII, LINE 2D - OTHER

LABOR COSTS AND OTHER EXPENSES RELATED TO

UNRELATED BUSINESS USE OF SPACE \$ 248,830

LABOR COSTS AND OTHER EXPENSES ALLOCATED TO

COST OF GOODS SOLD \$1,701,507

-----

\$1,950,337

**Part XIII** Supplemental Information *(continued)*

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
13-1887440

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		47,454,380.
(2) NORTH AMERICA			INVESTMENTS		1,717,077.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					49,171,457.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					49,171,457.

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

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

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

**Part IV Foreign Forms**

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

**Part V** **Supplemental Information**

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

Employer identification number  
**13-1887440**

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> THE LUKENS COMPANY, INC INC.	SEE PART IV		X	3,035,898.	1,014,084.	2,021,814.
<b>2</b> M&R STRATEGIC SERVICES, INC	SEE PART IV		X	981,743.	350,522.	631,221.
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				4,017,641.	1,364,606.	2,653,035.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		LIBRARY LIONS (event type)	CORP DINNER (event type)	6. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	2,293,704.	1,279,257.	2,363,606.	5,936,567.
	2	Less: Contributions . . . . .	2,205,769.	1,231,167.	2,147,596.	5,584,532.
	3	Gross income (line 1 minus line 2) . . . . .	87,935.	48,090.	216,010.	352,035.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .	94,024.	49,775.	271,012.	414,811.
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	157.	3,126.	949.	4,232.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				419,043.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-67,008.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FUNDRAISING ACTIVITIES

FORM 990, PART IX, COLUMN (D) AND SCHEDULE G, PART I

THE LIBRARY IS CONTINUALLY WORKING TO ASSESS CURRENT AND LONG-TERM FUNDRAISING GOALS, AND STRIVES DILIGENTLY TO ALLOCATE RESOURCES TO MEET THOSE GOALS. DUE TO THE NATURE OF PLANNED GIVING AND OTHER LONG-TERM FUNDRAISING ACTIVITIES, RESOURCE ALLOCATION AND CONTRIBUTION REVENUE ARE OFTEN REPORTED IN SEPARATE TIME PERIODS. THE LIBRARY'S FUNDRAISING AND

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

MEMBERSHIP DEVELOPMENT ACTIVITIES INCLUDE WORKING WITH PROGRAM STAFF TO DEVELOP STATEMENTS OF NEED FOR PRIVATE FUNDRAISING, INCLUDING ENDOWMENT AND CAPITAL CONTRIBUTIONS; SOLICITING CONTRIBUTIONS FOR THOSE NEEDS AND FOR THE ANNUAL FUND FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS; CONDUCTING OUTREACH EFFORTS TO SECURE MEMBERSHIP CONTRIBUTIONS AND CREATE AWARENESS OF THE LIBRARY AND ITS PROGRAMS; AND CONDUCTING SPECIAL FUNDRAISING EVENTS.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

ACTIVITIES CONDUCTED BY PROFESSIONAL FUNDRAISERS

SCHEDULE G, PART I, LINE 2B(I)&(II)

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

STRATEGIC DECISIONS. THE LUKENS COMPANY, INC. ADDRESS IS 2800 SHIRLINGTON ROAD, ARLINGTON, VA 22206.

\* M+R STRATEGIC SERVICES, INC. IS AN ONLINE STRATEGIC CONSULTING AGENCY THAT WORKS ON THE LIBRARY'S ONLINE AND EMAIL FUNDRAISING CAMPAIGNS, AS WELL AS DIGITAL ENGAGEMENT CAMPAIGNS. IT COLLABORATES ON ANNUAL PLANNING AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND PROVIDES TECHNICAL ASSISTANCE. IN ADDITION, IT MONITORS RESULTS AND PROVIDES ANALYSIS TO

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SUPPORT STRATEGIC DECISIONS. AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND PROVIDES TECHNICAL ASSISTANCE. IN ADDITION, IT MONITORS RESULTS AND PROVIDES ANALYSIS TO SUPPORT STRATEGIC DECISIONS. M+R STRATEGIC SERVICES, INC. ADDRESS IS 11 PARK PLACE, SUITE 1802, NEW YORK, NY 10007.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
13-1887440

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	11-1904261	501 (C)(3)	288,093.				SEE PART IV
(2) QUEENS PUBLIC LIBRARY 89-11 MERRICK BLVD JAMAICA, NY 11432	11-1904262	501 (C)(3)	218,540.				SEE PART IV
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . .

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

Schedule I (Form 990) (2015)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FELLOWSHIP GRANTS	33.	1,318,954.			
2 MAGIC GRANTS	35.	21,023.			
3					
4					
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

SCHEDULE I, PART I, LINE 2

GRANTS TO ORGANIZATIONS

NYPL PROVIDED GRANTS TO TWO U.S. ORGANIZATIONS TO PROVIDE INTERNET ACCESS

AT HOME FOR LOW-INCOME INDIVIDUALS AND FAMILIES WITH LIMITED BROADBAND

ACCESS BY MEANS OF LENDING PORTABLE INTERNET WIFI DEVICES (WHICH USE

CELLULAR NETWORKS TO CREATE PERSONAL BROADBAND INTERNET HOTSPOT), THEREBY

PROVIDING BROADBAND INTERNET ACCESS ALONG WITH ENHANCED EDUCATION AND

TRAINING INITIATIVES.



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS

THE LIBRARY HAS TWO SEPARATE FELLOWSHIP PROGRAMS: THE DOROTHY AND LEWIS B. CULLMAN CENTER FOR SCHOLARS AND WRITERS, LOCATED IN THE STEPHEN A. SCHWARZMAN BUILDING, AND THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE. THE PROGRAMS CONNECT FELLOWS WITH THE RESOURCES OF THE LIBRARY; PROMOTE INTERPRETIVE AND CREATIVE SCHOLARSHIP AND WRITING; AND INVITE FELLOWS TO PRESENT THEIR WORK TO THE GENERAL PUBLIC IN PAPERS, SYMPOSIA, CONVERSATIONS, AND LECTURES. EACH SPRING, THE CULLMAN CENTER PLACES AN ADVERTISEMENT IN THE NEW YORK REVIEW OF BOOKS ANNOUNCING THAT APPLICATIONS ARE DUE IN LATE

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SEPTEMBER. OTHER ANNOUNCEMENTS ABOUT THE PROGRAMS ARE POSTED ON THE LIBRARY'S WEBSITE.

CULLMAN CENTER FELLOWSHIPS AT THE STEPHEN A. SCHWARZMAN BUILDING ARE OPEN TO APPLICANTS IN THE HUMANITIES AND SOCIAL SCIENCES, INCLUDING ACADEMICS, INDEPENDENT SCHOLARS, CREATIVE WRITERS, AND VISUAL ARTISTS WHO ARE WORKING ON BOOKS. THE CENTER'S FELLOWSHIP COMPETITION HAS TWO STAGES: FIRST, REVIEWERS WHO ARE EXPERTS IN EACH FIELD READ THE APPLICATIONS AND PROVIDE COMMENTS, SCORES, AND RANKINGS. THEN A SEVEN-PERSON SELECTION COMMITTEE REVIEWS THE FINALIST APPLICATIONS AND CHOOSES THE CLASS OF

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FELLOWS.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOR BOTH CENTERS, THE CRITERIA FOR SELECTION INCLUDE:

- (1) THE NEED OF THE PROPOSED PROJECT FOR THE RESEARCH HOLDINGS OF THE LIBRARY.
- (2) THE QUALITY AND FEASIBILITY OF THE PROJECT PLAN.
- (3) THE LIKELIHOOD THAT THE PROJECT WILL BE COMPLETED SUCCESSFULLY.
- (4) EXCELLENCE, AS SHOWN EITHER IN:
  - A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY AN APPLICANT ESTABLISHED IN HIS OR HER FIELD, OR
  - A HIGHLY PROMISING PROPOSAL BY A RELATIVELY YOUNG APPLICANT
- (5) LETTERS OF RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

OF THE PROJECT.

FELLOWS ARE IN RESIDENCE AT THE LIBRARY FOR THE ACADEMIC YEAR FOLLOWING THEIR SELECTION. WHEN THEY FINISH THE BOOKS THEY WORKED ON AT THE LIBRARY, THEY SEND COPIES TO THE DIRECTORS OF THE PROGRAMS. FOR MANY OF THESE BOOKS AND WRITERS, THE CULLMAN CENTER AND THE SCHOMBURG CENTER SPONSOR PUBLIC PROGRAMS THAT HIGHLIGHT AND DISCUSS THE FELLOWS' BOOKS.

MAGIC GRANTS UNDER THE BRIDGEUP PROGRAM FOR INDIVIDUAL SCHOLARS ARE USED TO DEFRAY, OR COVER IN FULL, THE COSTS ASSOCIATED WITH THE SCHOLAR'S

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ENROLLMENT IN ACTIVITIES AND/OR PROGRAMS THAT SERVES TO ENHANCE THE SCHOLAR'S OVERALL EDUCATIONAL/LEARNING EXPERIENCE.

UPON ENROLLING IN BRIDGEUP, SCHOLARS AND FAMILIES ARE INFORMED THAT EACH STUDENT WHO REGULARLY ATTENDS AND ACTIVELY PARTICIPATES IN BRIDGEUP, WOULD HAVE THE OPPORTUNITY TO APPLY FOR A MAGIC GRANT. AWARDS ARE DETERMINED BASED ON MAGIC GRANT APPLICATION / PROPOSAL WITH ADDITIONAL CONSIDERATION GIVEN TO THE FOLLOWING FACTORS, ALL OF WHICH ARE MONITORED BY BRIDGEUP STAFF ON AN ONGOING BASIS: (1) SCHOLAR'S OVERALL ATTENDANCE AND COMMITMENT TO BRIDGEUP, (2) SCHOLAR'S OVERALL PARTICIPATION TO

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

DISBURSEMENTS OF THE FUNDING ARE APPLIED DIRECTLY TO THE ORGANIZATION,

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

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

PURPOSE OF GRANTS TO ORGANIZATIONS

SCHEDULE I, PART II, COLUMN (H)

INTERNET LENDING TO LOW-INCOME INDIVIDUALS AND FAMILIES

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **THE NEW YORK PUBLIC LIBRARY**

**ASTOR, LENOX AND TILDEN FOUNDATIONS**

Employer identification number

**13-1887440**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY W. MARX TRUSTEE, PRESIDENT AND CEO	(i)	539,990.	0.	183,669.	47,569.	35,716.	806,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JANE ABOYOUN -END 5/16 CHIEF TECHNOLOGY OFFICER	(i)	294,500.	0.	521.	50,454.	37,312.	382,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JACQUELINE F. BAUSCH VP, DEP GEN COUNSEL & ASST SEC	(i)	258,179.	0.	863.	96,740.	29,896.	385,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RYAN D CAIRNS -END 4/16 VP FOR DEVELOPMENT	(i)	227,420.	0.	252.	44,416.	11,870.	283,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MICHELE COLEMAN MAYES VP, GEN COUNSEL & SECRETARY	(i)	338,237.	0.	2,271.	11,119.	14,613.	366,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 TODD M. CORBIN CHIEF INVESTMENT OFFICER	(i)	507,645.	150,000.	405.	45,917.	32,050.	736,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 RISA HONIG VP CAPITAL PLAN & CONSTRUCTION	(i)	162,584.	0.	5,542.	21,227.	11,976.	201,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MARY LEE KENNEDY CHIEF LIBRARY OFFICER	(i)	325,107.	0.	19,073.	23,937.	12,031.	380,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 KRISTIN MCDONOUGH ACTING DIRECTOR, ANDREW MELLON	(i)	198,034.	0.	18,426.	176,723.	15,444.	408,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 GEORGE D. MIHALTSES VP FOR GOV & COMM AFFAIRS	(i)	179,977.	0.	353.	35,657.	25,052.	241,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CHRISTOPHER D. PLATT VP FOR PUBLIC SERVICE	(i)	243,766.	0.	325.	80,565.	10,467.	335,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JEFFREY ROTH -END 12/15 VP, FINANCE & ASST TREASURER	(i)	253,140.	0.	45,287.	68,949.	28,401.	395,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 LOUISE SHEA VP FOR HUMAN RESOURCES	(i)	293,801.	0.	920.	48,819.	28,465.	372,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 ANN D THORNTON-END 5/15 ANDREW W MELLON DIR NY PUB LIB	(i)	86,037.	0.	85,416.	-364,836.	12,469.	-180,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 KENNETH N. WEINE VP FOR COMM & MARKETING	(i)	269,428.	0.	356.	21,327.	36,033.	327,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 IRIS WEINSHALL COO, CFO & TREASURER	(i)	354,709.	0.	1,700.	21,200.	12,168.	389,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARRIE WELCH CHIEF EXTERNAL RELATIONS OFCR	(i)	343,137.	0.	1,087.	21,200.	24,471.	389,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ANNE L CORISTON SEN ADVIS MID CAMPUS-END 2/15	(i)	28,600.	0.	278,131.	-312,082.	2,063.	-3,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 FRANK MIGLIORELLI DIR. DIGITAL EXPER. - END 5/16	(i)	214,590.	0.	314.	17,688.	14,419.	247,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KHALIL GIBRAN MUHAMMAD DIRECTOR, THE SCHOMBURG CENTER	(i)	214,098.	0.	73.	41,764.	31,308.	287,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 GENNARO OLIVA DIRECTOR, FACILITIES MGMT	(i)	211,800.	0.	304.	91,746.	33,612.	337,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JEAN STROUSE DIRECTOR, SCHOLARS/WRITERS	(i)	242,860.	0.	641.	40,703.	10,350.	294,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JENNIFER FRIEDMAN DIR OF CAPTL & RE INITIATIVES	(i)	207,243.	0.	104.	17,017.	26,975.	251,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

## REIMBURSEMENT OF CERTAIN EXPENSES

SCHEDULE J, PART I, LINE 1A

THE LIBRARY REIMBURSES THE PRESIDENT FOR CLUB MEMBERSHIP DUES AND PROVIDES HOUSING AND TUITION ALLOWANCES AS PER HIS EMPLOYMENT CONTRACT.

SUCH AMOUNTS ARE TAXABLE COMPENSATION AND ARE INCLUDED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B) (III).

## SEVERANCE COMPENSATION

SCHEDULE J, PART I, LINE 4A

ANNE L. CORISTON RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$257,100.

## OTHER REPORTABLE COMPENSATION

SCHEDULE J, PART II, COLUMN B (III)

OTHER REPORTABLE COMPENSATION IN COLUMN B (III) FOR CERTAIN LISTED EMPLOYEES INCLUDES AMOUNTS DEFERRED UNDER A SECTION 457(B) PLAN AND CERTAIN IMPUTED INCOME AMOUNTS.

## RETIREMENT AND OTHER DEFERRED COMPENSATION

SCHEDULE J, PART II, COLUMN C

**Part III Supplemental Information**

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

RETIREMENT AND OTHER DEFERRED COMPENSATION REFLECTS THE CHANGE IN  
ACTUARIAL VALUE OF THE DEFINED BENEFIT PENSION PLAN , NEW YORK STATE AND  
LOCAL EMPLOYEES' RETIREMENT SYSTEM (NYSLRS), AND NOT THE LIBRARY'S ACTUAL  
CONTRIBUTION TO THE PLAN. THE CHANGE IN ACTUARIAL VALUE IS BASED ON  
NYSLRS FISCAL YEAR APRIL 1, 2015 THROUGH MARCH 31, 2016.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Employer identification number  
**13-1887440**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	55 .	0 .	N/A
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X			N/A
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	52 .	3,339,759 .	MARKET PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 7 .

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

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

3089AZ 2231

V 15-7.18

2527752

PAGE 68

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

---

REVENUE NOT REPORTED FOR CONTRIBUTED PROPERTY

SCHEDULE M, PART I, LINE 33

DONATED COLLECTION ITEMS ARE NOT RECORDED. REFER TO SCHEDULE D, PART III,  
LINE 1A.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

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

Employer identification number  
**13-1887440**

**VOLUNTEERS**

FORM 990, PART I, LINE 6

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

**PROGRAM SERVICES**

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

THE SERVICES OF THE 88 BRANCH LIBRARIES EXTEND FAR BEYOND THE TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRARIES, TO PROVIDE VITAL OUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS, SHELTERS AND PRISONS, AND TO THE BLIND AND PHYSICALLY HANDICAPPED, INCLUDING BOOK-BY-MAIL DELIVERIES TO THE HOMEBOUND. IN FISCAL 2016, THERE WERE 13.9 MILLION VISITS TO THE BRANCH LIBRARIES BY INDIVIDUALS WHO BORROWED 22.7 MILLION ITEMS. THE BRANCH LIBRARIES SPONSORED 91,281 PROGRAMS, ATTENDED BY 1,712,962 ADULTS AND CHILDREN. COLLECTIONS INCLUDE 5.6 MILLION BOOKS AND 1.6 MILLION NONPRINT ITEMS SUCH AS FILMS, VIDEOTAPES, PICTURES, AUDIO RECORDINGS AND MATERIALS FOR THE BLIND. REFERENCE INQUIRIES TOTALED 9.1 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 4.7 MILLION.

**PROGRAM SERVICES**

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



Name of the organization ASTOR, LENOX AND TILDEN FOUNDATIONS	THE NEW YORK PUBLIC LIBRARY	Employer identification number 13-1887440
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DURING FISCAL 2016, THE FOUR RESEARCH LIBRARIES - THE STEPHEN A. SCHWARZMAN BUILDING; THE SCIENCE, INDUSTRY AND BUSINESS LIBRARY; THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE; AND THE LIBRARY FOR THE PERFORMING ARTS, DOROTHY AND LEWIS B. CULLMAN CENTER - HAD 3.7 MILLION ON-SITE USERS. THE RESEARCH LIBRARY'S SPONSORED 2,060 PROGRAMS, ATTENDED BY 100,330 PATRONS. LIBRARY STAFF RESPONDED TO 514,000 REFERENCE INQUIRIES. OF 46.4 MILLION COLLECTION ITEMS, APPROXIMATELY 17.4 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET MUSIC, PRINTS, AND CLIPPINGS.

THE RESEARCH LIBRARIES HAVE AN EXTENSIVE CONSERVATION AND PRESERVATION PROGRAM: THROUGH RESTORATION, PRESERVATION, MICROFILMING AND REPRINT, 50,613 ITEMS WERE PRESERVED. IN ADDITION, ABOUT 13,645 HOURS OF VIDEO TAPE MEDIA AND RECORDED SOUND MEDIA WERE PRESERVED. AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 25 MAJOR EXHIBITIONS WERE MOUNTED AT THE FOUR LIBRARIES, AND A NUMBER OF SMALLER DISPLAYS WERE ON VIEW ALL YEAR. EMINENT SCIENTISTS, SCHOLARS AND WRITERS PARTICIPATED IN LECTURES, PANEL DISCUSSIONS, AND RECITALS, FURTHERING THE LIBRARY'S EFFORTS TO MAKE AVAILABLE TO THE PUBLIC A SERIES OF EDUCATIONAL AND CULTURAL PROGRAMS OF THE HIGHEST QUALITY.

#### RELATIONSHIPS

FORM 990, PART VI, LINE 2

\* TRUSTEE, DINAKAR SINGH AND TRUSTEE, BETH KOJIMA - BUSINESS

RELATIONSHIP

Name of the organization ASTOR, LENOX AND TILDEN FOUNDATIONS	THE NEW YORK PUBLIC LIBRARY	Employer identification number 13-1887440
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\* TRUSTEE, LOUISE L. GRUNWALD AND TRUSTEE, ROBERT LIBERMAN - FAMILY  
RELATIONSHIP

\* TRUSTEE, MAHNAZ ISPAHANI BARTOS AND TRUSTEE, EDGAR WACHENHEIM III -  
BUSINESS RELATIONSHIP

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

REVIEW OF FORM 990

FORM 990, PART VI, LINE 11B

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF  
INTEREST:

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

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

EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS PROVIDED WITH A COPY OF THE POLICY ON AN ANNUAL BASIS. UPON RECEIPT, EACH SUCH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO PROMPTLY COMPLETE, SIGN, AND RETURN THE CONFLICT OF INTEREST ANNUAL STATEMENT AND ANNUAL QUESTIONNAIRE.

EACH CONFLICT OF INTEREST STATEMENT AND ANNUAL QUESTIONNAIRE IS REVIEWED AND EVALUATED IN ACCORDANCE WITH THE POLICY FOR ANY ACTUAL AND/OR POTENTIAL CONFLICT OF INTEREST. A TRUSTEE, OFFICER OR KEY EMPLOYEE SHALL NOT VOTE ON, APPROVE OR RECOMMEND ANY TRANSACTION IN WHICH HE OR SHE OR ANY MEMBER OF HIS OR HER FAMILY HAS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. IF THE TRUSTEE, OFFICER OR KEY EMPLOYEE IS PRESENT AT A MEETING OF THE BOARD OR ANY COMMITTEE AT WHICH SUCH MATTER IS CONSIDERED, THE TRUSTEE, OFFICER, OR KEY EMPLOYEE SHALL LEAVE THE MEETING DURING ANY DELIBERATIONS OR VOTE RELATING TO SUCH MATTER. PRIOR TO APPROVAL, THE AUDIT COMMITTEE OR THE BOARD MUST DETERMINE THAT THE TRANSACTION IS FAIR, REASONABLE AND IN THE LIBRARY'S BEST INTEREST, AND IF A TRUSTEE, OFFICER OR KEY EMPLOYEE HAS A "SUBSTANTIAL FINANCIAL INTEREST", MUST CONSIDER ALTERNATIVE TRANSACTIONS TO THE EXTENT AVAILABLE.

COMPENSATION REVIEW AND APPROVAL  
FORM 990, PART VI, LINE 15A & 15B

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

Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR, LENOX AND TILDEN FOUNDATIONS	Employer identification number 13-1887440
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THE LIBRARY REGULARLY CONSULTS COMPETITIVE DATA INCLUDING PUBLISHED SURVEYS WHEN REVIEWING AND MAKING COMPENSATION AND SALARY ADJUSTMENTS. IN ADDITION, THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES RETAINS THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO SURVEY EXECUTIVE COMPENSATION AMONG PEER ORGANIZATIONS TO SUPPORT DECISIONS OF REASONABLE AND FAIR MARKET VALUE OF COMPENSATION. THE LAST REVIEW BY AN INDEPENDENT CONSULTING FIRM WAS DONE IN JUNE 2016, AS THE REVIEW IS CONDUCTED EVERY TWO YEARS.

PUBLIC DISCLOSURE

FORM 990, PART VI, LINE 19

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

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

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

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET

PERIODIC BENEFIT COST 12,365,624

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

LOSS DUE TO WRITE OFF OF FIXED ASSETS (3,650,246)

\_\_\_\_\_  
\$8,715,378

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AK, CA, CT,

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

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

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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SPARTAN SECURITY SERVICES INC ONE PARK AVENUE NEW YORK, NY 10016	SECURITY	4,903,179.
F.W. SIMS, INC. 101 OTIS STREET WEST BABYLON, NY 11704	MECHANICAL CONTR.	2,900,124.
EUROTECH CONSTRUCTION CORP 135 WEST 50TH STREET, 5TH FLOOR NEW YORK, NY 10020	CONSTRUCTION	2,831,201.
CAMPBELL & DAWES, LTD. 84-48 129TH STREET KEW GARDENS, NY 11415	CONSTRUCTION	2,375,601.
MONTEL, INC. 225 4TH AVENUE, PO BOX 130 MONTMAGNY NAURU 11415	CONSTRUCTION	2,223,744.

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

Employer identification number  
13-1887440

ATTACHMENT 3

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

GROSS SALES LESS RETURNS AND ALLOWANCES .....	4,616,844.
INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	2,485,827.
SALARIES AND WAGES .....	1,491,801.
OTHER COSTS .....	209,706.
SUBTOTAL .....	<u>4,187,334.</u>
MINUS ENDING INVENTORY .....	
COST OF GOODS SOLD .....	<u><u>4,187,334.</u></u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

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

Employer identification number  
**13-1887440**

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

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

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

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

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

Schedule R (Form 990) 2015

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

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

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

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



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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

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

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