EXTENDED TO MAY 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30,

and ending JUN 30, 2016

Open to Public Inspection

OMB No. 1545-0047

B	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres							
늗	_]change □Name	THE QUEENS LIBRARY FOUNDATION, INC.		11 2	009405			
늗	change □Initial	Doing business as	, ,					
	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address) 89-11 MERRICK BOULEVARD	om/suite	E Telephone number 718-990-0700				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,714,847.			
	Amende return	JAMAICA, NY 11432	ľ	H(a) Is this a group re	turn			
	Applica	F name and address of principal officer:		for subordinates	? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527	If "No," attach a	list. (see instructions)			
		FOUNDATION.QUEENSLIBRARY.ORG		H(c) Group exemption	n number 🕨			
K	orm of o	organization: X Corporation Trust Association Other	L Year o	of formation: 1988 N	$$ State of legal domicile; ${f NY}$			
Pa		Summary						
ce	1 E	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}} \ \ { ext{SC}}}$	CHEDU	LE O				
Governance	2 (Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets			
Ve	1	Number of voting members of the governing body (Part VI, line 1a)		1 1	11			
	1	Number of independent voting members of the governing body (Part VI, line 1b)		·····				
ري وي		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		·····	0			
iţie		otal number of volunteers (estimate if necessary)			0			
Activities		otal unrelated business revenue from Part VIII, column (C), line 12		·····	0.			
ď		Net unrelated business taxable income from Form 990-T, line 34		·····	0.			
_			<u> </u>	Prior Year	Current Year			
ø.	8 (Contributions and grants (Part VIII, line 1h)		1,800,534.	1,384,295.			
ž		Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		640,175.	124,121.			
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	51,274.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,440,709.	1,559,690.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.				
Ş	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		537,050.	648,590.			
nse	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	🗀	0.	115,166.			
Expenses	1	otal fundraising expenses (Part IX, column (D), line 25) 177,432	2.					
û	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,093,666.	1,108,798.			
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,630,716.	1,872,554.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		809,993.	-312,864.			
ces			Beg	jinning of Current Year	End of Year			
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		16,670,846.	16,098,597.			
t As	21 T	otal liabilities (Part X, line 26)		117,141.	113,001.			
Ele Fur	22 N	Net assets or fund balances. Subtract line 21 from line 20		16,553,705.	15,985,596.			
		Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules an			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.				
		Circohus of officer		Doto				
Sig	n	Signature of officer		Date				
Her	e	EXECUTIVE DIRECTOR						
		Type or print name and title	In	oto I	II DTIN			
D-'		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Pai	-	JOHN T. O'BRIEN JOHN T. O'BRIEN	Įυ	5/12/17 self-employe				
	-	Firm's name FFPR GROUP, CPAS, PLLC		Firm's EIN	47-4526160			
use	Only	Firm's address 6390 MAIN STREET SUITE 200		Dh / 7	16) 634-0700			
		WILLIAMSVILLE, NY 14221		Phone no. (7				
Ma	y tne IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	1011
	THE FOUNDATION BENEFITS, ASSISTS, AND SUPPORTS THE QUEENS BOROU	
	PUBLIC LIBRARY, ITS COMMUNITY LIBRARIES, DIVISIONS, COLLECTIONS	s, AND
	SUCCESSORS, IN ALL ITS ACTIVITIES.	
		_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of the se	
	revenue, if any, for each program service reported.	nporroso, arra
4a	1 450 076	
·u	THE FOUNDATION BENEFITS, ASSISTS, AND SUPPORTS THE QUEENS BOROU	JGH '
	PUBLIC LIBRARY, ITS COMMUNITY LIBRARIES, DIVISIONS, COLLECTIONS	
	SUCCESSORS, IN ALL ITS ACTIVITIES.), MI
	BOCCEBBOKS, IN ADD ITS ACTIVITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	e Total program service expenses ► 1,459,976.	

Form 990 (2015) THE QUEENS L Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
L	Schedule D, Parts XI and XII Was the experienting included in consolidated independent sudited financial attempate for the tay year?	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-21	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,.	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form 990 (2015) THE QUEENS LIBRARY Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		177	
	Part V, line 1	34	Х	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		₩.	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) THE QUEENS LIBRARY FOUNDATION, Part V Statements Regarding Other IRS Filings and Tax Compliance

The strict the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 48 8 15 15 15 15 15 15 15		Check if Scriedule O Contains a response of note to any line in this Part v					Ш
b Enter the number of Forms W2Q included in line 1a. Enter 0-if not applicable 1st 0 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pitze winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions) 3c Note organization have unrelated business gross income of \$1,000 or more during the year? 3a If the constructions is filed a form 990-71 for this year? H30, *to file as your provide an explanation in Schedule O 3b If **Yes, ** and the dark of year of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level. 3a Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level. 3c Larry the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 3c Larry the during the calendar year, did the organization have an interest in, or a signature or other financial accounts (FBAR). 3c Larry the during the year year year year year year year yea				1 40		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 5 If all control is reported on line 28, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 If the organization have unreated business gross income of \$1,000 or more during the year? 3 If the organization have unreated business gross income of \$1,000 or more during the year? 3 If Yes, a file of the payment year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 If Yes, a file in the man of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5 Was the organization a party to a prohibitor that was or is a party to a prohibitor so frill ingrequements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization and party to a prohibitor that was or is a party to a prohibitor star shellow transaction? 5 Did They spanization related the organization file Form 8898-77 5 Did If Yes, a file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diff the organization receive aphyment in exists of \$75 made party is a combination aphyling proposition and party for goods and services provided to the payor? 7 To be informed that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Did the organization			-				
Gamblingly winnings to prize winners? a Filter the number of employees reported on Form IW3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return by I at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) by I I Y'ses, 1 and 2 is greater than 250, you may be required to e-file (see instructions) by II Y'ses, 1 and 1 filed a Form 980 To for this year II "No, 1 for line 3b, provide an explanation in Schedule 0 by II Y'ses, 1 and 1 filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (see Instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). by II Y'ses, 2 enter the name of the foreign country: ▶ se Was the organization and year to a prohibite tax shelter transaction at any time during the tax year? 5a I Y'ses, 2 in the sacro 5b, did the organization that it was or is a party to a prohibite tax shelter transaction? 5b I Y'ses, 2 in the sacro 5b, did the organization that it was or is a party to a prohibite tax shelter transaction? 5c I Y'ses, 2 in the sacro 5b, did the organization that it was or is a party to a prohibite tax shelter transaction? 5c I Y'ses, 2 in the sacro 5b, did the organization that it was or is a party to a prohibite tax shelter transaction? 5c I Y'ses, 2 in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the war focus well account to the sacro for the value of the goods of services provided? 5c I Y'ses, 3 in the organization received a contribution of a call state and the sacro formation and party for goods and services provided to the page? 7b I Y'ses, 3 indicate the number of Forms \$822 filed during the year 9c I Yes, 3 indicate the number of Forms \$822 filed during t							
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resture. Section Proceed Proceed	С				4.	v	
tilled for the calendary year endring with or within the year covered by this return. 2a	22		 I		IC	-25	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of 7file (see instructions) 3b Did the organization have unrelated business gross income of 7file (see instructions) 3c Did the organization have unrelated business gross income of 7file (see instructions) 3b Did The organization have unrelated business gross income of 7file (see instructions) 3c Did The organization are unrelated business gross income of 7file (see instructions) 3c Did The Sea in the dark of 7file 3D, provide an explanation in Schedule 0 3c Did A At any time during the calendary year, did the organization have a interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c Did The organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any exable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any contributions that were not tax deductible as haritable contributions? 5c Did The organization related a party to a prohibited tax shelter transaction any contributions that were not tax deductible as charitable contributions? 6d Did the organization shall many receive deductible contributions under section 170(c). 9d Did the organization related a payment in excess of 35f made party as a contribution and party for goods and services provided to the payor? 7a X Y 7b Did The organization related a payment in excess of 35f made party as a contribution of the organization related a payment in excess of 35f made party as a contribution of the payment and party for possible payment and party for possible payment and party for payment and party for payment and party for payment and paymen	Za		22	0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h				2h		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filled a Form 9907 for this year? If "No," to line 3b, provide an explanation in Schedule 0 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountify? 5c if "Yes," the inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited text shelter transaction at any time during the tax year? 5c if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited text shelter transaction? 5c if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5e or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if yes, the interest were not tax deductible as charitable contributions? 6a X were not tax deductible? 7b if yes, "indicate that were not tax deductible as charitable contributions? 8c if yes, "indicate that were not tax deductible contributions under section 170(c). 8c if if yes, "indicate that were not tax deductible contributions under section 170(c). 8c if if yes, "indicate the number of Forms 8282 fined during the year 8c if if yes, "indicate the number of Forms 8282 fined during the year 9c if if yes, "indicate the number of Forms 8282 fined during the year 9c if if yes, "indicate the number of Forms 8282 fined during the year 9c if if yes, "indicate the number of Forms 8282 fined during the year 9c if if yes, "indicate the number of Forms 8282 fined during the year 9c if if yes, "indicate the number of Forms 8282 fined during the year 9c if if yes, "indicate the n					20		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 financial account)? 5 If "Yes," enter the name of the foreign country; ► 5 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 A X 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 C 16 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that terms on tax deductible as charitable contributions? 6 C 16 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 10 Did the organization received any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 To X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 Did the organization neceived a contribution of acra, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 10 Section 501(c)(27) organizations. Enter: 11	3а				3а		Х
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			נוטט	1			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X			112	1			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1 Ia				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11h				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	12a	/		?	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			ı	j l	u		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X							
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X					13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		•			,		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С						
					14a		X
					14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
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) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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:			
	JOHANNA RICHMAN - 718-990-0864			
	89-11 MERRICK BOULEVARD, JAMAICA, NY 11432			

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

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.

(A)	(B)	(C)					(D)	(E)	(F) Estimated	
Name and Title	Average	(do	Position not check more than one				one	Reportable		
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation from rolated	amount of
	week (list any	_					Ė	from the	from related organizations	other compensation
	hours for	Individual trustee or director				peq		organization	(W-2/1099-MISC)	from the
	related	stee o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ployee	comb				and related
	below line)	divid	stituti	Officer	Key employee	ghest	Former			organizations
(1) VINCENT ARCURI, JR.	2.00	드	드	5	3	王吉	꼰			
PRESIDENT	0.00	X		x				0.	0.	0
(2) WANDA CHIN	2.00			-						
VICE PRESIDENT	0.00	Х		x				0.	0.	0
(3) MATTHEW M. GORTON	2.00							-		
DIRECTOR	2.00	Х						0.	0.	0
(4) JAMES M. HADDAD	2.00									
DIRECTOR	2.00	Х						0.	0.	0
(5) CARL S. KOERNER, ESQ.	2.00									
DIRECTOR	5.00	Х						0.	0.	0
(6) CATHERINE LEE	2.00							_	_	_
DIRECTOR	0.00	Х						0.	0.	0
(7) EUGENE A. PETRACCA, JR.	2.00									
DIRECTOR	0.00	Х						0.	0.	0
(8) DENNIS M. WALCOTT	2.00	١							•	•
DIRECTOR (EFF 3/13/2016)	40.00	Х						0.	0.	0
(9) JOSE RIVERO	2.00	,,		,,					0	0
SECRETARY	0.00	Х		Х				0.	0.	0
(10) MICHAEL RODRIQUEZ, ESQ.	2.00	x						0.	0.	_
DIRECTOR	2.00	^						0.	0.	0
(11) EDWARD SADOWSKY, ESQ. TREASURER	2.00	x		x				0.	0.	0
(12) TRACY YOGMAN	5.00	^		^				0.	· ·	0
ASSISTANT TREASURER	40.00	Х		x				0.	206,641.	54,202
(13) BRIDGET QUINN CAREY	5.00	25						0.	200,041.	34,202
(FORMER) DIRECTOR (TO 4/11/16)	40.00	x						0.	288,870.	60,580
(14) DIANA CHAPIN	40.00								200,070	00,000
EXECUTIVE DIRECTOR	2.00	1		х				0.	158,676.	4,078
									,	·
		1								

532007 12-16-15 Form **990** (2015)

Form 990 (2015) THE QUEE:									11-30	009	405	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghes	t C	ompensated Employe	es (continued)			
(A)							(E)			(F)		
Name and title	Average	(do		Posi		than c	ne	Reportable	Reportable			mated
	hours per week					s both r/trust		compensation	compensatio			ount of
	(list any	ror						from the	from related organizations			ther ensation
	hours for	direct				pe		organization	(W-2/1099-MIS			n the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,		orgar	nization
	organizations	al trus	nal tr		loyee	e dwoc						related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
	11110)	Ĕ	lu	JO.	Ke	er Hi	요					
1b Sub-total								0.	654,18	37.	118	860.
to Total from continuation sheets to Part V								0.	001,1	0.		0.
d Total (add lines 1b and 1c)							•	0.	654,18	37.	118	,860.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	0,000 of reportabl	e		
compensation from the organization												0
											Y	es No
3 Did the organization list any former officer	director, or tru	ustee	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	such individual										3	<u> </u>
4 For any individual listed on line 1a, is the si								•	•			37
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or	•				-			-				X
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Scheaui	e J to	or st	ıcn	pers	on					5	
Complete this table for your five highest co	mneneated in	dene	nde	nt c	ontr	acto	re t	hat received more than	\$100,000 of com	nane	ation fro	.m
the organization. Report compensation for										iberis	ation iic) I I
(A)	trio odieridar y	oui c	Ji Idii	119 V	VICITO	51 VVI	Ϊ	(B)	your.		(C)	
Name and business	address	NC	NE	3				Description of s	services	С	ompens	ation
							T					
							4					
							\forall					
2 Total number of independent contractors (ot lir	nite	d to	_		ted	l above) who received m	nore than			
\$100,000 of compensation from the organ	zation -				C	,						

Page 9

THE QUEENS LIBRARY FOUNDATION, INC. Form 990 (2015) THE QUE:
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
		errosik ir eerroduse e eerk	<u>ame a response</u>	or note to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar our		Membership dues						
Å,		Fundraising events		18,816.				
ar /		Related organizations		,				
s, G		Government grants (contribut						
Sign		All other contributions, gifts, gran	· -					
he Li	•	similar amounts not included above		1,365,479.				
텔레	a	Noncash contributions included in lines	·····	1,038.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		 -	1,384,295.			
"		Total Add lines 1a 11		Business Code	_,==,===.			
a l	2 a			Dusiness Oode				
, vic								
Ser	b							
т Уе	C							
gra Re	d							
Program Service Revenue	e	All alls and an area and a second						
_		All other program service reve						
-		Total. Add lines 2a-2f						
	3	Investment income (including			275 250			275 250
		other similar amounts)			275,258.			275,258.
	4	Income from investment of tax						
	5	Royalties						
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses	151,137.					
	С	Gain or (loss)	-151,137.					
		Net gain or (loss)			-151,137.			-151,137.
ne	8 a	Gross income from fundraising						
en		including \$18						
Rev		contributions reported on line	,					
Other Reven		Part IV, line 18						
₽		Less: direct expenses		4,020.				
_		Net income or (loss) from fund		_	51,274.			51,274.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		•				
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu	e	Business Code				
Ī	11 a							
	b	' <u> </u>						
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,559,690.	0.	0.	175,395.

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) (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 642,632. 569,979. 72,653. Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 5,958. 5,958. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 12,168. 12,168. Accounting Lobbying 115,166. 115,166. Professional fundraising services. See Part IV, line 17 98,788. 98,788. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 69,965 13,821. 56,144 column (A) amount, list line 11g expenses on Sch O.) 12,250. 12,250. Advertising and promotion 12 13 Office expenses 62,934. 57,424. 5,510. 14 Information technology Royalties 15 16 Occupancy 1,706. 1,706. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 5,895. 5,895. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 85,879. 85,879. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BOOKS AND LIBRARY MATER 413,153. 413,153. **PROGRAMS** 276,092. 276,092. SUPPLIES, EQUIPMENT & F 142,062. 121,020. 21,042. 30,173. 11,296. 43,072. 1,603. OTHER EXPS -115,166-115,166. e All other expenses 1,872,554. 1,459,976. 235,146. 177,432. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015) Part X Balance Sheet

Par	τχ	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
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	540,467.	2	256,111.
	3	Pledges and grants receivable, net	893,790.	3	542,591.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	112.	9	10,112.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation Less: accumulated depreciation			
	b	Less: accumulated depreciation 10b 606,619.	244,156.	10c	496,851.
	11	Investments - publicly traded securities	14,352,170.	11	14,620,646.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	640,151.	15	172,286.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,670,846.	16	16,098,597.
	17	Accounts payable and accrued expenses	94,913.	17	90,814.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
#		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	22 220		22 107
		Schedule D	22,228.	25	22,187. 113,001.
	26	Total liabilities. Add lines 17 through 25	117,141.	26	113,001.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	E20 E00		760 024
Fund Balances	27	Unrestricted net assets	539,580. 7,824,242.	27	768,024. 6,811,155.
Ва	28	Temporarily restricted net assets	8,189,883.	28	8,406,417.
n l	29	Permanently restricted net assets	0,109,003.	29	0,400,417.
		Organizations that do not follow SFAS 117 (ASC 958), check here			
SO		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	16,553,705.	32	15,985,596.
_	33	Total net assets or fund balances	16,553,705.	33	
	34	Total liabilities and net assets/fund balances	10,0/0,040.	34	16,098,597.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,55				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,87				
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	-			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,55				
5	Net unrealized gains (losses) on investments	5	-25	5,2	<u>45.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	15,98	5,5	96.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule 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?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE QUEENS LIBRARY FOUNDATION, INC.

Employer identification number 11-3009405

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
he o	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	•							
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								
Ŭ				maga ar armvaranty attrict	a or opera	tou by a g	overnmental and accord	, od 111		
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
	X	An organization that norma	-					public described in		
'		section 170(b)(1)(A)(vi). (Co	•	intial part of its support i	rom a gov	emmema	unit or norm the general	public described in		
8			•	(4)(A)(vi) (Complete Den	. II \					
	H	A community trust describe								
9		An organization that norma	•	•	-					
		activities related to its exen	•					•		
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.		
40		See section 509(a)(2). (Cor	. ,	tarah dan dan dan dan sasah Baran	f-t- 0		201-1141			
10		An organization organized a	•	•	•					
11		An organization organized a	· ·	•	•		•			
		more publicly supported or	•					neck the box in		
		lines 11a through 11d that				-	_			
а	L	■ Type I. A supporting orga		•						
		the supported organization			a majority (of the dire	ctors or trustees of the s	supporting		
		organization. You must o	•							
b		■ Type II. A supporting organization	· ·					-		
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus	- ·							
С			-				• •	ed with,		
		its supported organization		•						
d		☐ Type III non-functionally					• • • • • •			
		that is not functionally int	-	• •	-			iveness		
		requirement (see instructi	•	- ·						
е		Check this box if the orga					ı Type I, Type II, Type III			
		functionally integrated, or								
f		er the number of supported of								
g		vide the following information			(iv) Is the o	rganization	(u) Amount of monotons	(vi) Amount of		
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see		
		organization		above (see instructions))	governing o		instructions)	instructions)		
					Yes	No	,	,		
_ota										

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	3,654,181.	3,641,517.	2,393,770.	1,800,534.	1,435,569.	12,925,571.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,654,181.	3,641,517.	2,393,770.	1,800,534.	1,435,569.	12,925,571.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						12,925,571.
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3,654,181.	3,641,517.	2,393,770.	1,800,534.	1,435,569.	12,925,571.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	235,000.	259,359.	241,819.	242,238.	275,258.	1,253,674.
9	Net income from unrelated business	-	-	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14,179,245.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop				•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (column (f))		14	91.16 %
	Public support percentage from 2014					15	92.26 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	nd see instruction	s ▶

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.)

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY AND CAA IN	CITIOTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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

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

	Yes	No
1		
2		
За		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
m 990 or 9	90-EZ	2015

Par	t IV Supporting Organizations (continued)			
	, e e (continuos)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	non-z		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	·			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI , the role played by the organization in this regard	3h		

Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	integr	ated Type III supporting orga	unization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

7

Minimum Asset Amount (add line 7 to line 6)

`ob o	edule A (Form 990 or 990-EZ) 2015 THE QUEENS LI	BRARY FOUNDATT	ON TNC 1	1-3009405 Page 7
	rt V Type III Non-Functionally Integrated 509			1 3005403 Page /
Sect	ion D - Distributions	, (a) (a) calppoining cig	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	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			
Sect	ion 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				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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			

Schedule A (Form 990 or 990-EZ) 2015

and 4c.

8 Breakdown of line 7:

c Excess from 2013d Excess from 2014e Excess from 2015

a b

7 Excess distributions carryover to 2016. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2015 THE QUEENS LIBRARY FOUNDATION, INC.

11-3009405 Page 8

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE QUEENS LIBRARY FOUNDATION, INC.

11-3009405

Drganization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a) any one contrib	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.					
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filling 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 \rightarrow \$						
but it must answer "No"	n 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), 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 eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

THE QUEENS LIBRARY FOUNDATION, INC.

11-3009405

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE PINKERTON FOUNDATION 610 FIFTH AVENUE, SUITE 316 NEW YORK, NY 10020	\$ 152,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS & JEANNE ELMEZZI FOUNDATION 31-10 23RD STREET ASTORIA, NY 11106	500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EDITH GLICK SHOOLMAN FOUNDATION CHEROKEE STATION NEW YORK, NY 10021	* 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHARLES H. REVSON FOUNDATION 55 EAST 59TH ST, 23RD FL NEW YORK, NY 10022	\$\$93,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STEWART APPLEBAUM 145 EAST 92ND ST, APT E. NEW YORK, NY 10128	\$ <u>31,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BANK OF AMERICA 1825 E. BUCKEYE ROAD PHOENIX, AZ 85034	- - \$\$	Person X Payroll

THE QUEENS LIBRARY FOUNDATION, INC.

11-3009405

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	MR. &. MRS HUSAM AHMAD 35 GREENWAY NORTH FOREST HILLS, NY 11375	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ALTMAN FOUNDATION 8 WEST 40TH STREET, 19TH FLOOR NEW YORK, NY 10018	\$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CARNEGIE CORPORATION OF NEW YORK 437 MADISON AVENUE NEW YORK, NY 10022	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ESTATE OF RONA M. BROZEN 7641 OLD THYME CT PARKLAND, FL 33076	\$ 35,512.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tamo, addi 000, dita Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Traine, addi 605, dila Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE QUEENS LIBRARY FOUNDATION, INC.

11-3009405

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number 11-3009405 THE QUEENS LIBRARY FOUNDATION, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE QUEENS LIBRARY FOUNDATION, INC.

Employer identification number 11-3009405

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Ра	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of po	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
I-	Accepta in all added in Forms COO. Don't V		Φ.

	t III Organizations Maintaining C	ollections of Ar			Other		sets/contin	
3	Using the organization's acquisition, accession							
3	(check all that apply):	on, and other record	s, check any of the	ioliowing triat at	e a sigii	ilicarit use oi	i ita collectioi	TILETTIS
_	Public exhibition	d	Loan or ovel	hange programs				
a		e e	Other	nange programs	•			
b	Scholarly research	е						
C	Preservation for future generations	llastions and avalain	bout thou further th	aa araanization?		t numana in	Dort VIII	
4	Provide a description of the organization's co						Part Alli.	
5	During the year, did the organization solicit or						Yes	☐ No
Dai	to be sold to raise funds rather than to be ma							
ı uı	reported an amount on Form 990, Par	-	te ii trie organizatio	iranswered re	S OIIFC	niii 990, Fan	iv, line 9, or	
10	Is the organization an agent, trustee, custodia		ion, for contribution	a or other accet	o not inc	dudad		
ıa						luded	Yes	☐ No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						L res	L NO
D	in res, explain the arrangement in Part Allia	and complete the for	lowing table.				A	
_	Designing belows					4.	Amount	-
	Beginning balance					1c		
	Additions during the year					1d		
_	Distributions during the year					1e		
f O-	Ending balance					1f	Yes	No.
	Did the organization include an amount on Fo				-	<i>(</i>	res	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if							
ı uı	Endownient i ands. Complete ii	(a) Current year	(b) Prior year	(c) Two years ba		Three years b	ack (a) Four	years back
10	Paginning of year balance	9,123,923.	8,805,924.	7,906,1		6,886,4	 	715,450.
	Beginning of year balance	236,052.	357,941.			892,8		168,546.
	Contributions	1,138,484.	70,830.	399,4		199,7		2,459.
	Net investment earnings, gains, and losses	1,130,404.	70,030.	355,4	.,,,	100,1	10.	2,437.
	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs	163,113.	110,772.	138,6	85	72,8	73	
	Administrative expenses	10,335,346.	9,123,923.			7,906,1		,886,455.
g	End of year balance				24.	7,300,1	01.	,000,433.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	• 0 0		i)) rieid as.				
	Permanent endowment 81.33		_%					
	Temporarily restricted endowment ► 18	<u>%</u> 8 67 %						
C								
2-	The percentages on lines 2a, 2b, and 2c should be a set in the constant for the constant fo				l fa 4la a			
Sa	Are there endowment funds not in the posses	ssion of the organiza	illon that are neld a	na administered	i for trie	organization		Vaa Na
	by:							Yes No
	(i) unrelated organizations						3a(i)	$\frac{x}{x}$
							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza			•••••			3b	
4 Da	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.					
Fai			Dort IV line 11e C		art V lin	. 10		
	Complete if the organization answered						(1) D	
	Description of property	(a) Cost or ot	` '	I		ımulated	(d) Bool	k value
_	Land	basis (investm	nent) basis	(Otrier)	uepre	ciation		
	Land		22	7,369.	10	5,464.	1 5 7	1,905.
	Buildings		33	1,303.	то	J,404•	13.	1,300.
	Leasehold improvements		62	3,803.	2 /	2 020	201	N Q75
d	Equipment			2 200		2,928.		0,875.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2015

496,851.

Sche	edu	le L) (Fc	orm 990	2015 (
						_

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (9) Method of valuation: Cost or end of year market value (1) Financial derivatives (2) Cosely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments - Other Securities.				
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (C) (D) (E) (F) (F) (F) (F) (A) (A) (B) (B) (C) (C) (D) (D) (E) (D) (E) (E) (F) (F) (F) (F) (F) (G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	/) Decerie					
(2) Closely-held equity interests			(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market value
(3) Other						
A		held equity interests				
(B)						
(C) (D)						
(C) (E) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(E) (F) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(F) (S) (H) (S) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (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) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9						
(G) (H) Total. (Cot. (b) must equal Form 990, Part X, cot. (B) line 12.) ▶ 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)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12,) Part VIII Investments - Program Related.						
Total_(Col. (b) must equal Form 990, Part X, col. (8) line 12.) 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						
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		h) must aqual Form 000 Part V col (R) line 12)				
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) Total, (Colt. (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) (9) 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 investment (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSE (2) 1, (3) Book value (4) (5) (6) (7) (8) (9) (9)						
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1)	T GIT VIII	<u>-</u>	on Form 000 Dort IV	/ line 11a See Form 000	Dort V line 12	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (t)) 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) (9) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-vear market value
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (a) Description (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (h) Descri	(1)	(a) Becomparent of investment	(b) Book value	(e) mounds on t	raidation. Goot of one	a or your market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (ti) 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) 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) ACCRUED EXPENSE 22,187. (3) (4) (5) (6) (7) (8) (9)						
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.						
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.						
(6) (7) (8) (9) Total. (Col. (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) 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) ACCRUED EXPENSE 22,187. (3) (4) (5) (6) (7) (8) (9)						
(7) (8) (9) Total. (Col. (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) Total. (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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)						
(8) (9) Total. (Col. (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						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX		h) must equal Form 990 Part X col. (B) line 13.)				
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) Total. (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) ACCRUED EXPENSE 22,187. (3) (4) (5) (6) (7) (8) (9)						
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)			on Form 990. Part I\	/. line 11d. See Form 990.	Part X. line 15.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)				,		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)	(1)		· · · · · · · · · · · · · · · · · · ·			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)						
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(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22,187. (3) (4) (5) (6) (7) (8) (9)						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)						
(9) Total. (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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" 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) ACCRUED EXPENSE 22,187. (3) (4) (5) (6) (7) (8) (9)						
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) ACCRUED EXPENSE 22, 187. (3) (4) (5) (6) (7) (8) (9)		mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSE 22,187. (3) (4) (5) (6) (7) (8) (9)	Part X	Other Liabilities.				
(1) Federal income taxes (2) ACCRUED EXPENSE (3) (4) (5) (6) (7) (8) (9)		Complete if the organization answered "Yes"	on Form 990, Part I\	/, line 11e or 11f. See Form	m 990, Part X, line 25	
(2) ACCRUED EXPENSE 22,187. (3) (4) (5) (6) (7) (8) (9)	1.	(a) Description of liability		(b) Book value		
(3) (4) (5) (6) (7) (8) (9)	(1) Fed	eral income taxes				
(4) (5) (6) (7) (8) (9)	(2) AC	CRUED EXPENSE		22,187.		
(5) (6) (7) (8) (9)	(3)					
(6) (7) (8) (9)	(4)					
(6) (7) (8) (9)						
(7) (8) (9)						
(8) (9)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)						
	Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)	22,187.		

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

Part XI	Reconciliation of	f Reve	nue ner Ai	idited Financ	rial Statements Wi	th Revenue	e ner Returr
Schedule D	(Form 990) 2015	THE	QUEENS	LIBRARY	FOUNDATION,	INC.	11-

Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n Revenue per R	teturr	1.
1	Total revenue, gains, and other support per audited financial statements			1	2,238,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-255,245.		
b	Donated services and use of facilities		933,673.		
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	678,428.
3	Subtract line 2e from line 1			3	1,559,690.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,559,690.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,806,227.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	933,673.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	933,673.
3	Subtract line 2e from line 1			3	1,872,554.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,872,554.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI,
PA	RT V, LINE 4:				
SP	ENDING POLICY FOR ENDOWMENT FUNDS IS LIMIT	ED TO	AMOUNTS AN	ID PI	URPOSES
PR	ESCRIBED BY THE VARIOUS GRANTORS.				
PAI	RT X, LINE 2:				
IN	COME TAXES HAVE NOT BEEN PROVIDED FOR, AS	THE F	OUNDATION I	S T	AX-EXEMPT
TTNTI	DED SECUTION 501/C\/3\ OF THE INTERNAL DEVE	NIIE C		י בואדם:	AMTON ETT.EQ

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND NEW YORK STATE

RETURN (CHAR-500).

Schedule D	(Form 990) 2015	THE QUEEN	NS LIBRARY	FOUNDATION,	INC.	11-3009405	Page 5
Part XIII	(Form 990) 2015 Supplemental Infor	mation (continue	ed)				

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE QUEENS LIBRARY FOUNDATION, INC.

Employer identification number 11-3009405

Part I Fundraising Activities required to complete this part	G. Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
Indicate whether the organization rai X Mail solicitations Internet and email solicitations Phone solicitations	e Solicita	tion of tion of	non-g gover	overnment grants nment grants		
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	Part VII) or entity in connection with plividuals or entities (fundraisers) purs	rofess	ional f	fundraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have cr or con contribu	ustoay trol of	(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
CARL BLOOM ASSOCIATES - 81		Yes	No			
MAIN STREET, SUITE 126, WHITE	DIRECT MAIL MARKETING		Х	143,631.	103,166.	40,465.
MF PRODUCTIONS - 526 WEST 26TH STREET, LOFT 5D, NEW	MANAGE FUNDRAISING BANQUET		х	74,110.	12,000.	62,110.
				217. 741	115 166	100 575
3 List all states in which the organization or licensing.	on is registered or licensed to solicit		outions	217,741. s or has been notified	115,166. d it is exempt from re	102,575. egistration
NY						

11-3009405 Page 2 Schedule G (Form 990 or 990-EZ) 2015 THE QUEENS LIBRARY FOUNDATION, INC. 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 COCKTAIL NONE (add col. (a) through PARTY col. (c)) (event type) (event type) (total number) Revenue 74,110. 74,110. Gross receipts 18,816. 18,816 2 Less: Contributions 55,294 55,294. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 3,770. 3,770. 7 Food and beverages 250. 250. 8 Entertainment 9 Other direct expenses 4,020. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. Pull tahs/instant

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
L	_	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	•	*	year?	Yes No
	_					

Sch	nedule G (Form 990 or 990-EZ) 2015 THE QUEENS LIBRARY FOUNDATION, INC. 11-3	00940	5 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	$\overline{}$
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:		
	The organization's facility	13a	%
	n 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		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ł	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
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?	· L Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
De	organization's own exempt activities during the tax year \$\text{supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and	0. 01-	405-455
Г	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9, 9b,	100, 150,
		_	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	.S :	
<u>(I</u>) NAME OF FUNDRAISER: CARL BLOOM ASSOCIATES		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
81	MAIN STREET, SUITE 126, WHITE PLAINS, NY 10601		
<u>(I</u>) NAME OF FUNDRAISER: MF PRODUCTIONS		
(I	ADDRESS OF FUNDRAISER:		
$\frac{1}{52}$			

Schedule	G (Forn	n 990 o	r 990-EZ	T]	HE QU	JEENS	LIBRA	RY FOUN	DATIO	N, INC	•	11-300	9405	Page 4
Part	V Su	opiem	entai i	nforma	tion (co	ntinued)								
PART	I, I	JINE	2В,	COLUI	7) NM	<i>I</i>):								
FALL	FUNI	DRAI	SING	RECE	PTIO	N EVEN	T AND	DIRECT	MAIL	MARKE'	ring	CAMPAIG	N	

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE QUEENS LIBRARY FOUNDATION, INC. Employer identification number 11-3009405

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:	4-	Х	
a	Receive a severance payment or change-of-control payment?	4a	Λ	Х
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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			
Ü	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		Х
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	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	
ASSISTANT TREASURER (ii) 206,641. 0. 0. 36,285. 17,917. 260,843. (2) BRIDGET QUINN CAREY (ii) 288,870. 0. 0. 42,663. 17,917. 349,450. (3) DIANA CHAPIN (iii) 288,870. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. (3) DIANA CHAPIN (iii) 158,676. 0. 0. 0. 4,078. 0. 162,754. (3) DIANA CHAPIN (iii) 10	(A) Name and Title			incentive	reportable	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ASSISTANT TREASURER (ii) 206,641. 0. 0. 36,285. 17,917. 260,843. (2) BRIDGET QUINN CAREY (ii) 288,870. 0. 0. 42,663. 17,917. 349,450. (3) DIANA CHAPIN (iii) 288,870. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. (3) DIANA CHAPIN (iii) 158,676. 0. 0. 0. 4,078. 0. 162,754. (3) DIANA CHAPIN (iii) 10	(1) MDAGY YOGWAN	100	0	0	0	0	0	0	0.
10 0 0 0 0 0 0 0 0 0									0.
(PORMER) DIRECTOR (TO 4/11/16) (i) 288,870.								200,043.	0.
Carrell Control Cont									0.
EXECUTIVE DIRECTOR (i) 158,676. 0. 0. 4,078. 0. 162,754. (c) (ii) (iii)									0.
									0.
(i) (i) (i) (ii) (i) (ii) (i) (iii) (i) (iii) (ii) (iii) (iii) (iiii) (iii) (iiii) (iii) (iiiii) (iii) (iiiii) (iii) (iiiiii) (iiii) (iiiiiii) (iiiiiii) (iiiiiiiiii) (iiiiiiiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
(ii) (ii) (iii) (i									
(ii) (ii) (iii) (i									
(ii) (iii) (
(i) (ii) (ii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiii		(i)							
(ii) (ii) (iii) (i									
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(i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (ii) (iii) (i) (ii)									
(i) (ii) (ii) (iii) (iii									
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(i)									
(ii) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(ii) (i) (ii) (iii) (iii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i)									
(ii)		(ii)							
(i)									
(ii)									

Schedule J (Form 990) 2015 THE QUEENS LIBRARY FOUNDATION, INC.	11-3009405	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also compl	ete this part for any additional information	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE QUEENS LIBRARY FOUNDATION, INC.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 11-3009405

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FOUNDATION BENEFITS, ASSISTS, AND SUPPORTS THE QUEENS BOROUGH PUBLIC LIBRARY, ITS COMMUNITY LIBRARIES, DIVISIONS, COLLECTIONS, AND SUCCESSORS, IN ALL ITS ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOUNDATION'S BOARD ELECTS ITS OWN MEMBERS, WHICH ARE THEN SUBJECT TO APPROVAL BY THE LIBRARY BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11:

DRAFT OF THE FORM 990 WAS PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY AND THE POLICY REQUIRES DISCLOSURE FOR ANY ARISING CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

BOTH A COMPENSATION SURVEY COMPLETED BY AN INDEPENDENT CONSULTANT AND AN INTERNAL COMPENSATION ANALYSIS ARE USED AS THE BASIS TO BENCHMARK THE PRESIDENT AND CHIEF EXECUTIVE OFFICER'S COMPENSATION. THESE REPORTS INCLUDE CURRENT MARKET COMPARABILITY DATA, SURVEYS, AND IRS FORM 990 FILINGS OF ORGANIZATIONS OF SIMILAR SIZES. THE BOARD OF TRUSTEES APPROVES THE PRESIDENT AND CEO'S COMPENSATION PURSUANT TO THE BY-LAWS.

THE QUEENS LIBRARY FOUNDATION, INC.	11-3009405
PROGRAM USING SALARY GRADES DESIGNED BY AN INDEPENDENT CO	ONSULTANT. THE
SALARY RANGES ARE REVIEWED REGULARLY AND UPDATED AS NEEDS	ED BY A CONSULTANT
TO ENSURE MARKET COMPETITIVE SALARIES FOR ALL NON-UNION E	EMPLOYEES. THESE
RANGES ARE APPROVED BY THE BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION'S FORM 990 IS AVAILABLE UPON ITS WEBSITE,	AS WELL AS
GUIDESTAR'S WEBSITE. FINANCIAL STATEMENTS AND BY-LAWS ARE	E AVAILABLE ON THE
FOUNDATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST. CONF	FLICT OF INTEREST
POLICY IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, LINE 14:	
THE QUEENS LIBRARY FOUNDATION HAS NOT ADOPTED ITS OWN DOO	CUMENT
RETENTION AND DESTRUCTION POLICY, BUT VOLUNTARILY COMPLIE	ES WITH THE
QUEENS LIBRARY'S POLICY.	
FORM 990, PART XII, LINE 2C:	
NO CHANGES IN THE AUDIT OVERSIGHT OR SELECTION PROCESS HA	AVE TAKEN PLACE
FOR THE FISCAL YEAR ENDING JUNE 30, 2016.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

2015
Open to Public Inspection

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Department of the Treasury Internal Revenue Service

THE QUEENS LIBRARY FOUNDATION, INC.

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

(b)

Primary activity

Employer identification number 11-3009405

(f)

Direct controlling

entity

Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one o	or more related tax-exer	npt	
(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	contr ent	g) 512(b)(13) rolled tity?
QUEENS BOROUGH PUBLIC LIBRARY - 11-1904262 89-11 MERRICK BOULEVARD				301(0)(0))		Yes	No
	LIBRARY, EDUCATION	NEW YORK	501(C)(3)	LINE 7			х

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o

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	tion b)(13) rolled city?

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

Page 3

Yes No

1	During the tax year, did the organization engage in any of the following transactions with one of	or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	d Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		Х
f	f Dividends from related organization(s)				1f		Х
g	g Sale of assets to related organization(s)				1g		Х
h	h Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
•	, 11 , (7						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
_							
n	Reimbursement paid to related organization(s) for expenses				1p	Х	
a	q Reimbursement paid by related organization(s) for expenses				1q		Х
٦	1 Trainibal contain paid by related erganization (c) for expenses						
r	Other transfer of cash or property to related organization(s)				1r	Х	
	S Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must co						
_	(a) (b))	(c)	(d)	- 11		
	Name of related organization Transactive (application type (application)		Amount involved	Method of determining amount invi	oivea		
1)							
2)							
3)							
4)							
5)							
6)							

Page 4

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)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
	1											
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THE QUEENS LIBRARY FOUNDATION, INC.

Financial Statements
June 30, 2016

(With Independent Auditors' Report Thereon)

THE QUEENS LIBRARY FOUNDATION, INC.

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INDEPENDENT AUDITORS' REPORT

The Board of Directors
The Queens Library Foundation, Inc.:

We have audited the accompanying financial statements of The Queens Library Foundation, Inc. (the Foundation) (a nonprofit organization), which comprise the statement of financial position as of June 30, 2016, and the related statements of activities and cash flows for the year then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Foundation's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Queens Library Foundation, Inc. as of June 30, 2016, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited The Queens Library Foundation, Inc.'s 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 16, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Toski & Co., CPAs, P.C.

Williamsville, New York September 7, 2016

The Queens Library Foundation, Inc. Statement of Financial Position

June 30, 2016 and 2015

	2016	2015
Current Assets		
Cash and Cash Equivalents	\$ 256,11	1 \$ 540,467
Receivables From Individuals, Corporations, and Foundations, including unconditional promises to give	279,19	<u>7</u> 351,199
Total Current Assets	535,30	8 891,666
Receivables from Individuals, Corporations, and Foundations including unconditional promises to give	263,39	4 542,591
Property and Equipment, net	496,85	244,156
Other Assets Prepaid Expenses Long Term Investments Due From the Queens Borough Public Library	10,11 14,620,64 172,28	6 14,352,170
Total Other Assets	14,803,04	14,992,433
Total Assets	\$ 16,098,59	7 \$ 16,670,846
Liabilities and Net Assets		
Liabilities Accounts Payable Accrued Payroll and Related Expenses	90,814 22,18;	
Total Liabilities	113,00	117,141
Net Assets Invested in Capital Assets Unrestricted - Other	496,85 271,173	•
Total Unrestricted	768,024	4 539,580
Temporarily Restricted Permanently Restricted	6,811,155 8,406,417	7,824,242
Total Net Assets	15,985,596	16,553,705
Total Liabilities and Net Assets	\$ 16,098,597	

The Queens Library Foundation, Inc. Statement of Activities

For the year ended June 30, 2016 (with summarized information for the year ended June 30, 2015)

	Ur	nrestricted	Temporarily Restricted	. , ,			Total 2016		Total 2015
Revenues, Gains and Other Support									
Contributions from individuals, corporations, and foundations, including unconditional promises									
to give	\$	122,830	\$ 1,076,687	\$	236,052	\$	1,435,569	\$	1,800,534
Net gains (losses) on Investments		-	(381,959)		(24,423)		(406,382))	73,882
Interest and Dividend Income		869	267,241		7,148		275,258		242,238
In-kind Development Expenses		933,673	-		-		933,673		936,594
Net Assets Released from Restrictions		1,975,170	(1,975,056)		(114)				
Total Revenues, Gains, and Other Support		3,032,542	(1,013,087)		218,663		2,238,118		3,053,248
Expenses									
Library Program Services									
Wages and Fringe Benefits		569,979	_		-		569,979		531,186
Books and Other Library Materials		413,153	-		-		413,153		310,179
Programs (contracted program services and exhibits)		276,092	-		-		276,092		223,766
Information Technology		57,424	-		-		57,424		14,231
Contractual and Services		13,821	-		-		13,821		53,175
Supplies, Equipment and Furniture		121,020	-		-		121,020		57,787
Other		123,653					123,653		158,183
Total Library Program Services		1,575,142	-	_			1,575,142		1,348,507
Fund Raising and Development									
In-Kind Wages and Fringe Benefits		750,006	-		_		750,006		888,176
Contractual and Services		161,782	-		-		161,782		153,165
Supplies, Equipment and Furniture		21,042	-		-		21,042		7,616
Other		63,109					63,109		20,678
Total Fund Raising and Development		995,939					995,939		1,069,635
Management and General									
Wages and Fringe Benefits		78,611					78,611		12,639
Contractual and Services		152,803	_		2,129		154,932		135,377
Other		1,603	_		2,127		1,603		1,152
Total Management and General		233,017			2,129		235,146	_	149,168
Total Expenses		2,804,098			2,129		2,806,227		2,567,310
Change in Net Assets			/1 012 027	-					
Net Assets at Beginning of Year		228,444	(1,013,087)	,	216,534		(568,109)		485,938
· ·		539,580	7,824,242		<u>3,189,883</u>		16,553,705		16,067,767
Net Assets at End of Year	<u>\$</u>	768,024	\$ 6,811,155	\$ 8	,406,417	\$ 1	15,985,596	\$	16,553,705

The Queens Library Foundation, Inc.

Statement of Cash Flows

For the years ended June 30, 2016 and 2015

		2016	2015
Cash Flows from Operating Activities			
Change In Net Assets	\$	(568,109)	485,938
Adjustments to reconcile change in net assets to net cash provided by operating activities: (Gain) loss on investments		406,382	(73,882)
Depreciation Expense Decrease in receivables from individuals, corporations and foundations including		124,143	102,388
unconditional promises to give		351,199	439,900
Increase in prepaid expenses		(10,000)	(20)
Decrease in accounts payable		(4,099)	(24,698)
Increase (decrease) in accrued payroll and related expenses		(41)	3,634
Total Adjustments		867,584	447,322
Net Cash Provided By Operating Activities		299,475	933,260
Cash Flows From Investing Activities			
Purchase of property and equipment		(376,838)	(32,345)
Purchases of investments, net		(674,858)	(1,011,885)
Net Cash Used by Investing Activities		(1,051,696)	(1,044,230)
Cash Flows From Financing Activities Change in due to/from the Queens Borough			
Public Library		467,865	253,616
Net Cash Provided by Financing Activities		467,865	253,616
Net Increase (Decrease) in Cash and Cash Equivalents		(284,356)	142,646
Cash and Cash Equivalents at Beginning of Year	-	540,467	397,821
Cash and Cash Equivalents at End of Year	\$	256,111 \$	540,467

1. Organization

The Queens Library Foundation, Inc. (the "Foundation") is a not-for-profit corporation incorporated in the State of New York on November 18, 1988. The Foundation was organized exclusively for educational, charitable and scientific purposes. The Foundation is supported primarily through donor contributions. It benefits, assists and supports the Queens Borough Public Library (the "Library"), its branches, collections and its successors in all its activities by providing program services and organizing fundraising events. The Foundation and the Library have common trustees and share common facilities and personnel.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables and other liabilities. Under the accrual basis of accounting, revenues are recorded when earned and expenses are recorded when an obligation is incurred, regardless of when the related cash transaction takes place.

Basis of Presentation

The Foundation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

The net assets of the Foundation and the changes therein are classified as follows:

Unrestricted - Unrestricted net assets represent those resources that are not subject to donor-imposed restrictions.

Temporarily restricted - Temporarily restricted net assets represent those resources that have been restricted by donors or grantors for specific purposes and the unappropriated appreciation on donor-restricted endowment funds that are subject to the requirements of the New York Prudent Management of Institutional Funds Act (NYPMIFA). Net assets released from restrictions represent the passage of time, satisfaction of the restricted purposes, and/or explicit appropriation action by the members of the Board of Directors.

2. Summary of Significant Accounting Policies (Continued)

Basis of Presentation, Continued

Permanently restricted - Permanently restricted net assets represent those resources that have been designated by the donor or grantor to be held and invested in perpetuity. Generally, the donors of these assets direct the Foundation to use all or part of the income earned on related investments. Under the terms of NYPMIFA, those earnings are classified as temporarily restricted in the accompanying statements of activities, pending appropriations by the Board of Directors.

Applicability of NYPMIFA

The terms of NYPMIFA are applicable to the Foundation. NYPMIFA addresses the management and investment of a not-for-profit entity's investments, and the appropriations by the governing board of the earnings derived from the donor-restricted endowment funds. NYPMIFA requires all of the financial resources of the Foundation to be used in a "prudent" fashion, with the express approval and action of the governing board.

Property and Equipment

Property and equipment are stated at cost. Major expenditures for property and equipment and those which substantially increase useful lives are capitalized. Maintenance, repairs and minor renewals are expensed as incurred. When assets are retired or otherwise disposed of, their costs and related accumulated amortization are removed from the accounts and resulting gains and losses are included in income. Depreciation is provided by the straight-line method over the estimated useful lives of the assets.

Contributions

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets depending on the existence and/or nature of any donor or Board of Directors restrictions. Contributions restricted by the donor are recorded as increases in unrestricted net assets if the restriction expired in the fiscal year in which the contribution is recognized. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Promises to Give

A promise to give to the Foundation that is, in substance, unconditional is recognized when the promise is received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promise becomes unconditional.

2. Summary of Significant Accounting Policies (Continued)

Promises to Give, Continued

The Foundation uses the allowance method to determine uncollectible unconditional promises receivable. The allowance is based on prior years' experience and management's analysis of specific promises made.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

The Foundation considers all highly liquid investments, available for current use, with an initial maturity of three months or less when purchased, to be cash equivalents.

Concentrations of Credit Risk arising from investments in cash and cash equivalents and marketable securities in excess of insured limits

Financial instruments that potentially subject the Foundation to a concentration of credit risk are cash and cash equivalents and marketable securities. The Foundation maintains cash balances at several banks. Accounts at each bank are insured by the Federal Deposit Insurance Corporation up to \$250,000. As of June 30, 2016 and 2015, the Foundation's uninsured balances were approximately \$6,000 and \$291,000, respectively. Certain investments in marketable securities and money market accounts with the Foundation's broker dealers are insured up to \$500,000 by Securities Investor Protection Corporation ("SIPC") insurance. At June 30, 2016 and 2015, investments in marketable securities and money market accounts exceeded SIPC insurance limits by approximately \$13.1 million and \$13.8 million, respectively. The Foundation has not experienced any losses in these accounts and believes it is not exposed to any significant credit risk.

Investments

The Foundation records its investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the Statements of Financial Position. The objective of fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Unrealized gains and losses are included in the change in unrestricted net assets in the accompanying Statement of Activities unless their use is restricted by the donor

2. <u>Summary of Significant Accounting Policies (Continued)</u>

Income Taxes

Income taxes have not been provided for, as the Foundation is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. The Foundation files Form 990, Return of Organization Exempt from Income Tax and New York State return (CHAR 500).

Donated Services

During the years ended June 30, 2016 and 2015, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Foundation with fundraising and administrative services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria was not met.

In-Kind Contributed Wages and Fringe Benefits Support and Fundraising and Development Expenses

Wages and fringe benefits of certain employees of the Library that spent substantially all of their time on matters relating to the Foundation have been recorded as In-kind Revenues from Contributed Wages and Fringe Benefits and In-kind Fundraising and Development Expenses as these amounts are not due to be repaid to the Library.

Subsequent Events

Management has evaluated subsequent events through the date of the report, which is the date the financial statements were available for issuance.

Reclassifications

Reclassifications have been made to certain 2015 balances in order to conform them to the 2016 presentation.

3. <u>Receivables from Individuals, Corporations and Foundations, Including</u> Unconditional Promises to Give

Contributions, including unconditional promises to give, generally consist of pledges from donors that will be received over a period specified period (more than one year).

3. Receivables from Individuals, Corporations and Foundations, Including Unconditional Promises to Give (Continued)

Contributions receivable consist of the following:

Amounts due in:	<u>20</u>	<u>16</u>	<u>2015</u>
Less than one year One to five years			555,250 <u>1,000,000</u>
Less unamortized discount	1,000 (457	,000 <u>,409</u>)	1,555,250 (661,460)
Net contributions received	\$ <u>542</u>	<u>,591</u> \$	<u>893,790</u>

Contributions receivable are reflected at the present value, which approximates fair value, of estimated future cash flows using an annual discount rate of 6% for balances due after one year from the balance sheet date.

At June 30, 2016 and 2015, one contributor accounted for 100% and one accounted for 99%, respectively, of contributions receivable.

An allowance for uncollectible contributions receivable has not been provided as management considers all amounts to be collectible.

4. Investments

Investments are stated at fair value and consist primarily of equity and fixed income securities. Investments as of June 30, 2016 and 2015 are summarized as follows:

2016				2015			
Cost	Fair <u>Value</u>	Unrealized Appreciation	<u>Cost</u>	Fair <u>Value</u>	Unrealized Appreciation		
\$ <u>14,486,404</u>	\$ <u>14,620,646</u>	\$ <u>134,242</u>	\$ <u>13,904,884</u>	\$ <u>14,352,170</u>	\$ <u>447,286</u>		

The fair value of the equities and fixed income securities are determined based on quoted market prices.

Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consists of unadjusted quoted market prices for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Foundation uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. No Level 3 inputs were used by the Foundation.

4. Investments (Continued)

Fair Value Measurements, Continued

The following are the fair values of investments:

		<u>Fair '</u>	Valι	ie		
June 30, 2016	Level 1	Level 2	Ĺ	evel 3		<u>Total</u>
Preferred and common stock Money market accounts Derivatives Corporate bonds	\$ 8,781,430 485,755 1,531,856	\$ - - 3,821,605	\$	- - - -	\$	8,781,430 485,755 1,531,856 3,821,605
Total assets at fair value	\$ 10,799,041	\$ <u>3,821,605</u>	\$_	_	\$	14,620,646
	Water Control of the	Fair \	/alu	ıe		
June 30, 2015	Level 1	Level 2	<u>L</u>	evel 3		<u>Total</u>
Preferred and common stock	\$ 6,962,461	\$ -	\$	_	\$	6,962,461
Money market accounts Derivatives Corporate bonds	337,305 1,186,645	5,865,759	Ψ _	-	*	337,305 1,186,645 5,865,759

5. Property and Equipment

Major classes of software consist of the following:

	Estimated useful <u>life - years</u>	<u>2016</u>	<u>2015</u>
Computer software	3	\$ 623,803	\$ 508,556
Building improvements	7 - 39	337,369	182,744
Furniture	7	142,298	35,332
Less accumulated deprec	iation	(606,619)	(482,476)
Net property and equipme	ent	\$ <u>496,851</u>	\$ <u>244,156</u>

Depreciation expense was \$124,143 and \$102,388 in 2016 and 2015, respectively.

6. Restrictions on Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets are available for support of specific programs and operating purposes. Changes in temporarily restricted net assets consist of the following for the year ended June 30, 2016:

	Beginning <u>Balance</u>	Additions	<u>Releases</u>	Ending <u>Balance</u>
Futures Fund for Children Services Library Renovations Children's Programs Job Programs Adult Programs Literacy Programs New Americans Services Young Adult Programs Buy-A-Book Technology Library Materials Children's Library Discovery Center Other	\$ 3,973,744 625,353 283,839 148,895 83,679 83,730 4,400 10,028 211,916 29,740 2,297,345 45,000 	\$ (73,458) 313,877 66,514 10,521 205,389 4,500 9,000 95,658 - 226,249	\$ 34,598 388,129 452,305 142,414 71,176 177,500 (5,660) 13,718 219,733 29,740 333,361 45,000 73,042	\$ 3,865,688 237,224 145,411 72,995 23,024 111,619 14,560 5,310 87,841 - 2,190,233
Total	\$ <u>7,824,242</u>	\$ <u>961,969</u>	\$ <u>1,975,056</u>	\$ <u>6,811,155</u>

Permanently Restricted Net Assets

The State of New York enacted a version of Uniform Prudent Management of Institutional Funds Act ('UPMIFA", the "Act"), known as the New York Prudent Management of Institutional Funds Act ("NYPMIFA") that governs the investment and management of donor restricted endowment funds by New York not-for-profit organizations.

NYPMIFA gives the Board of Directors authority to spend donor-restricted endowment funds that are not wholly expendable on a current basis due to donor-imposed restrictions on spending. In particular, and unlike prior law, it allows institutions to spend endowment funds below their original dollar amount ("historic dollar value") without court approval or Attorney General review, if the institution's board of directors conclude that such spending is prudent. NYPMIFA also provides standards for the prudent management and investment of institutional funds, the delegation of management and investment functions to outside advisors, and procedures for lifting or modifying donor-imposed restrictions on the management, expenditure or use of institutional funds. NYPMIFA requires that boards determine whether it is appropriate to consider alternatives before deciding whether to

6. Restrictions on Net Assets (Continued)

Permanently Restricted Net Assets, Continued

authorize expenditure of an endowment fund. It also requires that a notice be given to available donors of endowment funds who executed the gift instrument before September 17, 2010, allowing these donors to opt out of the new rule permitting institutions to spend below the historic dollar value of endowment funds. The Act also requires that the Foundation act "in good faith, with the care that an ordinarily prudent person in a like position would exercise under similar circumstances," and must consider various factors such as economic conditions, purpose of endowment fund, etc. in managing and investing the endowment assets.

The Foundation has interpreted the Act as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donorrestricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by the Act. In accordance with NYPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Foundation, and (7) the Foundation's investment policies.

The Foundation has adopted investment and spending policies, approved by its Board, for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment funds while also maintaining the purchasing power of those endowment assets over the long-term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable levels of risk. Endowment assets are invested in a well diversified asset mix, which includes equity and debt securities, that is intended to result in a consistent inflation-protected rate of return that has sufficient liquidity to make any required annual distribution, while growing the funds if possible.

6. Restrictions on Net Assets (Continued)

Permanently Restricted Net Assets, Continued

The Foundation's spending policy is limited to spending amounts prescribed by the grantors. The Foundation expects the current spending policy to allow its endowment funds to maintain their purchasing power as well as to provide additional real growth through investment return.

The balance in the endowments which are all classified as permanently restricted on the statement of financial position at June 30, 2016 and 2015 are as follows:

	<u>2016</u>	<u>2015</u>
Starr Endowment - income generated from endowment investments for programs and services for the International Resource Center at the Flushing Branch Library	\$ 700,000	\$ 700,000
Applebaum Endowment - income generated from endowment investments for Mail-A-Book program; Latchkey program and adult reference books for Central Library and the Pomonok Branch Library	318,000	287,000
Elmezzi Foundation Endowment - income generated from endowment investments to be used for the Long Island City Adult Learning Center operating costs beginning in 2017 if the value of the endowment is at least \$6 million plus Consumer Price Index for each year through 2017	5,542,591	5,338,540
NEH Endowment - investment income - 50% to be used for adult humanities programs and 50% reinvested in endowment	548,889	554,356
Forever Fausta - Language and Learning Endowment to be used for the Hunters Point Library	45,706	54,500
The Hebrew Technical Institute - Income generated from endowment investments to support programs that support high school and college students in computer skills	446,704	445,778
The Womens Club of Malba to support the Whitestone Library and its gardens	24,957	24,907

6. Restrictions on Net Assets (Continued)

Permanently Restricted Net Assets, Continued

	<u>2016</u>	<u>2015</u>
Mr & Mrs Ahmad Endowment to support the Children's Library Discovery Center STEM materials and resources	\$ 49,915	\$ 49,815
The Francis Hornik Endowment to be used to support programs for women and girls	49,913	49,811
Altman Endowment - investment income to be used for the Futures Fund	679,742	685,176
	\$ <u>8,406,417</u>	\$ <u>8,189,883</u>

Changes in the endowment net assets for the year ended June 30, 2016 are as follows:

	Temporarily <u>Restricted</u>	Permanently <u>Restricted</u>	Total Endowment <u>Assets</u>
Endowment net assets, beginning of year Contributions Investment income (loss) Amounts appropriated for expenditure	\$ 934,040 - 1,155,873 _(160,984)	\$ 8,189,883 236,052 (17,389) (2,129)	\$ 9,123,923 236,052 1,138,484 (163,113)
Endowment net assets, end of year	\$ <u>1,928,929</u>	\$ <u>8,406,417</u>	\$ <u>10,335,346</u>

Changes in endowment net assets for the year ended June 30, 2015 are as follows:

	emporarily Restricted	Permanently <u>Restricted</u>	1	Total Endowment <u>Assets</u>
Endowment net assets, beginning of year Contributions Investment income Amounts appropriated for expenditure	\$ 977,234 - 67,578 (<u>110,772</u>)	\$ 7,828,690 357,941 3,252	\$	8,805,924 357,941 70,830 (110,772)
Endowment net assets, end of year	\$ <u>934,040</u>	\$ <u>8,189,883</u>	\$	9,123,923

7. Related Party Transactions

Contribution Revenue

In April 2005, the Board of Trustees of the Library adopted a revised resolution stating that all unrestricted bequests received by the Queens Borough Public Library of \$250,000 or less would be transferred to the Foundation's Futures Fund. The transfers of unrestricted bequests in excess of \$250,000 are subject to Board approval. Such transfers are to continue until the net assets of the Futures Fund reach \$5,000,000. A bequest of \$3,000 in 2016 and \$3,365 in 2015 was received and transferred to the Futures Fund.

Due from the Queens Borough Public Library

During the normal course of business, the Library and the Foundation incur expenses on behalf of each other. At June 30, 2016 and 2015, the Library owed the Foundation \$172,286 and \$640,151, respectively, for unreimbursed net expenses.

In-kind Contributed Wages and Fringe Benefits Support and Fundraising and Development Expenses

The total amount of the Development Department's wage, fringe benefit costs and contractual services at June 30, 2016 and 2015 were \$933,673 and \$936,594, respectively. These wages and fringe benefits were paid by the Library and recorded as In-kind Contributed Support as well as Fund Raising and Development Expenses as these amounts are not to be repaid to the Library.

Other Expenses

The following donations have been included in other expenses of the Foundation:

During the fiscal year ended June 30, 2015, the Foundation transferred 50% of the investment gain on the NEH Endowment of \$1,963 to the Queens Borough Public Library.

8. Functional Allocation of Expenses

The costs of providing library services and fundraising and development have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			X
If y	ou are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of t	his form).		
Do no	t complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.	
Elect	ronic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6	months for a corpo	oration
requir	ed to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an ex	xtension
of tim	e to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	Associated With Ce	rtain
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of this f	orm,
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits.		,		· ·	·
Par			submit original (no copies nee	eded).		
A cor	poration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and o	complete		
Part I	only			•	•	
All oth	er corporations (including 1120-C filers), partnerships, REM					
to file	income tax returns.			Enter file	er's identifying num	nber
Туре	or Name of exempt organization or other filer, see instruc	ctions.			identification numb	
print	,			. ,		,
•	THE QUEENS LIBRARY FOUNDATI	ON,	INC.		11-300940	5
File by t due dat		ee instruc	tions.	Social se	curity number (SSN)
filing yo	□ 89-11 MERRICK BOULEVARD				, (,
return. S instruct		reign add	ress, see instructions.			
	JAMAICA, NY 11432					
	•					
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
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Appli	cation	Return	Application			Return
ls For		Code	Is For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
1 01111	JOHANNA RICHMAN		1 0111 0070			12
● Th	e books are in the care of 89-11 MERRICK E		VARD - JAMATCA, NY	1143	2	
	ephone No. ► 718-990-0864		Fax No.			
	ne organization does not have an office or place of business	in tha Lir	· · · · · · · · · · · · · · · · · · ·			
	his is for a Group Return, enter the organization's four digit (bock this
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	is for the organization's return for:	. Organiza	tion return for the organization name	above.	THE EXTENSION	
	calendar year or					
	► X tax year beginning JUL 1, 2015	an	d ending JUN 30, 2016			
	Lizi tax year beginning	, an	d ending		_·	
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_	Change in accounting period	ICUN ICAS	on iiiiliai letuiii i	ıııaı i etuli	"	
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Ja		OI 0009,	enter the tentative tax, less any	20	¢	0.
h	nonrefundable credits. See instructions.	onter an	v refundable credite and	3a	\$	
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	estimated tax payments made. Include any prior year overp	•		3b	\$	
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instructions.

Form 88	368 (Rev. 1-2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	sbox	•	X
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Type or	Name of exempt organization or other filer, see instru	ictions.		Employer	identification numb	er (EIIV) Or
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Applica	tion	Return	Application			Return
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	00 or Form 990-EZ	01				
Form 99	00-BL	02	Form 1041-A			08
	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	Form 990-T (trust other than above) 06 Form 8870					12
STOP! I	Oo not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	ed Form 8868.	
	JOHANNA RICHMA			4440	•	
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	phone No. ► 718-990-0864		Fax No.			
	organization does not have an office or place of busines					
If this	s is for a Group Return, enter the organization's four digit	_				
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs of	all memb	ers the extension is	for.
4 Ir	equest an additional 3-month extension of time until		15, 2017			
				g JUN	30, 2016	
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8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
no	onrefundable credits. See instructions.			8a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and estimated			
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р	reviously with Form 8868.			8b	\$	0.
c B	alance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using			
El	FTPS (Electronic Federal Tax Payment System). See instr	uctions.		8c	\$	0.
	Signature and Verifica	tion mus	st be completed for Part II o	only.		
Under pe	nalties of perjury, I declare that I have examined this form, include	ding accomp	panying schedules and statements, and to	the best o	f my knowledge and be	elief,
it is true,	correct, and complete, and that I am authorized to prepare this f	orm.			2/16/2017	
Signatur	e ▶ Joan Allis, CPA Title ▶	TAX S	UPERVISOR	Date		
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