Return of Organization Exempt From Income Tax

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

QMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

AI	or the	2009 çəlendər ye	ar, or tax year beginning	<u>JUL 1. 20</u>	D9 and	ending J		<u>0, 20</u>			
	Chack if	C Name	ol organization				D Emi	oloyer idor	tific:	ation number	
- 1	more able	Presection Property					1				
	Adde	4 MOP OF THE 22 /	DUEENS BOROUGH	PUBLIC L	BRARY		ŀ				
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늗		1 0000	Business As er and street (or P.O. box il m	and the board to	describe lead	Room/svite	F Tele	phone nur			
<u> -</u>	7:40				Succi annicast	111011-20116		•		00700	
Ļ	1164 Jama	mittee 89-1.	<u> MERRICK BLVD</u>				G 6		<u> </u>	106,713,	107
Ļ	TIGHTO TANKA		town, state or country, and					recepts S			107.
		Y JAMA	<u>ICA, NY 11432</u>				1 ''	this a grou			SE 1
	DENEM	F Name and ac	dress of principal officer:T	HOMAS W. (Salante			r allmaies?			No X
			C ABOVE				H(P) W	e all allikate	s inch	uded?Yes [No
$\overline{}$	121.014	mpt status X 5		o.) 4947(a)(1) or 🔲 527		j 11	"No," attac	:hai	ist. (see instructi	ons)
			LIBRARY.ORG				H(c) G	ю ехет	plion	number 🕨	
2	Term of	organization: X	Corporation Trust	Association	Other >	L Year	of format	ian: 190	7 M	State of legal dom	icile; NY
	art I	Summary									
		20111111019	organization's mission or n	net cincilizant acti	DROV	IDES I	TRRA	RY SE	RV	CES TO T	HE
8					TACT	1000 -		<u> </u>	,,,,		
Š		KESTDENTS	OF QUEENS COU	M11 M1			, there is	. D	-1	tots	
ŧ			il the organization di			500 01 1101	2 11 Igil 2.)/# UI IIS II		2613	18
Š			nembers of the governing b						3		18
4	4	Number of indeper	ndent voting members of the	s Boneiuwô pogá (j	Part VI, line 16)				┝╩┤		
8	5	ne lo sedmun laloT	nployees (Part V, line 2a)						5		2187
3			funteers (estimate il necess	•					6		<u>u</u>
Activities & Governance			ed business revenue from P		, line 12		,		79		<u>783.</u>
_	Ь	Net unrelated busin	ness taxable income from F	orm 990 T, lina 34	_ :: 	· · · · · · · · · · · · · · · · · · ·			70		<u> 234.</u>
•						<u> </u>		x Year		Current Ye	
	В	Contributions and	giants (Part VIII, line 1h)			1		69,12		<u>95,187</u>	
Š	9	Program service re	vanue (Part VIII, line 2g)			L	<u> 3, (</u>	48,67	2.	2,935,	<u>949.</u>
Revenue	10	Investment income	(Part VIII, column (A), lines	3, 4, and 7d)			- 6	09,57	0.	1,617	<u>.181.</u>
æ	11	Other revenue (Par	ri VIII. column (A), lines 5, 6c	J. 8c, 9c, 10c, and	11e)			38,31	2.	1,357	275.
	12		al revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 105, 365, 68								
			amounts paid (Part IX, colu	_							
	l	*	pensation, employee benef		(A) boes 5.10)		82.4	76,19	n.	79,679	107.
Expenses	16.	_	aising lees (Parl IX, column)		, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , 		• 	, , , , , , , ,	
ž	1		• '			 -			- 		
Š	\ ^		xpenses (Part IX, column (D				25 0	86,18	- 	22,196	202
	1	•	art IX, column (A), lines 11a			-					
	1		ld fines 13·17 (must equal P		ine 25)			62,37	_	101,875	
	19	<u>Revenue less expe</u>	nses. Subtract line 18 from	line 12	····			96,69		-77 <u>7</u>	
Net Assets or i	1					Be		of Gurrent Y		End of Ye	
22	20	Tolal assets (Parl)	(, line 16)			· <u>]</u>		52,54		<u> 120,623</u>	
₹ <u>₽</u>	21	Tolal liabilities (Par	1 X, line 26)					<u>102,63</u>	1.	78,040	<u>.307.</u>
盏	22		balances, Subtract line 21 (rom line 20			<u> 39,5</u>	<u>49,91</u>	0.1	<u>42,583</u> ,	238.
P	<u>ert II</u>	Signature Bk	ock								
			ry, I declare that I have examines this on of preparer (other than officer) is b					best of my to	-4600	je and bekel, a 14 ove.	conect.
Sign											
Her	r ė	Signature of o	llice:					Date			
				IRECTOR							
_		Type or print n	ame and title								
Paid		Preparer's			Date	Ch sei	ieck il H•			y's identifying number tructions)	_
-	palet's	signature				en	ployed	<u> </u>			
•	Only		ISRAELOFF, TRA					IN ►			
		self-employed) address and	1225 FRANKLIN)ILE 500		- 1				
_		2ff + 4	GARDEN CITY, N	Y 11530				Phone no. I	<u> 5</u> :	<u>16-240-33</u>	00
Ma	y the IF	S discuss this retu	in with the preparer shown	above? (see instru	ctions)					X Yes	No

Form	990 (2009)	THE QUEENS B Program Service Ac	OROUGH PUB	LIC LIBRAR'	Υ	11-19	042 <u>62</u>	Page 2
1	Briefly describe the orga	nization's mission: SE	E SCHEDULE LIBRARY I	O FOR CONS	DE <u>Quali'</u>	<u>ty servi</u>	CES.	
	RESOURCES, A	ND LIFELONG L THER FORMATS	EARNING OP TO MEET TH	<u>PORTUNITIE</u> E INFORMAT	<u>S THROUG</u> IONAL, E	<u>H BOOKS</u> DUCATION	AND A AL, _	
_	CULTURAL. AN	D RECREATIONA	<u>l needs an</u>	<u>D INTEREST</u>	<u>s of its</u>	DIVERSE	AND	
2	Did the organization und the prior Form 990 or 99	lenake any significant pro 0.E27		the year which wer			Yes	X No
	If "Yes." describe these	new services on Scheduk	O.					 .
3		ise conducting, or make si	gnificant changes in	how il conducts, an	y program servic	:es?	Yes	LXJ No
4	Describe the exempt put	changes on Schedule O. pose achievements for ea	ich of the organizati	on's three largest pro	gram services b	y expenses.		
	Section 501(c)(3) and 50	1(c)(4) organizations and	section 4947(a)(1) to	usts are required to r	eport the amour	nt of grants and		
	allocations to others, the	e total expenses, and reve	nue, il any, lor each	program service rep	onea.			
48	(Code:) (Expenses \$ 89 , 20	1,162. includi	ng grants of \$) (Revenue \$)
	PROVIDES LIB	RARY SERVICES	TO THE RE	SIDENTS OF	QUEENS	<u>COUNTY,</u>	NEW YO	RK.
				·-···				
					 			
					··· -	··		
			<u></u>					
								
4b	(Code:) (Expenses \$	includi	ng grants of \$) (Revenue \$)
			 					
								
							_	
						··· <u> </u>		
		<u> </u>						
					<u> </u>		·····	
-	(Code:) (Expenses \$	in all and	ing grants of \$) (Ravenue \$	 _	
46	(CODE:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-) (maveing \$		
							.	
							· 	
		49 11 - 40						
4d	Other program services. (Expenses \$	(Describe in Schedule O.) including gra) (Reven	ue \$			
40	Total program service		201,162.					PD ranna

	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	-	1	X	
	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
2	Old the organization engage in direct or indirect political campaign activities on bohalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X.	
4	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
U	provide advice on the distribution or investment of amounts in such lunds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	l	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		Γ	
•	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 term, permanent, or quasi-endowments?	Ť	ļ —	<u> </u>
טו	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable	11	l x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			İ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Oid 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.			
•	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		1	
	Part X, line 167 if "Yes," complete Schedule D, Part IX.	l	1	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.]	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	ļ l	1	
12	Did the organization obtain separate, independent audited financial statements for the lax year? If "Yes," complete	l]	
	Schedule D. Parts XI, XII, and XIII	12	X	<u> </u>
128	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1	ŀ	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
143	Did the organization maintain an office, employees, or agents outside of the United States?	148		X
b	Old the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		l	١
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ĺ		
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ĺ	
	column (A), knes 6 and 11e? If "Yes," complete Schedule G, Part I	17	₩	X
18	Oid the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	l		۱
40	1c and 8s? If "Yes," complete Schedule G, Part II	18	 	X
10	Did the diganization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schodule G, Part III			x
20_	Dtd the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		Ŷ
	The state of the s		990 (

Pa	tiv Checklist of Required Schedules (continued)			_
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	.		
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			u,
	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 tormer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		
	Schedule J	23	X	
240	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete			۱.,
	Schedule K. II "No", go to line 25	243	$\vdash \vdash$	X
b		24b	 -	├
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			[
	any tax-exempt bonds?	24c	<u> </u>	Ь—
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		!	ı
	disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>	igsqcurve	X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	\	[ł
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Was a toan to or by a current or former officer, director, frustee, key employee, highly compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u></u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		'	1
	contributor, or a grant selection committee member, or to a person related to such an individual? # "Yes," complete			ı
	Schedule L. Part III	27	<u> </u>	x
28	Was the organization a party to a business transaction with one of the following parties, [see Schedule L. Part IV	\Box		
	instructions for applicable filing thresholds, conditions, and exceptions)	i '		Į į
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	289	<u> </u>	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, Inustee, 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?			Г
	Il "Yes," complete Schedule N, Part I	31		X
32	Old the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 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, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-		
	If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			 ''-
	If "Vas." complete Schadule B. Part V. tine 2	36	x	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- ~-		\vdash
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Oid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	 	$\vdash \vdash \vdash$	
	Note, All Form 990 filers are required to complete Schedule O.	38	x	1
			990 n	2006)

			Yes	No
•-	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
10	US Information Returns. Enter -0 if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -O if not applicable 1b 0			
	Oid the organization comply with backup withholding rules for reportable payments to vendors and reportable garning		•	
٠	(gambling) winnings to prize winners?	tc		
2.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	!	1	
40	lited for the calendar year ending with or within the year covered by this return 2a 2187			1
	If at least one is reported on line 2a, did the organization life all required federal employment tax returns?	2b	X	<u> </u>
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1
3-	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3а	<u> </u>	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	36	X	
40	At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a	_		
75	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		X
	If "Yes," enter the name of the foreign country:			1
٠	See the instructions for exceptions and filing requirements for Form 1D F 90 22.1, Report of Foreign Bank and			ļ
	Financial Accounts.		l	
6a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	II "Yes." to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Pichibited			
•	Tax Sheller Transaction?	5c]	<u> </u>
6a	Opes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			П
••	any contributions that were not tax deductible?	<u>6a</u>		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b	<u> </u>	
,	Organizations that may receive deductible contributions under section 170(c).		}	
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
·	provided to the payor?	7a	ı	Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required		1	
	to file Form 8282?	7¢		X
đ	ff "Yes," indicate the number of Forms 8282 Med during the year			
ŧ	Old the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	j .	<u> </u>
	Old the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	I	
g	For all contributions of qualitied intellectual property, did the organization file Form 8899 as required?	79	Π]
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a denor advised fund maintained by a sponsoring organization, have excess business heldings			1
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			F
Э	Did the organization make any taxable distributions under section 4965?	9a	ļ	l .
b	Old the organization make a distribution to a donor, donor advisor, or related person?	9 b		I
10	Section 501(c)(7) organizations. Enter:			\Box
8	Initiation fees and capital contributions included on Part VIII, line 12		l	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 105		1	ľ
11	Section 501(c)(12) organizations, Enter:			1
0	Gross income from members or shareholders			1
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		1	1
	amounts due or received from them.)		[I
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		—
b	Il "Yes," enter the amount of tax-exempt interest received or accrued during the year 125		ا	Щ.
		Form	990	(2009)

Form 990 (2009)

LAWRENCE M. GABEL - 718-990-0864

<u>89-11 MERRICK BLVD., JAMAICA, NY</u>

11432-5242

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

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

ta Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co (A)	(B)	(C) Position						(O)	(E)	(F)
Name and Trile	Average	٠.,						Reportable compensation	Reportable compensation	Estimated amount of
	hours per	<u> </u>	nec:	(am)	INBI	арр	<u>'y)</u>	trom	from related	other
	week	mendest britts on deserte	Segülüleniğ maske	Oriter	Ley employee	Habest compositiod employee	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JACQUELINE E. ARRINGTON		-	-			-				
BOARD OF TRUSTEES MEMBER	1.00	X	L	X	_	_			0.	0.
JUDY E. BERGTRAUM, ESQ.	·		1		1			1	ļ	
BOARD OF TRUSTEES MEMBER	1.00	X	<u> </u>		匚			0.	0.	0.
LEONARD T. D'AMICO		ŀ			•	l				
BOARD OF TRUSTEES MEMBER	1.00	X		_	<u> </u>			0.	0.	0.
JOSEPH R. FICALORA		l		l		1		_	_ :	
BOARD OF TRUSTEES MEMBER	1,00	<u>X</u>	<u> </u>	X	<u>. </u>	ļ	_	0.	0,	0.
PATRICIA FLYNN							İ	l ,		_
BOARD OF TRUSTEES MEMBER	1.00	X	┝	 	⊢	 	⊢	0.	0.	0.
WILLIAM JEFFERSON			ĺ		ĺ			۱ ,		_ ا
BOARD OF TRUSTEES MEMBER TERRI C. MANGINO	1.00	X	⊢	H	┝	\vdash	┝	0.	0.	0.
BOARD OF TRUSTEES MEMBER	1.00	Į,			L		Ī	٥.	о.	
MARY ANN MATTONE	1.00	1	┢				-			0.
BOARD OF TRUSTEES MEMBER	1.00	x		x	1			ا 0.	о.	0.
JOEL A. MIELE, SR., P.E.	1.00	╇	\vdash	^	┢	┢	┪		 	
BOARD OF TRUSTEES MEMBER	1.00	x						l o.	о.	<u>o</u> .
GEORGE L. STAMATIADES	2.00	 	Н		Н			,		<u></u>
BOARD OF TRUSTEES MEMBER	1.00	х	l					l o.	0.	0.
EDWARD SADOWSKY, ESQ.	.=		<u> </u>		_					
BOARD OF TRUSTEES MEMBER	1.00	x	l					0.	0.1	0.
GRACE LAWRENCE			\Box							
BOARD OF TRUSTEES MEMBER	1.00	X	l				i	0.	0.	0.
ANA LOPEZ				ĺ						
BOARD OF TRUSTEES MEMBER	1.00	X		X	_		Ļ	0.	0.	0.
MATTHEW M. GORTON								l _		
BOARD OF TRUSTEES MEMBER	1.00	X	<u> </u>		<u> </u>	<u> </u>	_	0.	0,	0,
LILLIAN GAVIN			ŀ	Ι,		١.			ا ۾	_
BOARD OF TRUSTEES MEMBER ERNEST F. HART, ESQ.	1.00	٨		\vdash	\vdash	Н	_	0.	0.	0,
BOARD OF TRUSTEES MEMBER	1.00	y						٥.	o.	0,
GABRIEL TAUSSIG, ESQ.		^	\vdash	Н	┢	 -	_	-	<u> </u>	<u></u> ,
BOARD OF TRUSTEES MEMBER	1.00	x	L						0.	0.
912007 07-04-10					_					Form 990 (2009)

No

Form 990 (2009) THE QUEEN	S BOKOL	161		ŲĐ	101		<u> </u>	C	nes (continued)	
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week		(C) Posnio (check all tha		lion hat	at apply)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable campensation tram related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SAMI Y NAIM ESQ BOARD OF TRUSTEES MEMBER	1.00	x			_			0.	0.	0.
THOMAS W. GALANTE DIRECTOR	40.00				X	L		450,465.	0.	41.577.
MAUREEN O'CONNOR CHIEF OPERATING OFFICER	40.00				X	L	<u> </u>	218,409.	0.	22,921.
LISA EPPS CHIEF INFORMATION OFFICE	40.00				x		_	156,098.	0.	16,981.
DARLENE ROBINSON EXECUTIVE AGENCY COUNSEL	40.00				x		_	186,983.	0.	20,753.
JAMES VAN BRAMER CHIEF EXTERNAL AFFAIRS O	40.00		L		X		L	175,791.	0.	19,981.
ANGELICA HUYNH RIVERA CHIEF HR OFFICER	40.00		_		x		_	168,837.	0.	21,213.
PETER MAGNANI DIRECTOR CPM	40.00		L	Ĺ	x		_	166,094.	0.	12,755.
JAMES KELLAR DIR OF MARKETING	40.00				x	<u> </u>		155,419.	0.	26,000.
DIANA CHAPIN EXEC DIR OLF	40.00				X			151,866.		
1b Total	, 175 . 1844 11 4					>		2,467,447.		287,240.

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

3 Cid the organization list any former officer, director or trustee, key employee, or highest compensated employee on fine 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
JMK CONSTRUCTION GROUP LTD		
1123 BROADWAY, NEW YORK, NY 10010	CONSTRUCTION MGMT_	2,781,135.
FJC SECURITY SERVICES, INC.		
275 JERICHO TURNPIKE, FLORAL PARK, NY 11001	SECURITY SERVICES	829,495.
VTLS		
1701 KRAFT DRIVE, BLACKSBURG, VA 240606350	SOFTWARE DEVELOPMENT	730,114.
RP COOLING CORP		
· · · · · · · · · · · · · · · · · · ·	HVAC MAINTENANCE	418,074.
UNIQUE MANAGEMENT SERVICE, INC	L	
119 EAST MAPLE ST. JEFFERSONVILLE, IN 47130		<u> 308,434.</u>
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization > 5		
SEE SCHEDULE J-2 FOR PART VII. SECTION	A CONTINUATION	Form 990 (2009)

					ROUGH PU	<u>BLIC LIBRA</u>	RY I	11-1304	464 Pages
Pa	<u>rt '</u>	VIX	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Reverue excluded from tax under sections 512. 513, or 514
Contributions, gifts, grants and other similar smounts	1	b c d e f	Federated campaigns Membership dues Fundralsing events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor	tions) te 9	927,763.				
SE		-	Total, Add lines 1a-11		.,	951878 <u>47</u> .			
		ъ Б	FINES AND PEES		Business Code 900099	2,935,949.	2,935,949.		
Program Servica Revenue		d							
Š		•	Art			 	 		-
٠,		•	All other program service revo		<u> </u>	2.935.949.			
	3		Totel, Add lines 2e-2f Investment income (including other similar amounts)	dividends, inler	est, and	671,160.		<u>.</u>	671,160.
ļ	4		Income from investment of ta	x-exempt band (proceeds 🕨		<u> </u>		
	5	•	Royalties		<u></u>		ļ	 -	
	6	.	Gross Rents	(i) Real	(ii) Personal			ļ	
		_	Rental income or (loss)			1	1		
		-	Net rental income or (loss)			1			
	7	a	Gross amount from sales of	(i) Securities	(ii) Other	,	1		
			assets other than inventory	6560876]			
- 1		ь	Less: cost or other basis						
			and sates expenses	5614855					
			Gain or (loss)	946,021					
			Net gain or (loss)	•	. <u>, </u>	946,021.			946,021.
Other Revenue	8	a	Gross income from fundraisin including \$	of					
€			Part IV, line 16	•	1	1			
ŝ		b	Less: direct expenses		,	1			
0			Net income or (loss) from lune		>	l	<u>]</u>		
	8	8	Gross income from garning ar	ctivities. See					
			Part IV, line 19						
ļ			Less: direct expenses		L	l			
			Net income or (loss) from gam		· <u>······</u>	[
	10		Gross sales of inventory, less and allowances	,					
J			Less: cost of goods sold Net income or (loss) from sale			ł			
ŀ	_	Ģ	Miscellaneous Revenu		Business Code		 		
ţ	11	8	VENDOR SETTLEME				1,000,232.		
			USED BOOK SALES		900099	335,260.			
I			GIFT SHOP SALES		453220	21,783.		21,783.	
]		_							
- 1		•	Total, Add lines 11a-11d			<u>1,357,275.</u>			4.6.5.
63200	12		Total revenue. See instructions.		<u></u>	<u> 401098252.</u>	4.271,441.	21,783.	
07-04			•						Form 990 (2009)

| Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must come				
	not include amounts reported on lines 6b, 8b, 8b, and 10b of Parl VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(O) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2				<u> </u>	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	\			
	See Part IV, lines 15 and 16		<u> </u>		<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,544,931.		2,544,931.	
6	Compensation not included above, to disqualified	;	1		
	persons (as defined under section 4958(I)(1)) and				
	persons described in Section 4958(c)(3)(8)	64 600 704	50 202 000	4 204 000	
7	Other salaries and wages	54,688,724.	50,303 <u>,902.</u>	4,384,822.	
В	Pension plan contributions (include section 401(k)		2 047 066	125 204	
	and section 403(b) employer contributions)	4,122,790,		175,724.	
9	Other employee benefits	14,044,224.		1,084,214.	
10	Payroli taxes	4,278,438.	3,822,755.	455,683.	
11	Fees for services (non-employees):				
•	Management				
b	Legal	414,648.		414,024.	
C	Accounting	70,000.		70,000.	<u> </u>
đ		82,101.		82,101.	
ę	Professional fundiaising services. See Part IV, line 17				
f	Investment management fees	90,537.		90,537.	
9	Other	160 022	5 250	157 510	
12	Advertising and promotion	162,877.		157,518.	
13	Office expenses	1,971,835.	1,213,186. 976,500.	758,649. 443,218.	
14	Information technology		370,300.	443,410.	
15	Royalties	1,046,229.	1,046,229.		
16	Occupancy	76,721,	60,806.	15,915.	
17	Payments of travel or entertainment expenses	10,121,	00,000.	19,313.	
18					
	for any federal, state, or local public officials	268,653.	143,495.	125,158.	
19	Conferences, conventions, and meetings	200,053.	143,433,	123,130.	····
20	Interest				
21	Payments to affiliates Depreciation, deptetion, and amortization	2,214,116.	2,146,580.	67,536.	· -
22 ~~	•	348,063.	2,140,580.	348,063.	
23	Other expenses, liemize expenses not covered	340,003.		348,063.	
24	above. (Expenses, nentre expenses not covered above. (Expenses grouped together and labeled miscelaneous may not exceed 5% of total expenses shown on line 25 below.)				
*	BOOKS, LIBRARY MATERIAL	6,821,126.	6,821,126.		
ь	CONTRACTUAL	3,360,202.	2,519,591.	840,611.	
c	OFFICE EXPENSE - TELEPH	1,666,726.	1,472,224.	194,502.	
d	EQUIPMENT RENTAL AND MA	1,383,279.	1,246,695.	136,584.	
	PROGRAMS	332,049.	329,241.	2,808.	
t	All other expenses	467,417.	185,773.	281,644.	
<u> 25</u>		101,875,404.	89,201,162.	12,674,242.	0
26	- · · · · · · · · · · · · · · · · · · ·				
	SOP 98-2. Complete this line only if the organization		i		
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation	<u> </u>			Form 990 (2009

	Balance Sheet	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		ī	
2	Savings and temporary cash investments	77,016,548.	2	46,679,941
3	Pledges and grants receivable, net	8.929.149.		11,160,457
ا ا	Accounts receivable, net	41,664.	4	251,505
5	Receivables from current and former officers, directors, trustees, key		ΙI	
`	amployees, and highest compensated employees. Complete Part II		ΙI	
ĺ	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	1]	
	4958(N1)) and persons described in section 4958(c)(3)(B). Complete		1	
1	Part II of Schedule L		6	
7	Notes and loans receivable, net	5,308,478.	7	5,812,464
a	Inventories for sale or use	20,290.		9,897
9	Prepaid expenses and deferred charges	565,152.	9	509,607
) -	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 36, 220, 3	20.		
۱ ь	Less: accumulated depreciation 10b 9,479,4	78. 22,620,504.	10c	<u>26,740,843</u>
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 31	15,765,009.	12	13,829,80
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	:: : : : : : : : : : : : : : : : : : :	14	
15	Other assets. See Part IV, line 11	4,585,747.	15	15,629,03
18	Total assets, Add lines 1 through 15 (must equal line 34)	134,852,541	16	120,623,54
17	Accounts payable and accrued expenses	2,893,052	17	3,312,75
18	Grants payable		18	
19	Delerred revenue	74,276,741.	19	48,390,36
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees			
	highest compensated employees, and disqualified persons. Complete Part			
i	of Schedule L	<u>}</u>	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. Complete Part X of Schedule D	18,132,838	26	26,337,183
26	Total liabilities, Add lines 17 through 25	95,302,631	26	78.040.30
T	Organizations that follow SFAS 117, check here	i i		-
	lines 27 through 29, and lines 33 and 34.	ľ		
27	Unrestricted net assets	29,241,320	27	27,288,994
28	Temporarily restricted net assets			15,294,24
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here		1	
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	Ì
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other tunds		32	
	Total net assets or fund balances			42,583,238
33				

Form	990 (2009) THE OUEENS BOROUGH PUBLIC LIBRARY 11-190	<u>4262</u>	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual C Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1 1		l
23	Were the organization's financial statements compiled or reviewed by an independent accountant?	20		X
ь	Were the organization's financial statements audited by an independent accountant?	26	X	
c	If "Yes" to line 2s or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.			
_	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
ø	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1 1		
	consolidated basis, separate basis, or both:	1 1		
	Separate basis X Consolidated basis Both consolidated and separate basis	[]		1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1 1		l
	Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	36	X	
		Form	990 (2009)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open to Public Inspection

Name of the organization

mus OURSING ROBOUGH PUBLIC LIBRARY 11-1904262

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	si complet	e this parl	.) See inst	ructions.		<u> </u>		
			because it is: (For lines 1					_		_		
1			s, or association of churc									
2 🗖			/ <mark>О(b)(1)(A)(ii).</mark> (Altach Sc									
3 🗀			ital service organization (170(6)(1)(A)(iii).					
₄⊟	A medical rea	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	iiiKA](r Hd)). Enter ti	ne hospital	s nam	18,
	city, and stat											
5 🗀	An organizati	ent tot belerage noi	benefit of a college or ur	niversity o	wned or op	erated by	a governi	mental unii	describe	in bi		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗆			ent or governmental uni	l describe	d in sectio	n 170(b)(1](A)(v).					
7 👿			eives a substantial part					r from the	general p	oast pilduk	i bedir	n
	section 170	b)(1)(A)(vi). (Comple	ete Part II.)									
* 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 t	1/3% of its	support f	rom contri	butions, n	nembershij	rees, an	d gross re	eipls:	trom
	activities rela	ted to its exempt for	nctions · subject to centa	in except	ions, and (?) no more	than 33 1	1/3% of its	support	from gress	invest	Inemi
	income and (inrelated business t	axable income (less seci	lion 511 18	x) from bu	sinesses a	cquired b	y the orga	nizalion a	ifter June 3	0, 197	75.
	See section	509(a)(2). (Complete	e Pari III.)									
10 🗀	An organizati	ion organized and o _l	perated exclusively to le	si ioi publ	ic salety. S	iee sectic	n 509(a)(4	1).				
11 🔲	An organizati	ion organized and o	perated exclusively for It	ne benefit	of, to perfo	em the fu	nctions of,	or to carry	out the	purposes c	I one	OI
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or sectio	vn 509(a)(2	?). See sec	tion 509(a	a)(3). Che	ck the box	thal	
	describes the	e type of supporti <u>ng</u>	duas pur usitaziosero									
_	a Type				e III - Func	•	•			Type III - (
e 🔲	•	-	at the organization is not		-							
			han one or more publicly						(a)(1) or s	section 508	(a)(2).	
1	If the organiz	ation received a writ	lten determination from l	ihe IRS (h	at it is a Ty	pe I, Type	il, or Type) []]				_
		rganization, check tl										. Ш
9			organization accepted ar									
	(i) A perso	n who directly or ind	livectly controls, either at	one or tog	ether with	persons o	lescribed	in (ë) and (i	ii) below.		Yes	No
	the gove	erning body of the s	upported organization?				,			11g(i)	<u> </u>	↓
		-	n described in (i) above?							11g(li)		
	(iii) A 35% (controlled entity of a	person described in (i) o	vode (ii) lo	e?	4			*******	. 11g(ii)		<u> </u>
h	Provide the I	ollowing information	about the supported or	ganization	(5).							
		·	1 4700 7 1	,		 -			<u></u>			
(i) Name	of supported	(16) EIN	lo aqui (iii) organization		nganization			LOLOZOIZAUC	in in col. I	(vii) An	O MUDH	ıl
Ot Os	nization				sted in your document?		ion in cal, support?	(i) organiz U.S.	ed in the	sup	por1	
		İ	SDOAG OLIHA ZECHOU	—								
	·		(see Instructions))	Yes	No	Yes	No	Yes	No			
				1								
			 -	 			-					
							1					
			<u> </u>	 	 	···						
				†				ļ				
			 	-	 		 					—
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			 -	 	 		 	 	 			
Total			1		l							
Total	rivacy Act on	d Paneryork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	o A (Fern	n 990 ar 99	0.F71	2000

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 THE OUEENS BOROUGH PUBLIC LIBRARY 11-1904262 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

_	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)			•	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and				1		
	membership fees received. (Do not						1
	include any "unusual grants.")	84801576.	<u>88789281.</u>	<u>98008760.</u>	10156 <u>9</u> 129	<u>95187847.</u>	<u>468356593</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	İ					l .
	the organization without charge	<u>16162893.</u>	<u> 16853246.</u>	<u>17181978.</u>	<u> 19998227.</u>	<u> 19966255.</u>	<u>90162599.</u>
4	Total. Add lines 1 through 3	100964469	<u> 105642527</u>	<u> 115190738</u>	121567356	115154102	<u>558519192</u>
5	The portion of total contributions	1			•		
	by each person (other than a	1			1	1	}
	governmental unit or publicly						ļ
	supported organization) included	1			}		
	on line 1 that exceeds 2% of the	}					
	amount shown on line 11,	\					
	column (f)						
_6	Public support, Subtract line 5 bom one 4.	<u> </u>		L	<u> </u>		558519192
_	ction B. Total Support	•					
	endar year (or liscal year beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	100964469	105642527	115190738	121567356	115154102	<u>558519192</u>
8	Gross income from interest,	1			ł		ł
	dividends, payments received on			•	•		
	securities loans, rents, royalties	2022264	0450005	2256022	021 640	622 160	0022040
_	and income from similar sources	2011364.	2423002.	2/56993.	971,640.	0/1,100.	8871042.
Ð	Net income from unrelated business				ł		
	activities, whether or not the		8,001.		11,990.		10 001
	business is regularly carried on		8,001.		11,330.		19.991.
10	Other income. Oo not include gain	!			F		
	or loss from the sale of capital assets (Explain in Part IV.)	39,947.	46,735.	22 674	138.312.	1257275	1615143.
	Total support. Add lines 7 through 10	39.347,	40,/33.	36,674.	130.312.		569025368
	Gross receipts from related activities	eta Jana iseta eti		<u> </u>	<u> </u>		,711,306.
12	First five years, if the Form 990 is to	•	• ••••••	d fough as fifth to			, /11,300.
13	organization, check this box and stor	-	·	•	•	u so ifejíaj	▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage		***************************************		,
	Public support percentage for 2009 ((M omido		14	98.15 %
	Public support percentage from 2008		•				98.81 %
	33 1/3% support test - 2009.If the o						
,44	stop here. The organization qualifies						
ь	33 1/3% support test - 2008.If the c						
_	and stop here. The organization qual	•		•	-		
17a	10% -facts-and-circumstances tes						
	and if the organization meets the *fac	•					
	meets the "facts and circumstances"						
þ	10% -facts-and-circumstances tes						
	more, and if the organization meets ti	. •			· · · · · · · · · · · · · · · · · · ·	*.	
	organization meets the *facts-and-circ	cumstances* test.	The organization o	jualifies as a public	cly supported orga	nization	
18	Private foundation, if the organization	n did not check a	<u>box on line 13, 16</u>	a. 16b. 17a. or 17t	o, check this box a	nd see instruction	<u>s</u>
					Sche	dule A (Form 990	or 990-EZ) 2009

Page 3 Schedule A (Form 990 or 990-62) 2009 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only it you checked the box on line 9 of Part I. Section A. Public Support (b) 2006 (c) 2<u>007</u> (4) 200B (e) 2009 (f) Total (a) 2005 Catendar year (or tiscal year beginning in) 1 Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the ezogrug Igmexe-xet a'noitssinsgro 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organvation's benefit and either paid to or expended on its behalf 5 The value of services or facilities hanished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on knes 2 and 3 received hom other than discustiond persons that exceed the grouter of \$9,000 or 196 of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Sepante Amental 6) Section B. Total Support Cotendar year (or liscal year beginning in) (a) 2005 (b) 200<u>6</u> (c) 2007 (d) 2008 (e) 2009 (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 ... Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add fines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add knos 9, 10c, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 16 Investment income percentage from 2006 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation, if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete it the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

	es," to Form 990, Part IV, tine 5 (Pre)	ry Tax), then		
	ganizations: Complete Part III.	 	T E	mployer identification number
Name of organization	QUEENS BOROUGH PUBL	TO LIBRARY		11-1904262
Part I-A Complete if the	ne organization is exempt uno	der section 501(c	or is a section 52	7 organization.
	organization's direct and indirect politic			
2 Political expenditures				▶ \$
3 Volunteer hours				-
.,.				
Part I-B Complete if the	ne organization is exempt und	der section 501(c)(3).	
1 Enter the amount of any exc	ise lax incurred by the diganization wi	der section 4955		▶ \$
2 Enter the amount of any exc	ise tax incurred by organization manag	pers under section 495	i5	▶\$
3 If the organization incurred a	a section 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a correction made?				Yes L No
bit "Yes," describe in Part IV.			3	044-1401
	ne organization is exempt un	·		
- ·	pended by the filing organization for so	•		► \$
	g organization's lunds contributed to o	ther organizations for	section 527	
exempt function activities				► 8 <u></u>
• • • • • • • • • • • • • • • • • • • •	nditures Add lines 1 and 2 Enter here:	and on Form 1120-PO	L,	
ine 17b	Farm 4400 BOL for this 1-1-2			Yes No
	9 Form 1120-POL for this year? : and employer identification number (E	The of all excline £97 a		
	, enter the amount paid from the filing (•	-	
•	city delivered to a separate political org			•
, , ,	needed, provide information in Part IV.	•		
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
	10,7-11-11-1	1 ,-,	filing organization	's contributions received and
			funds. If none, enter	O. promptly and directly delivered to a separate
				political organization.
•				II none, enter -0
				
	ŀ	1		
		-		-
		1		

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

Schedule C (Form 990 or 990-EZ) 2009

037041 02-04-10

	OUEENS	BOROUGH PU	BLIC LIBRARY	11-1 d Form 5768	1904262 Page 2
Part II-A Complete if the organization	U4 <i>VI)</i> NDU 12 6Y61	tiht aliael sectio	in oarlollal area		
(election under section 5					
A Check 🕨 🔲 if the filing organization beli	ongs to an alli	kaled group.	avissos soots		
B Check > if the filing organization che	icked box A ar	AG _muriso counter bu	OVISIONS SUPRY	(a) Filing	(b) Affiliated group
Limits on Lo (The term "expenditures"	obbying Exper ' means amou	nditures Ints paid or incurred	.)	organization's totals	totals
1a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)			
b Total tobbying expenditures to influence a	legislatīve bod	dy (direct lobbying)			 -
c Total lobbying expenditures (add lines 1a	and 16)				
d Other exempt purpose expenditures	,				
e Total exempt purpose expenditures (add t				 -	
1 Lobbying nontaxable amount. Enter the a	mount from th	e lollowing table in bo	th columns.		<u> </u>
If the amount on line 1e, column (a) or (b) is:	The lot	bying nontaxable on	nount is:		
Not over \$500,000		the amount on line 10			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the ex	cess over \$500,000		İ
Over \$1,000,000 but not over \$1,500,000	\$175,00	30 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,00	0 \$225,00	30 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
Subtract line 11 from line 1c. If zero or less Hithere is an amount other than zero on elementing section 4913 tax for this year?	ither line 1h or 4-Year Av	eraging Period Unde	r Section 501(h)		Yes No
			on do not have to comp les 2a through 21 on pa		
			ear Averaging Period		
Calendar year (or liscal year beginning in)	a) 2008	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount				=	
b Lobbying ceiling amount (150% of line 2a, column(e))				·	
c Total lobbying expenditures					
d Giassioots nontaxable amount			<u> </u>		
e Grassroots ceiting amount (150% of line 2d, column (e))					
4. Gracesaste tabbuna aynandibuae					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 THE OUEENS BOROUGH PUBLIC LIBRARY 11-1904262 Page 3

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

[election under section 501(h)].

	<u></u>	<u>a}</u>	_	(b)	
	Yes	No		Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local tegislation, including any attempt to influence public opinion on a legislative matter]			
or referendum, through the use of:	1		1		
a Volunteers?		X	_		
b Paid staff or management (include compensation in expenses reported on lines 1c through 19?		<u> </u>	_		
c Media advertisements?	<u> </u>	X	_		
d Mailings to members, legislators, or the public?		<u> </u>	_		
e Publications, or published or broadcast statements?		X	_		
Grants to other organizations for lobbying purposes?	<u> </u>	X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	 	_	76.0	63
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>	_		
i Other activities? If "Yes," describe in Part IV	X	<u> </u>		6,0	
j Total, Add lines 1c through 1:		<u> </u>		82,1	<u>. 0:</u>
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>			
b If "Yes," enter the amount of any tax incurred under section 4912		i	<u> </u>		
c II "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u> </u>	<u> </u>			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(5), or	section	1	
			Ye	6 (
					No
Were substantially all (90% or more) dues received nondeductible by members?		. L	1 L		No
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No —
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Prior year?	ion 501(c)(5), or	section		No —
2 Did the organization make only in-house lobbying expenditures of \$2,000 or lass? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pi "Yes."	ion 501(c)(5), or	section		<u>No</u>
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Schedule D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury

➤ Attach to Form 890. ➤ See separate Instructions.

MINN	Response Service	11 0000 P OCC 0C					
	e of the organization THE OTERNS BOROUGE	H_PUBLIC_	LIBRARY			r Identification	262
Pa		ed Funds or	Other Similar Fund	ls or A	ccounts	- Complete if I	he
	organization answered "Yes" to Form 990, Part IV, in	ne 6.					
		(a) Dono	advised lunds	η) Funds a	nd other accor	ınts
1	Total number at end of year	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)	<u> </u>					
4	Aggregate value at end of year	L		!			
5	Did the organization inform all donors and donor advisors in	n writing that the a	assets hald in donor adv	used tuni	18		_
	are the organization's property, subject to the organization'					L Yes	L_J No
6	Did the organization inform all grantees, donors, and donor						
	for charitable purposes and not for the benefit of the denot	or donor advisor	or lor any other purpos	e conter	ing	_	
	impermissible private benefit?					Yes	No.
Pa				Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organiza	ation (check all th					
	Preservation of land for public use (e.g., recreation or	pleasure)	Preservation of an h		•		
	Protection of natural habitat	L	Preservation of a ce	rified his	storic slive	lure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization field a qua	Lilied conservatio	n contribution in the lorr	n ol a co	nservation	easement on	the last
	day of the tax year.						
					Heli	d at the End of t	<u>he Tax Year</u>
0	Total number of conservation easements				29		
ь	Total acreage restricted by conservation easements				2b		
e	Number of conservation easements on a certified historic s	Injeture included	n (3)		2c		
đ	Number of conservation easements included in (c) acquired				2d		
3	Number of conservation easements modified, transferred,	released, extingui	shed, or terminated by t	he organ	izalion du	ing the tax	
	year >						
4	Number of states where property subject to conservation e						
5	Does the organization have a written policy regarding the p		j, inspection, handling o	rt .			_
	violations, and enforcement of the conservation easements	-				L Yes	LLI No
6	Stall and volunteer hours devoted to monitoring, inspecting			-			
7	Amount of expenses incurred in monitoring, inspecting, an						-
8	Does each conservation easement reported on line 2(d) ab	ove salisty the rei	Institute of section 13	(U(h)(4)(B)(0) .•	—	٠
_					·	Yes Land	L No
9	to Pan XIV, describe how the organization reports conserva						
	include, if applicable, the text of the footnote to the organiz	alion's Imancial s	lalements that describe	2 IJAS OLĞ	anization's	s accounting to)1
Da	t III Organizations Maintaining Collections	ad Aus Missaul	and Transverse and	Other	Similar /	lanata .	
- 0	Complete if the organization enswered "Yes" to for	•	•	Other :	olillingi y	455615.	
—	Compare is the Olyanization allianded 163 (O FOR	111 930, 1-811 19, 181					
•-	If the averagitation elected, as assembled under CEAC 115	at to report — its		hala	-b-001		فمدا
10	If the organization elected, as permitted under SFAS 116, r						
	treasures, or other similar assets held for public exhibition,		aich in ionnerance oi p	iuonc ser	vice, provi	de, in Part XIV	, the lext of
	the footnote to its financial statements that describes these			•		4	•
ь	If the organization elected, as permitted under SFAS 116, to	•					
	or other similar assets held for public exhibition, education, these dems:	A tesearch in thi	misiance or books sqrv	cs, piovi	ug ung IO((C	wing amount	ाक्ष्राप्रका
	(i) Revenues included in Form 990, Part VIII, fine 1				. .		
				• •	[]		
2	If the organization received or held works of art, historical tr						-
-	the following amounts required to be reported under SFAS			Atmit	J-10-100		
a	Communication of Committee	•			▶ \$_		
_	Assats included in Form ORA Part Y						
-							

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

Sche	dule D (Form 990) 2009 THE QUE	ENS BOROUG	H PUBLIC	LIBRARY			1904262	
-	t III Organizations Maintaining C	collections of A	rt, Historical 1	reasures, c	r Other	Similar A	sets (continued	<u> </u>
3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e tollowing tha	1 are a sig	nificant use o	l its collection iter	ms.
	(check all that apply)							
٥	Public exhibition	d		xchange propra				
ь	Scholarly research	e	() Other					
c	Preservation for future generations							
4	Provide a description of the organization's c						Parl XIV	
5	During the year, did the organization solicit of				er simitar e	155015		_
_	to be sold to raise lunds rather than to be m						lYes	No
Par	t IV Escrow and Custodial Arran	_	ete il organization	answered "Yes	s" to Form	990, Part IV.	line 9, or	
	reported an amount on Form 990, Pa						 -	
10	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributi	ons or other as	isels nol ii	ncluded	<u> </u>	-
	on Form 990, Part X7						L Yes	No
Þ	If "Yes," explain the arrangement in Part XIV	and complete the lo	dowing table:				 	
						 	Amount	
¢	Beginning balance					1¢		
d	Additions during the year					<u> 1d.</u>		
e	Distributions during the year							
t	Ending balance				•	11		
	Oid the organization include an amount on F		217				L Yes	No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete	il the organization an						
		(a) Current year	(b) Prior year	(c) Two yea	is back (e	Three years	Dack (e) Four year	s back
to	Beginning of year balance	5,891,111.					_ .	
þ	Contributions	105,188.						
¢	Net investment earnings, gains, and tosses	23,000.						
d	Grants or scholarships			<u> </u>				
¢	Other expenditures for facilities	•						
	and programs					1-1		
f	Administrative expenses						_	
9	•	<u>6.019.299.</u>	<u></u>	_Ŀ				
2	Provide the estimated percentage of the year	or end balance held a	is:					
a	Board designated or quasi-endowment		_%					
ь	Permanent endowment ► 100.00	%						
¢	· · · · · · · · · · · · · · · · · · ·	%						
35	Are there endowment funds not in the possi	ession of the organiz	ation that are hek	l and administe	red for the	e olganization		,
	by:							No
	(i) unrelated organizations				*****	******	3a(i)	<u>X</u>
	(ii) related organizations			******			3s(ii)	<u> </u>
þ	If "Yes" to 3a(ii), are the related organization	_				*****	35	<u>.l</u>
-4	Describe in Part XIV the intended uses of the			00 0				
Par								_—
	Description of investment	(a) Cost or o		st or other		cumulated	(d) Book val	ne
	 	basis (investr	nent) Das	is (other)	gepr	reciation		
	Land	<u> </u>				4 4 4 4 4 4 4 4		
Þ	Buildings			91.478.		<u>14.480</u> .	21,576.9	
	Leasehold improvements	<u> </u>		54.900.		<u>65,233.</u>	789.0	
	Equipment			10,751.	_	<u>58,714.</u>	2.752.0	<u>037.</u>
	Other			63,191.	2.1	<u>41,051.</u>	1,622.3	<u> 140.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	kuusi Form 990. Part	X. cokumo (8). lini	: 10(c).)			1 26.740.8	542.

Schedule D (Form 990) 2009 THE QUEENS Part VIII Investments - Other Securities. Se	BOROUGH PUI	BLIC LIBRARY me 12.	11	<u>-1904262</u>	Page 3
(a) Description of security or category (including name of security)	(b) Book value	-	(c) Method of valua st or end-of-year mar		
		 _			
Financial derivatives				-	
Closely-held equity interests Other	 -			***************************************	
CERTIFICATE OF DEPOSIT	1,114,2	95. END-OF-Y	EAR MARKET	VALUE	
LONG TERM INVESTMENTS	12,715,50		EAR MARKET		
2010 12121 111 20112112					
			·····		
	13 000 0				· • · · · · · · · · · · · · · · · · · ·
Total. (Cot(b) must equal form 990, Part X, cot (B) line 12.)	13,829.8			_	
Part VIII Investments - Program Related. S	ee Form 990, Part X,	Ine 13.	John Marthad of John		
(a) Description of investment type	(b) Book value	c	(c) Method of value st or end-of-year mar		
				·	
			·····		-
					_
Total: (Col (b) must equal form 990, Part X, col (8) line 13.)			·.		
Part IX Other Assets. See Form 990, Part X, line					
	Description			(b) Book vi	lue
SECURITY DEPOSITS					.667.
INTERFUND BORROWINGS				15,603	.364.
···					<u>-</u> ,
		···			
Total, (Column (b) must equal Form 990, Part X, col (B) line		.· <u>. ·· · · · · · · · · · · · · · · · · </u>		15,629	<u>.031.</u>
Part X Other Liabilities. See Form 990, Pan X.	tine 25.				
1. (a) Description of liability		(b) Amount			
federal income laxes					
COMPENSATED ABSENCES PAYABLE		7,287,573.			
OTHER LIABILITIES	· · · · · · · · · · · · · · · · · · ·	<u>156,930.</u>			
INTERFUND BORROWINGS ACCRUED PAYROLL & RELATED		15,782,720.			
ACCRUBD PATROLL & REGATED	-	3,109,960.			
Total. (Column (b) must equal Form 990, Part X, col (8) line	26.)	26,337,183.			

uncertain tax positions under FIN 48. 837633 67-65-10

Sche	dule D (Form 990) 2009 THE OVERNS BOROUGH PUBLIC It XI Reconciliation of Change in Net Assets from Form 990	LIBRARY	ial State	<u> 11 - 1</u> ment	904262	Page 4
	A I Meconciliation of Change in Net Assets from Form 500		1	1	01,098	252.
1	Total revenue (Form 990, Part VIII, column (A), tine 12)	٠٠٠ }	2		01,875	
2	Total expenses (Form 990, Part IX, column (A), line 25)	*****	3			152.
3	Excess or (delicit) for the year. Subtract line 2 from line 1	** * * * * * * * * * * * * * * * * * * *	4			061.
4	Net unrealized gains (losses) on investments		5		19,966	
5	Donated services and use of facilities	.94 181 4.7.878#\$\$44\$+1#4#4	6		27,700	<u>, 200, 1</u>
6	investment expenses	************	7			
7	Prior period adjustments				16.512	936
8	Other (Describe in Part XIV.)	*******	8		3,810	
8	Total adjustments (net). Add lines 4 through 8		9			328.
IQ Par	Excess or (delicit) for the year per audited financial statements. Combine lines 3 TXII Reconciliation of Revenue per Audited Financial States	ments With Rever	10 (Nue per R	etum	3,033	. 7.60.
•	Total revenue, gains, and other support per audited financial statements			1	24,110	.251.
,	Amounts included on line 1 but not on Form 990, Part VIII, line 12		,			
٠.	Net unrealized gains on investments	120 35	7,0 <u>61.</u>	1		
	Donated services and use of lacilities		6,255.			
0		2c	<u> </u>			
E	Recoveries of prior year grants		8,683.	1 1		
đ	Other (Describe in Part XIV.)	20 2,00	0,003.	_	23,011	000
e	Add lines 2a through 2d	- 1, . ********* · · ·		2e	101,098	
3	Subtract line 2e from line 1			3	101,036	, 656,
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		1 [
2	Investment expenses not included on Form 990, Part VIII, line 7b	4a		!		
Þ	Other (Describe in Part XIV.)	4b		!		
¢	Add lines 4a and 4b			4c	101.098	0.
5	<u>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</u> 1 XIII) Reconciliation of Expenses per Audited Financial State	ments With Fyne	nses per			. 252.
-	······································	monto man cape	po.		124,387	5/2
1	Total expenses and tosses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25			┞╌┼	24,307	, ,,,,,,
2	• • • • • • • • • • • • • • • • • • • •	10-110-06	6,255.			
	Donated services and use of facilities		0,233.	1 I		
•	Prior year adjustments	2b		l 1		
c	Other losses	26 2 54	5,883.	łł		
d	Other (Describe in Part XIV.)	2d 2,54	3,003.	ا ا	22 612	120
٠	Add lines 2a through 2d	*******		26	<u>22,512</u> 101,875	
3	Subtract line 2e from line 1		••	3	101,675	, 404.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
9	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
D	Other (Describe in Part XIV.)	1 46	 -	i . i		
	Add lines 4p and 4b			4c		0.
Da.	<u>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</u> 1 XIV Supplemental Information		****	6_5	101.875	<u>. 404.</u>
		# (II) Face 4 4 - 5-	- N. K 4		No. Doc 11 Kin	As Door
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa					4; P8n
-	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also co				information.	
PAL	<u> T XII, LINE 2D: QUEENS LIBRARY FOUNDATIO</u>	N KEVENUE	<u>\$288.6</u>	53		
PAF	RT XIII, LINE 2D: QUEENS LIBRARY FOUNDATI	ON EXPENSES	\$2,54	5 . 8	33	
					•	
PAR	T XI, LINE 8: CAPITAL GRANTS \$3,453,422					
PAR	T XI, LINE 8: ROUNDING \$-3					
			 -			
			····			

Schedule D (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the granding appropriate Page 10 Form 990

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

Attach to Form 990. See separate instructions.

2009

Open to Public Inspection

Department at the Treasury Internal Revenue Service

Name of the organization

Dort I | Ounglions Do

THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

	arci Questions negaroring Compensation			
			Yes	No
te	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	1		i
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		'	
	First-class or charter travel			
	Travel for companions 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)			Į
b	If any of the boxes on line 1s 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	16		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	Iruslees, and the CEO/Executive Oirector, regarding the items checked in line 1s7	2		_
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director, Check all that apply.	j		
	Compensation committée Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person tisted in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	ļ		
9	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4ç		X
	If "Yes" to any of lines 4a-c, tist the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ļ
	Conlingent on the revenues of:			
ð	The organization?	5a		_x_
b	Any related organization?	5b		X
	M "Yes" to line 5a or 5b, describe in Part III,			
6	For persons listed in Form 990, Part VII, Section A, line ta, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
2	The organization?	6a	J	X
ь	Any related organization?	6ь	\neg	<u> </u>
	If "Yes" to line 6a or 6b, describe in Pan III.		ᄀ	
7		!		
-	and described in time & and #6 to the a decrease in the	,	ŀ	v
8	Were any amounts reported in Form 990, Part VII, paid or accreed pursuant to a contract that was subject to the		-	<u> </u>
-	initial contract exception described in Regs. section 53,4958-4(a)(3)? If "Yes," describe in Part III	.]	v
۵	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8	 	<u> </u>
•		۱ . ا		
	Regulations section 53.4958-5[c]?	L		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(0-(iii) must equal the applicable column (D) or column (E) amounts on Form 990. Part VII. line 1a.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compansation	benefits	(B)(A-(D)	reported in prior Form 990 ar Form 990-EZ
	(0)	383,211.	0.	67,254.	26,442.	15,135.	492,042.	0.
THOMAS W. GALANTE	(6)	0.	0.	0.	0.	0.	0.	0.
	(0)	218,409.	0.	0.	15,070.	7,851.	241,330.	0.
MAUREEN O'CONNOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(1)	156,098.	0.	0.	10,771.	6,210.	<u>173,079.</u>	0.
LISA EPPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	186,983.	<u>0.</u>	0.	12,902.	7.851.	207.736.	0.
DARLENE ROBINSON	(ii)	0.	0.		0.	0.	0.	_0.
	(0)	175,791.	0.	0.	12,130.	7,851.	195,772.	0.
JAMES VAN BRAMER	(6)	0.	0.	0.	0.	0.	0.	<u> </u>
	(i)	168,837.	0.	0.	11,650.	9,563. 0.	190,050.	<u> </u>
ANGELICA HUYNH RIVERA	(ii)	0. 161,094.		5,000	0. 11,115.	1,640.	0. 178,849.	0.
DEMPS MACHINE	(i) (ii)	101,094.	0.	3,000.	0.	1,640.	1/0,049.	0.
PETER MAGNANI	(i)	155,419.	- 0.	0.	10,724.	15,276.	181,419.	0.
JAMES KELLAR	(8)	0.	0.	ŏ.	0.	0.	0.	0.
VIZIOU NODDIA	(i)	151,866.	Û.	0.	10,479.	1,640.	163,985.	0.
DIANA CHAPIN	(iii)	0.	0.	0.	0.	0.	0.	0.
	(1)	141,127.	0.	0.	9,738.	6,211.	157,076.	0.
LORNA RUDDER-KILKENNEY	60	0.	0.	0.	0.	0.	0.	0.
	(1)							
<u>.</u>	(ii)							
•	(1)							
	(B)							
	(1)					•		_
	(6)							-
	(i)							
<u></u>	(6)							
	(i)							
	<u>(4)</u>							
	(i)		<u> </u>					
	(0)		<u> </u>		<u> </u>			

SCHEDULE J-2 (Farm 990)

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2009 Open to Public Inspection

CMB No 1545-0041

Department of the Treasury Intomal Revolue Service

Name of the Organization

See the Instructions for Form 990.

THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904262

Part I Continuation of Officers, Di	rectors Tr	1101		, M	OV.	Fr	<u>. بند.</u> مارور	vees, and Highes	t Compensated I	Employees
(A)	(B)	<u> </u>	.45		C)		<u> </u>	(D)	(E)	(F)
Name and title	Average			Pos	-			Reportable	Reponable	Estimated
	hours	(ci				app	ly)	compensation	compensation	amount of
	për				1	<u> </u>	Γ.	Irom	from related	other
	week	١,			1	Se de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della com	l	the	organizations	compensation
		1			ļ		}	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		Indicaded trastee or duction	퓶			Highest components		(17271083111100)		and related
		1	Inglitigacy by grifte		Į	Ē	ĺ			organizations
		3	Ì) **	fry entibloyee	100	To Mark			_
		2	The s	47900	ş	*	\$			
LORNA RUDDER-KILKENNEY										
EMPLOYEE	40.00			乚	L_	X		141,127.	0.	<u> 15,949.</u>
ANTHONY ROMEO							•			
EMPLOYEE	40.00				<u> </u>	X	L	127,706.	0,	10,804.
DENNIS VERIELLO										
EMPLOYEE	40.00	L	_	匚	L	X	L	123,774.	0.	22.035.
ANDREW WEDORE										
EMPLOYEE	40.00	L	_	匚	L	X	<u> </u>	122,482.	0.	22,087.
KWOK YIM						1	i			
EMPLOYEE	40.00	匚	L	<u> </u>	Ļ	X	L	122,396.	0.	22.065.
		1					•			
		<u> </u>		<u> </u>	<u> </u>		ļ			
		ĺ								
		<u> </u>		_	<u> </u>	<u> </u>	<u> </u> _			,
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0041 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

11-1904262 THE OUEENS BOROUGH PUBLIC LIBRARY FORM 990. PART III. LINE 1 DESCRIPTION OF ORGANIZATION MISSION: CHANGING POPULATION. THE LIBRARY IS A FORUM FOR ALL POINTS OF VIEW AND ADHERES TO THE PRINCIPLES OF INTELLECTUAL FREEDOM AS EXPRESSED IN THE LIBRARY BILL OF RIGHTS FORMULATED BY THE AMERICAL LIBRARY ASSOCIATION. FORM 990, PART VI, SECTION B, LINE 11: DIRECTOR OF FINANCE AND CONTROLLER REVIEWS FORM 990 AND PROVIDES A COPY TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING. FORM 990, PART VI. SECTION B. LINE 12C: ANNUAL DISCLOSURES BY OFFICERS. DIRECTORS AND KEY EMPLOYEES FORM 990, PART VI, SECTION B. LINE 15: APPROVAL BY THE BOARD OF TRUSTEES SECTION C. LINE 19: APPLICABLE FORMS ARE AVAILABLE FOR FORM 990, PART VI, INSPECTION UPON REQUEST BY THE ORGANIZATION'S WEBSITE.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 9377 L1 92-93-10

Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OVB No 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number

THE QUEENS BOROUGH PUBLIC LIBRARY									
rt I Identification of Disregarded Entities (Comple	ite if the organization answered "Yes"	to Form 990, Part IV, line 33.)							
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling antity				
		<u> </u>							
Identification of Related Tax-Exempt Organia organizations during the tax year.)	zations (Complete if the organization a	inswered "Yes" to Form 990, Pa	art IV, line 34 becaus	se it had one or more	related tax-exempt				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or (oreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Oirect controlling entity				
QUEENS LIBRARY FOUNDATION - 11-3009405	EDUCATIONAL AND CULTURAL								
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal comicte (MHe or (O'egn country)	(d) Ovect controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h D-spress alp affec Yes	 (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) Contraction parties Yes N

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36,3

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, tine 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.

(b) Pnmary activity	(c) Legal domicile) عر وط		(e) Share of end-of-	(f) Disproper-		(g) Code V-UBI	(h)	
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4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

990

2009

Attachment Sequence No. 67

Name(s) shown on return Business or activity to which this form relates THE QUEENS BOROUGH PUBLIC LIBRARY FORM 990 PAGE 10 11-1904262 Part || Election To Expense Certain Property Under Section 179 Note; if you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 800,000. 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar fimitation for tax year. Subtract line 4 from line 1, if zero or loss, enter -0-, if married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 2,170,722. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assots placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment (b) Month and (a) Classification of property (e) Convention (a) Depreciation deduction only - see instructions) 19a 3-year property ь 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L MM 27.5 yrs. SΛ h Residential rental property 27.5 yrs. MM SAL MM SAL ì Nonresidential real property MM SA Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life SA 12-year 12 yrs. S/L b 40 yrs. 40-year ММ S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 2,214,116. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

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

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

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