(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	or th	e 2019	calend	dar year, or tax year	beginning			07/01,2	019, a	ind en	ding	_		06	/30, 20	20	
_			C Nam	e of organization								D Employe	r ider	ntifica	tion numb	er	
В	Check if a	pplicable	BR	OOKLYN PUBLIC	C LIBRA	RY						11-1	L904	126	1		
	Addre	ess	Doin	g business as				***********************		***************************************	***************************************	1					
	7	e change	Num	ber and street (or P.O.	box if mail is	not deliver	ed to street a	ddress)	F	Room/si	uite	E Telephor	ne nur	nber	*************		***************************************
	Initia	l return	10	GRAND ARMY	PLAZA							(718)	230	0 - 2	165		
-	Final	return/	City	or town, state or provin	nce, country, a	and ZIP or	foreign posta	al code					777	700 000			
-	Amer		1000000000	OOKLYN, NY 1:	200-2004-000-00-00-00-00-00-00-00-00-00-00-00							G Gross re	ceints	S	199.	690.	,054.
\vdash	Appli	n cation	-	e and address of princi		I.TN	DA E JO	HNSON,	DDES	TDEN	TACEO	H(a) is this				Yes	X No
	pend	ing	0.01712H000-00007H	GRAND ARMY	# 100 C 1000 Machine			1000 100 100 100 100 100 100 100 100 10	LINDO	,1000	Таспо	subord	linates?	?		30,000	cococca
	T			T-2-1	L						T	H(b) Are all			-	Yes	No
_		cempt st		X 501(c)(3)	501(c) () ◀	(insert no.)	4947(a)(1) or		527	-			list. (see instr	uctions)	
*****	**********			BKLYNLIBRARY						-		H(c) Group				0.60004-0006	
				X Corporation	Trust	Association	on Oth	ner ▶		LY	ear of form	ation: 1902	MS	State	of legal dor	micile:	NY
P	art I		ımmar									Markey A.					
	1	Briefl	y descri	ibe the organization	s mission o	r most sig	gnificant act	tivities: SEI	PAI	RT I	II LIN	E 1					
ce				9859338													
nar								************									
& Governance	2	Check	k this bo	ox 🕨 🔙 if the org	ganization d	iscontinu	ed its oper	rations or dis	sposed	of mor	e than 25	% of its net a	ssets	S			
ဗိ	3	Numb	per of vo	oting members of the	e governing	body (Pa	rt VI, line 1	a)						3			32.
۰ŏ	4			dependent voting m										4			32.
tie	5			r of individuals empl										5		1,	532.
Activities	6			r of volunteers (estim										6		2,	031.
Ac	7a			ed business revenue										7a		798,	587.
				d business taxable in										7b		-	706.
		1101.0	111010101	, oddiiioob taxaalo ii			7, 11110 00					Prior Ye			Curr	ent Ye	
	8	Contr	ibutions	s and grants (Part VII	L line 1h)						-	154,240	21111	5.	163,		
) ue	9											2,989		_			144.
Revenue	9 Program service revenue (Part VIII, line 2g) 2,989,155 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,872,088													919.			
æ	10											1,125		_			836.
	11			ie (Part VIII, column							-	***************************************		-	***************************************		
	12			e - add lines 8 throu	-							160,226			168,	058,	
	13			imilar amounts paid (0.			0.
	14			I to or for members (I									-	0.			0.
es	15			er compensation, em								102,375			103,	643,	
Expenses	16 a			fundraising fees (Par										0.			0.
ďx	b	Total	fundrai	sing expenses (Part I	X, column (l	D), line 2	5) ▶	4,656,	149.								
ш	17	Other	expens	ses (Part IX, column	(A), lines 11	a-11d, 11	lf-24e)		* ***			42,647			41,	577,	419.
	18	Total	expense	es. Add lines 13-17	(must equal	Part IX,	column (A),	line 25)				145,022	, 55	4.	145,	221,	227.
	19	Rever	nue less	s expenses. Subtract	line 18 from	line 12						15,204	,07	7.	22,	837,	234.
ces											Begi	inning of Curr	rent Y	ear	End	of Yea	r
sets	20	Total	assets ((Part X, line 16)								151,150	,70	9.	174,	473,	766.
AB	21			s (Part X, line 26)								34,290	, 22	4.	53,	858,	632.
Net Assets Fund Balanc	22	Net a	ssets or	fund balances. Sub	tract line 21	from line	20					116,860	,48	5.	120,	615,	134.
Pa	art II	Si	gnatur	e Block						restrictions							
Uni	der pe	nalties o	of perjur	y, I declare that I have	examined thi	is retum,	including acc	companying s	chedule	es and s	statements,	and to the be	est of	my k	nowledge	and be	lief, it is
true	e, corre	ect, and	complet	e. Declaration of prepar	er (other than	officer) is	based on al	information o	of which	n prepar	er has any	knowledge.		, ,	,		
			,	tour o	1000	lan						_ <	5/6	/	21		
Sig		3	Signatur	e of officer			***************************************					Date	1	/			
He	re		KAREI	N SHEEHAN				EVP	FINA	ANCE	/CFO						
				orint name and title								Name of the last o					
*********		Print/	Type pre	eparer's name		Preparer	's signature			Date		Check	П	if P	NIT		
Paic	t		DICE	METH	1	0	udin	Meth	6	5/5	/2021	self-en		333	P0130	0689	1
Pre	parer	-		▶EISNERAMPE	R LLD	u	mu	mun		1		Firm's EIN					
Use	Only		s name	>733 THIRD		NEW V	JDK NIV	10017	2702						949-87		
N/a-	, the											Phone no.	2.	12-			
-				this return with the				ee instructi	uns).		<i></i>		• •	• •	. X Ye		No
ror	Pape	rwork	Reduct	tion Act Notice, see	tne separat	e instruc	uons.								Form	1990	(2019)

Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

Go to www.irs.gov/Formi8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	C Month Extension of Time Online than	it original	/nn nanian handad\			
	c 6-Month Extension of Time. Only subm					
	tions required to file an income tax return othe			PC filers), partnerships	REMICs,	and trusts
must use F	orm 7004 to request an extension of time to f	lie income	tax returns:			
	Name of exempt organization or other filer, see in	etructione		Taxonia identification or	imbas (TIN)	
Type or	wante or exempt organization of puller filet, see in	istractions.		Taxpayer identification nu	Imper (HN)	
print	BROOKLYN PUBLIC LIBRARY			11-190426	1	
File by the	Number, street, and room or suite no. If a P.O. bo	y see instru	tions.	TT TOVEZO	<u></u>	
due date for	10 GRAND ARMY PLAZA	vi coc maine				
filing your return, See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions			······································
instructions,	BROOKLYN, NY 11238	4 . 41 4.31.4 44	alianal and water and			
			and the second second			01
Enter the K	lefurn Code for the return that this application	is for (the	a separate application to	r each return)		. [
Application	1	Return	Application			Return
ls For		Code	ls For			Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corporati	oń)		0.7
Form 990-E	BL	02	Form 1041-A			08
Form 4720	(individual)	0.3	Form 4720 (other than	ı İndividual)		09
Form 990-F	PF·	04	Form 5227			10
Form 990-1	F (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	Γ (trust other than above)	06	Form 8870			12
	AMADU WAGIE, VP	OF FINA	ANCE			
The bool	ks are in the care of > 10 GRAND ARMY P	LAZA BRO	OKLYN NY 11238			
	ne No. ▶ 718 230-2165		ax No. >			········
	ganization does not have an office or place of t					
● If this is i	for a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (C	3EN)	If t	nis is
	le group, check this box		rt of the group, check th	iis box ▶ [and at	tach
	ne names and TINs of all members the extensi					
	est an automatic 6-month extension of time ur		05/17, 202	1, to file the exempt	organizat	ion return
for the	organization named above. The extension is	for the org	anization's return for:			
	l Residence See					
V	calendar year 20 or tax year beginning 07/0	1 00.10	\	00/00	20.00	
<u> </u>	tax year beginning 01/0	<u> </u>	, and ending	06/30,	20 20 .	
on if this i	tourings optomed in line 4 in factors than 40 m			torial internal		
	tax year entered in line 1 is for less than 12 m Change in accounting period	onins, chec	K reason: [] Initial re	turn Final return	1	
	application is for Forms 990-BL, 990-PF, 99	90-T 4720	or 6069 enter the t	entative tay less any	· ·	
nonrei	fundable credits. See instructions.	20-1, 7 120	, oi odos' eurei iue r	citative tax, iesa any	3a \$	0.
	application is for Forms 990-PF, 990-T,	4720 or	6069 enter any re	fundable credits and	Jap	
	ated tax payments made. Include any prior yea			diagno orogino and	3b \$, Ó.
	ce due. Subtract line 3b from line 3a. Include			uired, by using EFTPS	02 0	
	ronic Federal Tax Payment System). See instrui				3c \$	0.
	ou are going to make an electronic funds withdrawal		t) with this Form 8868, see	Form 8453-EO and Form		
nstructions.		•. •.	or and the state of the state o		;	
For Privacy	Act and Panerwork Reduction Act Notice see instr	uctions			Ecr. 2262	(Rev. 1,2020)

Form 990 (2019)

	Checklist of Required Schedules	· · · · · · · · · · · · · · · · · · ·	V	1 11:
æ	To the appropriate deposition to place 500/20/20 as 40.00 - Value than a Tributa Edward Harry of More II.	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X	
-	complete Schedule A	1 2	X.	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	- 4%	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X.	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		X
}	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х.	
	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			
				х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		.,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X.	Disease vi
	if the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Ж
,	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.	1.1 c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			-
Ÿ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
_				X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
p.	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
,	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X;
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
		'		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		\mathbf{x}	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			45
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
1				
1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X.

	90 (2019)	•		Page 4
Pari	Checklist of Required Schedules (continued)			,
			Yes	No
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			x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
2,0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X.	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	!	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		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?			,,
90	If "Yes," complete Schedule L, Part I.	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
m 1	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C)	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		ł	44-
o.#:	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	22		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
4,5	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R; Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable.]	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,,	
57.57	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer in Confedence O Confidence a response of note to day line in this Fart V	' ' j	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	Ì		
	reportable gaming (gambling) winnings to prize winners?	1c	х	
JSA 9E1030	2.000	Form	990 ((2019)

Form	990 (2019)		Ė	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. , 2a 1,532		4.7	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	46		х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		
D	If "Yes," enter the name of the foreign country >			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		<u>x</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
οa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
D,		6b		
7	gifts were not tax deductible?			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ų.	and services provided to the payor?	7a.	х	
ъ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7.c		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? ,	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		į	
11	Section 501(c)(12) organizations. Enter:		ļ	
	Gross income from members of shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
p	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			
_				
	Enter the amount of reserves on hand	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		- 1	·
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	-		
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2019)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule Q.	See in	struc	tions.
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	P 1 1	· · ·	X.
Sect	ion A. Governing Body and Management		Yes	No
			188	MÓ
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32 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 on Schedule O.			
	committee, explain on Schedule O. Enter the number of voting morphore included an line to always, who are independent.			
þ	Enter the number of voting members included on like 12, above, who are independent.	}		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X.	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7Ь		x
	stockholders, or persons other than the governing body?	-15-		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		Х	
а	The governing body?	8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b		
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 on Schedule O	9		x
Secti	on 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
d	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b.	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	1.3	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4.5	w	
а	The organization's CEO, Executive Director, or top management official	15a	- <u>X</u>	
b	Other officers or key employees of the organization	15b	.А.	
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
				·
17	List the states with which a copy of this Form 990 is required to be filed MY?	···		044
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Own website	(Sec	uon, 5	U1(C)
1.9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	finter	est p	olicy,
20		s >		
	State the name, address, and telephone number of the person who possesses the organization's books and record AMADU WAGIE, VP OF FINANCE 16 GRAND ARMY PLAZA BROOKLYN, NY 11238 718-230-2365			
JSA		Form	990	(2019).

Part VII	Compensation of Office	cers, Directors,	Trustees, I	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractor			-		_	•	., .	

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.
 See instructions for the order in which to list the persons above.

(Å) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	noan	e than the highest compensated employee	an lee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from refated organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organizations related organizations
(1) LINDA E. JOHNSON	35.00					İ			_	· · · · · · · · · · · · · · · · · · ·
PRESIDENT & CEO	0.			Х				553,747.	0.	45,876
(2)LASZLO J. ORSOS	35.00							.,		a a stan
VP OF ARTS AND CULTURE	0.					X		226,926.	0.	38,996
(3)DAVID WOLOCH	35.00									
EVP OF EXTERNAL AFFAIRS	0.				Х			215,392.	Ò.	39,960
(4) NICHOLAS L. HIGGINS	35.00									
CHIEF LIBRARIAN	0.			X		Ĺ		198,632.	0.	55,618
(5) SELVON SMITH	35.00									
VP OF INFORMATION TECHNOLOGY	0.					Х		194,230.	Ó.	54,180
(6) ALEXANDRA MAYERS	35.00									
CHIEF DEVELOPMENT OFFICER	0.					Х		198,935.	0].	40,901
(7)KAREN M. SHEEHAN	35.00									
EVP FINANCE/CFO (BEGAN 3/2019)	0.	<u>. </u>		X				192,428.	0.	46,635
(8)AMADU WAGIE	35.00					i i				
VP OF FINANCE	0.					Х		202,692.	Ö.	33,857
(9) LACHONNE P. WALTON	35.00									
VP OF HUMAN RESOURCES	0.					X		209,011.	0.	18,719
(10) SUSAN MARCINEK	2.00									
CHAIR	0.	X		Х				0.	0.	0
(11) MIRIAM E. KATOWITZ	2.00									
TREASURER	0.	X		X				0.	0.	0
(12) PETER ASCHKENASY	2.00									
VICE CHAIR	0.	Х		X				0.	0.	0
(13) JORDAN D. BAROWITZ	2.00									
VICE CHAIR	0.	X		X.				0.	Ó.	Ö
(14) ANTHONY CROWELL, ESQ	2.00									
VICE CHAIR	0.	X		Х				0:.	0.	C

Form 990 (2019)

JSA:

Part VII Section A. Officers, I	Directors, Trustees, K	ey En	nplo	oye	es,	and l	lig	hest Compensat	ed Emplo	yees (continued)
(A) Name ànd titlé:	(B) Average hours per- week (list an hours for related organization below dotted line)	offici offici or dire	unle	Pos heck ss pe	erson lirect	h both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Report compensat relat organiz: (W-2/109)	table tion from ed ations	(F) Estimated amount of other compensation from the organization and related organizations
(15) NINA COLLINS VICE CHAIR	2.0			х				0		0	
16) HONORABLE ALICE FISHE TRUSTEE		0		, A.				.0		.01.	
17) MICHAEL LIBURD	2.0	0		-							***************************************
TRUSTEE 18) SANDRA J. SCHUBERT	2.00		 -		ļ			<u> </u>		.0.	(
TRUSTEE	0	-4						0.		0.	(
19) CHRISTINA TETTONIS	2.00										
TRUSTEE 20) CINDI LEIVE	2.00							0:.		.0.	
TRUSTEE - (UNTIL 2/20		. 						0.		0.	_ (
21) MADELINE CARSON	2.00	. -						_			
TRUSTEE 22) HANK GUTMAN	2.00		ļ					0.		0.	
TRUSTEE	0	· – [0.		0.	
23) MICHAEL BEST TRUSTEE	2.00	:⊣						0.		Ó.	(
24) PATRICK TRAIN-GUTIERR	. 	. - i								_	·
TRUSTEE 25) BLAKE FOOTE TRUSTEE	2.00	1				:		0.		0.	
1b Sub-total	1	<u>. _ ^ </u>	<u> </u>				<u> </u>	0. 2,191,993.		0	374,742
c Total from continuation sheets					• •		•	Ö .		0.	0
d Total (add lines 1b and 1c) Total number of individuals (incl reportable compensation from the	uding but not limited to be organization >	those 50	liste	d al	OOVE	e) who			· · · · · · · · · · · · · · · · · · ·	·	374,742 Yes No
 3. Did the organization list any employee on line 1a? If "Yes," co 4. For any individual listed on line 	mplete Schedule J for su a 1a, is the sum of re	<i>ich ind</i> portab	i <i>vid</i> t ile c	<i>ual</i> com:	 pen	sation	 1 ar	nd other compens	ation from	the	3 X
organization and related organization and related organization	onizations greater that	n \$15	0,0	00?	lf · ·	"Yes	." (complete Schedul	le J. for	such	4 X
5 Did any person listed on line 1 for services rendered to the organic	nization? If "Yes," comple	ompen ete Sch	satio nedu	on f i <i>le J</i>	rom for	any such	uni pers	related organization	n or indiv	ridual	5 X
Section B. Independent Contractor 1 Complete this table for your five		indone			20.01	roote	-a 41		than Od O	0.000 -	r'
compensation from the organiza	tion. Report compensated	tion for	the	cal	end	ar yea	ar e	nding with or with	in the org	anizatio	i i's tax.
Name:a	(A) nd business address				•			(B) Description of ser	rvices ·	C	(C) ompensation
ATTACHMENT 4	113 243,1400 444,1500							e e e			Ompariosion
				:			-				
2 Total number of independent of more than \$100,000 in compen	ontractors (including b	ut not	lim	iited	i to		e li:	sted above) who	received		

Part VII Section A. Officers, Directors	, Trustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do	not c	Pos heck ss pe	C) sition mor	e the soft and Highest compensated	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
of V A Walter and A Walter and A			tee			sated				<u></u>
26) ABE GEORGE TRUSTEE	2.00	Х						0.	0.	
27) CASSANDRA METZ TRUSTEE	2.00	X						o.	o.	
28) BRIAN O'NEIL TRUSTEE	2.00	,,		-						
29) LISA PULEO	2.00	X,		-				0,-	0.	
TRUSTEE	0.	Х						· Q -	Ò.	
30) BARATUNDE THURSTON TRUSTEE	2.00				<u> </u>					
TRUSTEE 31) TIMOTHY J. INGRASSIA	2.00	X		_		-	ļ	0.	0	
TRUSTEE	0.	Х						0	Ö.	
32) DAVID WOMACK	2.00									
TRUSTEE 33) BECKY FRUIN	2.00	X			<u></u>			0.	ó.	
TRUSTEE	0.	Х						ο.	0 :-	
34) CHARLES DUHIGG	2.00									
TRUSTEE 35) ERIN TEXEIRA	0.	X.						0.	. 0.	
TRUSTEE	2.00	х						ا ه	Ö.	
36) JACQUELINE WOODSON TRUSTEE	2.00	Х						0	0.	
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but	II, Section A			 	, 		▶ ▶ ∴ re	0 , ceived more than	\$100,000 of	0
a Did the organization list any former of employee on line 1a? If "Yes," complete Sci.	ation ► officer, directo	56 r, or	tru	ıste	e, i	kev e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15 	0,0	00?	lf	"Yes	," (•••	complete Schedul	e J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? / Section B. Independent Contractors	or accrue cor f "Yes," complet	mpen te Sch	satio ledu	on f ile J	ron for	such	uni per:	elated organization	n or individual	5 X
Complete this table for your five highest compensation from the organization. Repoyear.	compensated in ort compensation	ndepe on for	nde the	nt d	cont	racto ar ye	rs ti ar e	hat received more nding with or with	than \$100,000 of in the organization	of n's tax
(A) Name and business	address							(B) Description of ser	vices ((C) Compensation
							-			
2 Total number of independent contractors more than \$100,000 in compensation from				ited	l to	thos	e li	sted above) who	received	

Part VII. Section A. Officers, Directors, Tr	ustees, Ke	y En	iplo		es, C)	and l	Hig	hest Compensat	ed Employe	es (continued) (F)
Näme and title	Average hours per week (list any hours for related organizations	box,	unle er an	Pos heck ss ps d a c	ition more rson tirect	than of the the than of the the than of the the than of the the than of the the the than of the the the the the the the the the the	₽Ω	Reportable compensation from the progenization (W-2/1099-MtSC)	Reportab compensation related organization (W-2/1099-N	n from ons	Estimated amount of other compensation from the organization
	below dotted tine)	Individual trustee or director	Institutional trustee	9	Key employee	Highest compensated employee	er	(W-2/1099-NIISC)			and related organizations
37) MILOVAN BLAIR TRUSTEE	2.00	Х						0		0.	
38) NICHOLAS A. GRAVANTE, JR. TRUSTEE	2.00	x						0.		0.	
39) LINCOLN RESTLER TRUSTEE	2.00	x		-				0.		0.	
40) TIMOTHY INGRASSIA TRUSTEE	2.00	X				·	- <u></u> -	0		0.	
41) ROBIN SHANUS (UNTIL 4/2020)	2.00				ļ						
TRUSTEE 42) GREGORY DAVIDZON TRUSTEE - (UNTIL 8/2019)	2.00	X						0		0.	
43) CHAD DICKERSON TRUSTEE	2.00	x						0		0.	
44) INGRID LEWIS-MARTIN TRUSTEE	2,00	X.						0		0.	
				<u>-</u>							
				-		•					!
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A		:	٠.			★ ★ ★	0.		0.	0
2 Total number of individuals (including but not reportable compensation from the organization)	limited to the		iste				i, r.e	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	r, or h ind	tru ividu	iste	e, !	ey e	mp	loyee, or highest	compensat	ed	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,0	00?	lf	"Yes	," (complete Schedul	ation from t e J for su	he ich	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor es," complet	npen e Sch	sátic edu	on f le J	rom for	any such	uni pers	related organization	n or individu	ual	5 X
Section B. Independent Contractors Complete this table for your five highest compensation from the organization. Report of year.	pensated ir ompensatio	ndepe on for	nde the	nt c	cont	ractor ar yea	rs tl	hat received more nding with or with	than \$100,0 in the organ	000 o izatio	f n's tax
(A) Name and business add	Iress							(B) Description of ser	vices	.C	(C) ompensation
				<u></u>							
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to	thos	e li:	sted above) who	received		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (A) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Gifts, Grants illar Amounts 1a Membership dues....... 1b 1c 39,412 Related organizations 1d Contributions, Gand Other Simil Government grants (contributions) . . 1e 157.409.221 f All other contributions, gifts, grants, and similar amounts not included above . 1f 6;239,929. Noncash contributions included in lines 1a-1f. 77:296 1g Total. Add lines 1a-1f 163,680,562. Business Code Program Service FINES AND FEES 519100 1,010,113. 1,010,113 2a CAMP PROGRAM PEES 519100 94:328 94,328 BOOK SALES \$19100 65,692. 65,692 PRINT AND COPY 519100 354,287. 354/287 519100 MISCELLANEOUS 360)819. 360,819 102,905. 102,905 All other program service revenue Total. Add lines 2a-2f 1,988,144 Investment income (including dividends, interest, and 1,332,311 1,332,311. Income from investment of tax-exempt bond proceeds . > Ò. 5 Royalties ů, (i) Real (ii) Personal Gross rents . . . 6a 6a b Less: rental expenses 6b Rental income or (loss) 6c C d Net rental income or (loss). ٥, (i) Securitles Gross amount from (li) Other sales σŧ assets 31,679,360. other than inventory b Less cost or other basis 31,600,752. and sales expenses . . d Net gain or (loss) 78.608 79,608. Ba Gross income from fundraising 39,412 events (not including \$ _ of contributions reported on line 15,000. 8a 1c) See Part IV, line 18 30,841 Less: direct expenses 8b ·C Net income or (loss) from fundraising events -15,841. -15.841. Gross income 9а from gaming activities. See Part IV, line 19 ٥. 9a ø. Less: direct expenses 9b Net income or (loss) from gaming activities. ٥, Gross sales of inventory, less returns and allowances 10a ø, Less: cost of goods sold 10b Net income or (loss) from sales of inventory. ۵. Business Code Miscellaneous PASSPORT INCOME 900099 798,587 Revenue 11a 798,587. MISCELLANEOUS INCOME 900099 188,090. 188,090 All other revenue 986,677. 12 168,058,461. 2,176,234. 798,587. 1,395,078.

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 of note to any line in this Part IX . . . Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. 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 0. 5 Compensation of current officers, directors, 1,478,460. 324,884. 861,870, 291,706. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 69,755,674 62,813,201. 4,904,195 2,038,278. 8 Pension plan accruals and contributions (include 5,856,058. section 401(k) and 403(b) employer contributions) 4,867,385. 679,755 308,918. 21,340,311. 18,914,888. 1,727,403 698,020. 5,213,305. 4,620,792. 421,992. 170,521. 11 Fees for services (nonemployees): a Management 168,999. 168,999. 119,198. 119,198 c Accounting d Lobbying 125,000 125,000 n. e Professional fundraising services. See Part IV, line 17, 226,995 226,995 f Investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column 9,564,140. 6,189,050. 2,797,113 577,977. (A) amount, list line 11g expenses on Schedule O.). 310,326 273,834. 13,218. 23,274. 2,596,976. 2,188,758. 83,510 324,708. 3,562,268 3,332,737. 120,208 109,323. 14 Information technology 15 Royalties 3,504,235. 3,098,636. 16 Occupancy 386,217. 19,382. 191,278 191,278. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 177,138. 177,138. 3,860,967. 3,848,757. 22 Depreciation, depletion, and amortization 12,210. 1,030,781. 928,576. 102,205. 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().) BOOKS AND LIBRARY MATERIALS 12,219,328. 12,219,328. hREPAIRS AND MAINTENANCE 3,090,016. 2,495,513. 57,698. 536,805. STAFF DEVELOPMENT & TRAINING 324,610. 152,971. 168,442. 3,197. dMISCELLANEOUS 408,290. 318,261. 57,314. 32,715. 96,874. 81,423. 15,019. 432. e All other expenses 145,221,227. 126,860,272. 13,704,806. 4,656,149. 25 Total functional expenses. Add lines 1 through 24e 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 🕨 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in thi	S Part X	 1.	
			(A) Beginning of year		(B) End of year
ĺ	1	Cash - non-interest-bearing	44,500.	1	51,175
	2	Savings and temporary cash investments	20,187,799.	2	46,889,434
	3	Pledges and grants receivable, net	21,016,096.	3	25,880,530
	4	Accounts receivable, net	Ö.	4	0
	5	Loans and other receivables from any current or former officer, directo	г,		
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons	0.	5	0
	6	Loans and other receivables from other disqualified persons (as define	ıd		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	٥
9	7	Notes and loans receivable, net		7	D.
Assets	8	Inventories for sale or use	0.	8	.0
ã	9	Prepaid expenses and deferred charges		9	600,585
1	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 79, 218, 81	ا. و		
	b	Less: accumulated depreciation 10b 20,581,41		10c	58,637,401
1	1	Investments - publicly traded securities.		11	41,132,494
1	2	Investments - other securities. See Part IV, line 11	•		1,278,669
	3	Investments - program-related. See Part IV, line 11.			Ó
	4	Intangible assets		14	0
	5	Other assets. See Part IV, line 11		15	3,478
	6	Total assets. Add lines 1 through 15 (must equal line 33)	· -	16	174,473,766
	7	Accounts payable and accrued expenses.		17	43,115,541
	8	Grants payable	*	18	0
	9	Deferred revenue		19	6,378,658
2		Tax-exempt bond liabilities.	· · ·	20	0,5,0,050
l'	11	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	0
(n 2		Loans and other payables to any current or former officer, director		21	
Clabilities 5		trustee, key employee, creator or founder, substantial contributor, or 35°			
<u></u>		controlled entity or family member of any of these persons		22	0
ᆈ				22 23	. 0
1	_	Secured mortgages and notes payable to unrelated third parties	' L.		4,364,433
		Unsecured notes and loans payable to unrelated third parties		24	4,304,433
12		Other liabilities (including federal income tax, payables to related thin			
		parties, and other liabilities not included on lines 17-24), Complete Part.			0
		of Schedule D			0.
	16	Total liabilities. Add lines 17 through 25	34,290,224.	26	53,858,632.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Ē 2	7	Net assets without donor restrictions	86,326,402.	27	86,885,425.
ຕິ ₂		Net assets with donor restrictions		28	33,729,709.
Net Assets or rund balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
5 2		Capital stock or trust principal, or current funds		29	
S13	0	Paid-in or capital surplus, or land, building, or equipment fund.	•	30	
3		Retained earnings, endowment, accumulated income, or other funds		31	
₹ 3.		Total net assets or fund balances		32	120,615,134.
ž 2		Total liabilities and net assets/fund balances.		33	174,473,766.
	· ·	rotal acompos and het assets fully baldibles,	. 101,100,409.	23	Form 990 (2019

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	· · · ·		X,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		168,0	58,4	161.
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	145,2	21,2	227.
3	Revenue less expenses. Subtract line 2 from line 1	3		22,8		
4.	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		116.8	· · ·	
5	Net unrealized gains (losses) on investments	-5		- 4	08,8	363.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				Ο.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-18,6	73.,	722.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		İ			
	32, column (B))	10		120,6	15,	134.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		4			
					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," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	l or			
	reviewed on a separate basis, consolidated basis, or both:					ĺ
	Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?			2b	X.	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
Ċ	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	int?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	X	

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	4.						TOWNS TO THE PARTY OF
	OOKLYN PUBLIC LIBRARY					11-19042	·
Pa	irt I Reason for Public Cha	erity Status (All	organizations must o	complet	e this p	art.) See instructions	5 .
The	organization is not a private fou						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E	(Form 9	90 or 990	0-EZ).)	
3	A hospital or a cooperative	hospital service of	organization described	in sectio	n 170(b)(1)(A)(iii).	
4	A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and si	tate:				• •	
5	An organization operated in	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170	(b)(1)(A)(v).	
7	X An organization that norm	ally receives a sui	bstantial part of its su	ipport fr	om a go	overnmental unit or fr	om the general public
	described in section 170(b))(1)(A)(vi). (Comp	lete Part II.)				Ť .
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	e Part II.)	ı		
9	An agricultural research or	ganization describ	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
	or university or a non-land-						
	university:						
10	An organization that norma	ily receives: (1) m	ore than 331/3 % of its	support	t from co	ontributions, members	hip fees, and gross
	receipts from activities rela support from gross investm	ited to its exempt	functions - subject to	certain e	exception	ns, and (2) no more than	in 331/3% of its
	acquired by the organizatio	n after June 30, 1	975. See section 509	(a)(2). ((Complete	Part III.)	i Dusinesses
11	An organization organized						
12	An organization organized :						
	of one or more publicly su						
	Check the box in lines 12a t	hrough 12d that d	lescribes the type of s	upporting	g organi	zation and complete li	nes 12e, 12f, and 12g.
а							
	the supported organization	n(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or truste	es of the
	supporting organization.						
b							
	control or management o			the sam	e perso	ns that control or mar	age the supported
	organization(s). You must						
C							lly integrated with,
	its supported organization						
d							
	that is not functionally inte			-		*	d an attentiveness
	requirement (see instructi						
е							ii, Type III
f	functionally integrated, or Enter the number of supported						
	Provide the following information	n shout the sunn	orted organization(c)			* * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	fly) is the	organization	(v) Amount of monetary	(vi) Amount of
	,,	1-7	(described on lines 1-10)	listed in you	ur governing	support (see	other support (see
			above (see instructions))	Yes	ment?	instructions)	instructions)
(A)							
(A)	· · · · · · · · · · · · · · · · · · ·					:	
(B)							
(C)						•	
					<u> </u>		
(D)							
				<u> </u>	ļ		
(E)							
Tota	al						

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

Schedule A (Form 990 or 990-EZ) 2019

	(/ = v// = v/ = v/ = v/ = v/ = v/ = v/ =	
Раг≀∥	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fai	led to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.	art III.)

Sec	tion A. Public Support		·			,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,288,677,	148,948,797.	136,329,921	154,240,345.	163,688,562.	728,496,302
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						Ö.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	33,531,912.	32.058,136.	34,146,375.	34,432,731,	33,837,437;	.168,005,691,
4	Total, Add lines 1 through 3	158,819,689.	181,006,933.	170,476,296:	188,673,076.	197,525,999.	896,501,993.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						,
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4			· · · · · · · · · · · · · · · · · · ·			6.
	tion B. Total Support	<u> </u>					896,501,993.
**********	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
.7	Amounts from line 4	158,819,689.	181,006,933.	170,476,296.	188,673,076.	197,525,999	896,501,993.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,269,062,	1,070,953.	1,480,445,	1,713,400.	1,332,311,	5,866,171,
.9	Net income from unrelated business activities, whether or not the business is regularly carried on	144,178,	490,255)	366,808.	493,139.	30,706.	1,825,086.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	.39,354,	39,353.	39,354.		188,090.	306,151.
11	Total support. Add lines 7 through 10						905,499,401.
12	Gross receipts from related activities, etc. (s						14,216,430.
13	First five years. If the Form 990 is fi organization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ►
	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·					0.
14	Public support percentage for 2019 (li						99.01%
15	Public support percentage from 2018					15	98.73 %
16a	331/3% support test - 2019. If the org	janization did n	ot check the bo	x on line 13, ar	id line 14 is 33	1/3 % or more, c	heck this
b	box and stop here. The organization q 33 1/3% support test - 2018. If the org	ualities as a pub ianization did no	iticly supported to the check a how o	organization In line 13 or 16.	a and line 15 is		re check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t					•	•
	organization,						∴. ▶ 🔲
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	inization meets	the "facts-and	l-circumstances"	test, check th	his box and ste	op here.
	Explain in Part VI how the organization supported organization						> 🔲
18	Private foundation. If the organization instructions						
	instructions						<u> </u>

Part III	Support Schedule for	Organizations Described	in Section 509	(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support							
Cafer	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1.	Gills, grants, contributions, and membership fees			,			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						İ
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						ļ
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					+	
	furnished by a governmental unit to the					}	
	organization without charge						
6	Total. Add lines 1 through 5				<u> </u>		
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000	ļ					
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8							
	1(ne 6:)					ļ	
	tion B. Total Support		I		1 111 12 12 V 2	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018:	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
ь	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	1					
	loss from the sale of capital assets	ļ					
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
, ,	and 12.)						
14	First five years, if the Form 990 is f	or the organizat	tion's first seco	nd third fourth	or fifth tax vi	ear as a section	501/c)/3)
'7	organization, check this box and stop here.				•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8		T	mn (f))		15	%
16	Public support percentage from 2018 Sche						%
	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (lii			13. column (fi)		17.	%
18	Investment income percentage from 2018					18	%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%; check th						, []
þ.	331/3% support tests - 2018. If the orga						
	line 18 is not more than 331/3%, check			***	•	·	. (
20	Private foundation. If the organization of						
ISA			·			chedule A (Form 9	

The state of the s

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, if you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
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.	1		
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).	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.	За		
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.	3b.		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	46		
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):	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5¢		
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.	. 60		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
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).	8		
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 .	9a		
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.	9b		
С	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.	9c		
10 [°] a	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.	10a		
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.)	10h		

- Contract of the last of the	ile A (Funit 990 or 990:E2) 2019			Page D
Part	Supporting Organizations (continued)		17.	
4.4	Challe and a control and described and described by Section 1999 of the section of the section of the section of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ļ
а	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		
<u>C</u>	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.	<u> </u>	<u></u>
Secti	on B. Type I Supporting Organizations			····
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
Ź	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		
Secti	on C. Type II Supporting Organizations		-	
9000	on of type a supporting organizations		Yes	Na
		r	165	INO
1	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.		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	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		ĺ	
	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		
Secti	on 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 year (see ins	tructio	nne)	
a	The organization satisfied the Activities Test. Complete line 2 below.	10000	maj.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C.	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		4:1	
•	The organization supported a governmental entity, bestine in rail windw you supported a government entity (see	mstruc	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
a	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		ļ	
	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.			
ä	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 "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		<u> </u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	iization	5	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		· .	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		-	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3).	5		
6 Multiply line 5 by .035,	.6.		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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-functional	y integra	ted Type III supporting	organization (see
instructions).		21 11 11 11 11 11 11	• •

Schedule A (Form 990 or 990-EZ) 2019

Part		Supporting Organization	tions (continued)					
Sect	ion D - Distributions			Current Year				
1								
2								
	organizations, in excess of income from activity							
.3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.		***************************************					
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions,							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		 	(ii)	(ili)				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
c								
d								
e	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
. h	Applied to 2019 distributable amount							
í	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7:							
, a	Applied to underdistributions of prior years		(1-21111-1-11-21-11-21-21-21-21-21-21-21-					
b	Applied to 2019 distributable amount							
C.	Remainder, Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020, Add lines 3]							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015			<u> </u>				
b	Excess from 2016							
C	Excess from 2017							
ď	Excess from 2018		·					
e	Excess from 2019							
								

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10

THE AMOUNT REPORTED INCLUDES REFUND OF UNRELATED BUSINESS INCOME AND

REVENUE GENERATED FROM A CAFETERIA OPERATED AT THE CENTRAL LIBRARY FOR

THE BENEFIT OF PATRONS AND STAFF. THE CAFETERIA CEASED OPERATION IN 2018.

				01 11,11,111011 1		
					ATTACHMENT	<u>1</u>
SCHEDULE A, PART II	- OTHER INCOME	i.				
DESCRIPTION	2015	2015	2017	2018	2019	TOTAL
CAFE INCOME	39,354.	39,353.	39,354.			118/061.
TAX REFUND					188,090,	188,090
TOTALS	39:354.	39:353.	39,354	***************************************	188,090.	306, 151

Schedule B

(Form 990; 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

BROOKLYN PUBLIC LIBRARY 11-1904261 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule: See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II, See instructions for determining a contributor's total contributions. Special Rules X 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 it. 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

49069D L161 5/3/2021

9E 1251 1:000

Employer identification number 11-1904261

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>.</u>	THE CITY OF NEW YORK 255 GREENWICH STREET, 8TH FL NEW YORK, NY 10007	\$ 144,700,711.	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				
2	NYS DEPARTMENT OF EDUCATION DIVISION OF LIBRARY, RM 10B 41 CEC ALBANY, NY 12230	\$ <u>11,324,112.</u>	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				
			Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and Z(P + 4	(c <u>)</u> Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c). Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form.990, 990-EZ, or 990-PF) (2019)
Name of organization BROOKLYN PUBLIC LIBRARY

Employer identification number

11-1904261

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

Name of organization BROOKLYN PUBLIC LIBRARY

Employer identification number

11-1904261

Part III	Exclusively religious, charitable, etc.						
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and						
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc						
	contributions of \$1,000 or less for the year. (Enter this information once: See instructions.) ▶ \$Use duplicate copies of Part III if additional space is needed.						
(a) No.		orial space is fieed	su.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
- alti							
			·				
		(e) Transi	er of gift	The second control of the second control of			
	Transferee's name, address, an	ıd ZIP + 4	Relatio	nship of transferor to transferee			
	AUGUSTA 11 ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.						
/ol No				I			
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held.			
Part I							
	<u></u>						
		•		***************************************			

		(e) Transl	ar of aift	<u> </u>			
		(e) realist	or or gire				
	Transferee's name, address, an	id ZIP + 4	Relatio	nship of transferor to transferee			
		······································					
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held			
Part I.	(a) 1 di pose el gill	(o) Oae	or yar	(b) Bescription of flow gift is field			
			<u></u>				
	(e) Transfer of gift						
	Transferee's name, address, an	nship of transferor to transferee					
	Tradisteree a marie, auditesa, an	is all the second	Kelatio	namp of Ganateror with an arriveree			
							
(a) No. from	(b) Purpose of gift		ie ilie	/dy Page Jathan Stram att to beta			
Part I	(b) Purpose of gift	(c) Use	or gin	(d) Description of how gift is held			
	U-12-12-11-12-12-12-12-12-12-12-12-12-12-						
		(e) Transf	er of gift				
	T	-1 THE - 4					
	Transferee's name, address, an	0 4IP + 4	Relatio	nship of transferor to transferee			
				."			
	t , , , , , , , , , , , , , , , , , , ,						

301947

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

•	Section 501(c)(3) organizations	that have filed Form 5768 (election un	der section 501(h)): Co	mplete Part II-A. Do not con	nplete Part II-B.
		that have NOT filed Form 5768 (electi			
(ax)	(see separate instructions), the		Tax) (see separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
	e of organization			Employer ide	ntification number
	OKLYN PUBLIC LIBRAR	¥		11-190	4261
Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	aign activities")	, -	•	
2	Political campaign activity e	xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par	t B Complete if the	organization is exempt under s	section 501(c)(3).		
i	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any ex-	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a		· · · · · · · · · · · · · · · · · · ·			
b	If "Yes," describe in Part IV.				•
	t I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		xpended by the filing organization			
2		g organization's funds contributed es			
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on For	m 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year?			I Voc I No
5	Enter the names addresses	e Form 1120-POL for this year? and employer identification numb	er (FIN) of all sectio	n 527 political organiza	ations to which the filing
	organization made payment	s. For each organization listed, en	ter the amount paid	from the filing organiz	ation's funds. Also enter
	the amount of political conf	tributions received that were prom	ptly and directly de	livered to a separate po	olitical organization, such
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	•			filling organization's	contributions received and
				funds: If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none; enter -0
4)					
.,					
2)					
-,			•		
3)					
•					
4)			<u>'</u>		
5)					
•					
6)			····		
•					
	The state of the s	·			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 998-EZ.

Schedule C (Form 990 or 990-EZ) 2019

	<u> </u>	KLYN PUBL	IC LIBRARY		11-1	904261 Page 2
	art II-A Complete if the organize section 501(h)).					
	Check ▶ if the filing organization address, EIN, expenses	, and share o	f excess lobbying exp	enditures).		per's name,
В	Check ▶ if the filing organization	checked box	A and "limited control	ol" provisions ap _l	oly.	
	Limits on Lo (The term "expenditures"	bbying Expe means amou	nditures ints paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influen	e public opli	nion (grassroots lobb	ying)		
ŀ	Total lobbying expenditures to influen	e a legislati	ve body (direct lobby	ing)		
c	: Total lobbying expenditures (add lines	1a and 1b) .		[
C	d Other exempt purpose expenditures			[
	Total exempt purpose expenditures (
ŧ	Lobbying nontaxable amount. Enter	the amount	from the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or (b)	is: The lobby	ing nontaxable amount	is:		
	Not over \$500,000	20% of the	amount on line 1e,			
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000		plus 10% of the excess			
	Over \$1,500,000 but not over \$17,000,00	\$225,000	olus 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,00				
	Grassroots nontexable amount (enter					
i	Subtract line 1g from line 1a. If zero o					
ĺ	Subtract line 1f from line 1c, If zero of	less, enter -C) <u>-</u> , , , , , , , , , , , , , , , ,			
j	If there is an amount other than ze					
	reporting section 4911 tax for this yea					Yes No
	and the second of the second		raging Period Unde			
	(Some organizations that mad		•			ns below.
	50	e the separa	ate instructions for I	ines 2a through	2f.)	
	Lo	bbying Expe	enditures During 4-Ye	ear Averaging Pe	rìod	
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017 ⁻	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
¢	Total lobbying expenditures	,				
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2019.

f Grassroots lobbying expenditures...

<i>E</i>	(election under section 501(h)).	(a)		(t	·)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Åmo	unt	
1	During the year, did the filing organization attempt to influence foreign, national state, or local legislation, including any attempt to influence public opinion on a legislative matter or						·
	referendum, through the use of:		X				
.a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
c	Media advertisements?		Х				
đ	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				125	,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
ĺ	Other activities?					125	, 000
ا مة	Total Add lines 1c through 1)		x				, 00,0
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X				
Pai	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or s	ectio	ŀΠ		
	501(c)(6).			·····	· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1.	163	140
2	Did the organization make only in-house toboying expenditures of \$2,000 or less?	• •	• • •		2	 	1
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	n the	prior	year?	3	 	1
Pai	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or s	ectio	n		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."			t III-A	, line	3, is	
1	Dues, assessments and similar amounts from members			1			<u></u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).						
а	Current year			<u>2a</u>			
b	Carryover from last year			2b			
Ċ	Total			2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s	٠	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible to						
	and political expenditure next year?	upyır	iy	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Par							
Prov 2 (se	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	ıp list); Parl	II-A, I	nes 1	and
- 100	o monocionos, and t art ii o, into 177100, complete this parties any additional information.						
SEE	PAGE 4						
							<u> </u>

Part IV Supplemental Information (continued)

PART II-B, LINE 1G

THE LIBRARY'S LOBBYING CONSISTS OF COORDINATED EFFORTS AT THE CITY, STATE AND FEDERAL LEVELS TO PORTRAY THE LIBRARY IN THE BEST POSSIBLE LIGHT TO ENSURE CONTINUED FUNDING FOR ITS OPERATIONS AND PROGRAMS. THE LIBRARY LOBBIES THE EXECUTIVE BRANCH OF THE STATE GOVERNMENT AND INDIVIDUAL MEMBERS OF THE STATE SENATE AND ASSEMBLY TO ENSURE THAT IT GETS ADEQUATE FUNDING FROM THE STATE DEPARTMENT OF EDUCATION, TO SEEK FUNDING FOR SPECIAL CAPITAL INITIATIVES AND FOR MEMBER ITEMS FOR PROGRAMS AT THE BRANCH LEVEL. IN ADDITION, IT LOBBIES THE EXECUTIVE BRANCH OF THE NEW YORK CITY GOVERNMENT, MEMBERS OF THE CITY COUNCIL AND THE NEW YORK CITY MAYOR'S OFFICE, TO ENSURE THAT THE LIBRARY IS ADEQUATELY FUNDED FOR ITS OPERATIONS AND CAPITAL PROJECTS. THE LIBRARY HIRED VARIOUS CONSULTANTS TO FACILITATE THE GRANT PROCESS WITH THE VARIOUS GOVERNMENT AGENCIES AND DIRECT CONTACT WITH VARIOUS LEGISLATORS.

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.

Name of the organization PROMELYM DIRECTO CERRANA

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection Employer identification number

	COKLYN POBLIC LIBRARY	11-1904261
P	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	other purpose
	conferring impermissible private benefit?	Yes No
Pa	art I Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
a.	Total number of conservation easements	2a :
b		2b
C		26
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d .
3	Number of conservation easements modified, transferred, released, extinguished, or termina	
	tax year >	ned by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	h handling of
-	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co.	
•	b	niservation easements outling the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	sorvation accomode during this lear-
•	>\$	servation easements outling the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170/h)///(R)/i)
	and section 170(h)(4)(8)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ea	manage statement and
.	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	ararenienta indi neactinea rise
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	If the organization elected as permitted under FASB ASC 958, not to report in its revenue is	etatoment and halanna sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue sof art, historical treasures, or other similar assets held for public exhibition, education, or	research in furtherance of public
	service, provide in Part XIII the text of the toothote to its financial statements that describes thes	se items.
b.	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items:	rch in furtherance of public service,
		▶ th
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	. .
a b	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X.	
	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019
	mp	Garanale D (Louis 20) 70 (2

Sche	onie D (Louil aan) So ia						Page , Z
Pa	int 📗 Organizations Maintain	ing Collections of	Art, Historical	Treasures, c	r Other Similar	Assets (cc	ontinued)
3	Using the organization's acquisition	on, accession, and o	ther records, ch	eck any of th	ne following that	make signif	ficant use of its
	collection items (check all that app	ly):					
a	X Public exhibition	•	d Loa	in or exchang	e program		
b	X Scholarly research		e Ott		,, , , ,		
C		rations	· •				
4	Provide a description of the orga		and explain ho	w they furthe	r the organizatio	n's exempt	purpose in Part
	XDL	4			· , - · · · · · · · · 3 - · · · · · · · · · ·		
5	During the year, did the organization	on solicit or receive d	lonations of art. I	istorical treas	ures, or other sim	nilar	
-	assets to be sold to raise funds rati						Yes. X No
Pa	id IV Escrow and Custodial A		,		· · · · · · · · · · · · · · · · · · ·		, , = 4:
Berlinster.	Complete if the organiza		s" on Form 990), Part IV, line	e 9, or reported	an amount	on Form
	990, Part X, line 21.	,			, <u>-</u>		,-, • •-,
1a	Is the organization an agent, truste	e. custodian or othe	r intermediary fo	r contribution	s or other assets r	not	
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement i				.,		
	the state of the s	in transfer in the second	Alore the lone, and	tabio.	T	Amount	
·C	Beginning balance			1c			
	Additions during the year.				 		
	Distributions during the year						 -
f.	Ending balance						
	Did the organization include an arr					linkiling.	Yes No
	= :	· · · · · · · · · · · · · · · · · · ·					
	If "Yes," explain the arrangement in V Endowment Funds.	ii Patt Aiii. Check jie	sie ii tue explana	non nas been l	piowided ou Hattiv	<u>.H</u>	****** * * * <u> </u>
	Complete if the organization	stion anguared "Ve	ic" on Form ÓÓ/	V Part IV lin	~ 1D		
	Complete it the organiza			- ,	 		E. F
		(a) Current year	(b) Prior year	(c) Two ye	<u> </u>		(e) Four years back
1a	· · · · · · · · · · · · · · · · · · ·	4,086,226.	3,983,51			96,364.	3,914,090.
	Contributions	26,626.	85,57	5 ¢	5,505.	20,303.	77,787
C	Net investment earnings, gains,	~~ ~~ ~	0.7.0 4:0.				E0 545
	and losses	60,542.	212,40	9. 23.	3,149 30	01,112.	-50,815.
ď	Grants or scholarships						
е	Other expenditures for facilities			İ			
	and programs	196,159.	195,26	9. 190	0,952. 18	81,970.	144,698.
f	Administrative expenses						
g	End of year balance	3,977,235.	4,086,22	3,983	3,511. 3,93	35,809.	3,796,364.
2	Provide the estimated percentage	of the current year e	end balance (line	1g, column (a)) held as:		
а	Board designated or quasi-endown	nent. ▶	<u></u> %		,		
b	Permanent endowment > 68.	7100 %					
C	Term endowment ► 31.2900	%					
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.				
За	Are there endowment funds not in	the possession of th	e organization th	at are held ar	nd administered fo	or the	,
	organization by:						Yes No
	(i) Unrelated organizations					<i>.</i>	3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	ed organizations lister	d as required on S	Schedule R?	· · · · · · · · · · ·		3b
4	Describe in Part XIII the intended to					. •	<u> </u>
Pa	Land, Buildings, and Equ	Jipment.					
	Complete if the organize Description of property				e 11a. See Forr		
	Description of property	(a) Cost or (invest		st or other basis (other)	depreciation	(0).	Book value
1a	Land	, ,					
ь	Buildings						
Ċ	Leasehold improvements	(;	.32	,379,621.	7,095,736		25,283,885.
d	Equipment,		7	,474,258.	5,307,402		2,166,856.
e·	***			,364,940.	8,178,280		31,186,660.
	I. Add lines 1a through 1e. (Column		990, Part X. colu	imn (B), line 1	<u> </u>		58,637,401.

Schedule D (Form 990) 2019.

Part VII	Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 990	Part IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)	· · · · · · · · · · · · · · · · · · ·			
(D)				
(E)				
(F)				
(G) (H)				
,	with must period from OSO Cont VS and CDV Site of 1			
Part VIII	n (b) must equal Form 990, Part X, col. (B) fine 12.) . Investments - Program Related.			
PRESIDENTE	Complete if the organization answered	l "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 valuations of cost or end-of-year mark	tion:
(1)				
(2)				<u> </u>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
	(b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990	
	(a) De	scription		(b) Book value
(1)				
(2)		·	· · · · · · · · · · · · · · · · · · ·	THE RESIDENCE OF THE PARTY OF T
(4)				
(5)				
(6)				
(7)				
(8)				
(9).				
Total. (Colu	imn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	.,	
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
****	al income taxes			
(2)				
(3)				
(4)				
(5)		······		
(6)				····
<u>(7)</u>				
(8)				·
(9) Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	f uncertain tax positions. In Part XIII, provide the			rat rapade tha

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	206,140,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c C	Recoveries of prior year grants]	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	38,308,954.
3	Subtract line 2e from line 1	3	167,831,466.
4	Amounts included on Form 990; Part VIII, line 12, but not on line 1;		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 226, 995.		
ь	Other (Describe in Part XIII.)	[
c	Add lines 4a and 4b	4c	226,995.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	168,058,461.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Refu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irŋ.	
1	Total expenses and losses per audited financial statements	1	202,385,771.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	·	
a	Donated services and use of facilities		
b	Prior year adjustments		
Ċ	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	57,391,539.
3	Subtract line 2e from line 1	3	144,994,232.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 226, 995.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	226,995.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	145,221,227.
Provide 2; Part	XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; PXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	art V, ation	line 4; Part X, line
			•
•			

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III - LINE 1A

THE LIBRARY HAS COLLECTIONS OF NON-CIRCULATING LIBRARY MATERIALS,
INCLUDING BOOKS, PERIODICALS AND OTHER ITEMS. THESE COLLECTIONS ARE
MAINTAINED BY THE LIBRARY UNDER CURATORIAL CARE AND ARE HELD FOR
RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC
SERVICE. PROCEEDS FROM THE SALES OF COLLECTIONS ARE USED TO ACQUIRE OTHER
ITEMS FOR COLLECTIONS. THE COST OF COLLECTIONS PURCHASED BY THE LIBRARY IS
EXPENSED IN THE YEAR OF PURCHASE. THE VALUE OF THE LIBRARY'S COLLECTIONS,
FOR FINANCIAL STATEMENT PURPOSES, CANNOT BE DETERMINED. THE COST OF
CIRCULATING BOOKS AND OTHER LIBRARY MATERIALS ARE NOT CAPITALIZED AS
COLLECTIONS, BUT ARE RECORDED AS AN EXPENSE IN THE YEAR PURCHASED, AS THE
USEFUL LIVES OF SUCH ITEMS ARE RELATIVELY SHORT.

SCHEDULE D, PART III - LINE 4

BROOKLYN PUBLIC LIBRARY OWNS AND HAS MADE ACCESSIBLE SEVERAL IMPORTANT SPECIAL COLLECTIONS THAT INCLUDE THE HUNT COLLECTION OF CHILDREN'S LITERATURE - 7,000 JUVENILE BOOKS DATING BACK TO THE MID-18TH CENTURY; THE CIVIL WAR COLLECTION - A 6,000 VOLUME COLLECTION PURCHASED IN 1908; AND A CIRCULATING ORCHESTRAL SCORE COLLECTION. ALSO, THE LIBRARY'S LOCAL HISTORY UNIT, THE BROOKLYN COLLECTION, MAINTAINS NUMEROUS IMPORTANT COLLECTIONS, NONE MORE IMPORTANT THAT THE ENTIRE BROOKLYN DAILY EAGLE PHOTOGRAPHY ARCHIVES: OVER 200,000 IMAGES OF NEWSWORTHY LOCAL, NATIONAL, AND INTERNATIONAL EVENTS.

THE BROOKLYN COLLECTION'S GENERAL PHOTOGRAPHY COLLECTION COMPRISE 19TH AND 20TH CENTURY PHOTOGRAPHS, PHOTOGRAVURES, PORTFOLIOS, PHOTO ALBUMS, STEREO VIEWS, AND CYANOTYPES. THE COLLECTION INCLUDES PHOTOGRAPHS TAKEN

Part XIII Supplemental Information (continued)

BY WELL-KNOWN PHOTOGRAPHERS SUCH AS BERENICE ABBOTT, ALVIN LANGDON COBURN, THOMAS ROMA, ALFRED STIEGLITZ, IRVING UNDERHILL, AND UNDERHILL AND UNDERHILL.

IN ADDITION, THE BROOKLYN COLLECTION MAINTAINS A NUMBER OF SMALLER COLLECTIONS, INCLUDING SOME BPHEMERAL COLLECTIONS SUCH AS THE BROOKLYN DODGERS MEMORABILIA COLLECTION.

THE LIBRARY'S SPECIAL COLLECTIONS FURTHER ITS EXEMPT PURPOSE IN THAT THEY PROVIDE THE PEOPLE OF BROOKLYN FREE AND OPEN ACCESS TO A WELL-PRESERVED RECORD OF SOCIETY'S KNOWLEDGE, HISTORY, AND CULTURE.

SCHEDULE D, PART V - LINE 4

THE INTENDED USES OF THE ENDOWMENT FUNDS ARE AS FOLLOWS:

- 1. BOOKS INCOME FROM THESE ENDOWMENTS ARE TO BE USED TO BUY BOOKS THAT FURTHER THE MISSION OF THE LIBRARY
- 2. BRANCH HUMANITIES PROGRAMS
- 3. STAFF WELFARE
- 4. YOUTH AND CHILDREN'S PROGRAM
- 5. WILLENDORF LECTURE SERIES
- 6. PLAZA AND AUDITORIUM CAPITAL CAMPAIGN
- 7. THE UPKEEP OF TECHNOLOGY EQUIPMENT AND ONGOING MAINTENANCE OF THE CENTRAL LIBRARY INFORMATION COMMONS
- 8. ADULT LITERACY

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X - LINE 2

THE LIBRARY IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ("FASE") ACCOUNTING STANDARDS CODIFICATION ("ASC")

TOPIC 740, "INCOME TAXES", RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE LIBRARY, ASC TOPIC 740 IS

POTENTIALLY APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME, ATTRIBUTABLE TO PASSPORT SERVICES PROVIDED TO THE PUBLIC. BECAUSE THE LIBRARY HAS ALWAYS ACCRUED A TAX DIABILITY FOR THIS SERVICE AND BECAUSE OF THE LIBRARY'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE LIBRARY'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XI- LINE 2D

\$3,869,803 OF EMPLOYEE RETENTION TAX CREDIT REPORTED AS INCOME FOR FINANCIAL STATEMENTS.

SCHEDULE D, PART XII- LINE 2D

THE \$22,543,525 INCLUDED IN EXPENSES FOR THE FINANCIAL STATEMENT PURPOSES BUT TREATED AS OTHER RECONCILING ITEMS TO THE NET ASSETS FOR TAX RETURN PURPOSES INCLUDE LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT OF \$664,712 AND REIMBURSABLE CAPITAL GRANTS EXPENDITURES TOWARDS THE CONSTRUCTION OF THE NEW GREENPOINT LIBRARY AND ENVIRONMENTAL EDUCATION CENTER AND CENTRAL LIBRARY RENOVATION IN THE AMOUNT OF \$18,009,010 AND \$3,869,803 OF EMPLOYEE RETENTION TAX CREDIT NETTED AGAINST EXPENSES.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	OKLYN PUBLIC LIBRARY				11-19042	b:1,
Part	General Information of Form 990, Part IV, line 141		Outside the	United States, Comple	ete if the organization a	nswered "Yes" on
1 .	For grantmakers. Does the org	janization mair	ntain records	to substantiate the amou	nt of its grants and	
	other assistance, the grantees'		he grants or	assistance, and the selec	tion criteria used to	
	award the grants or assistance?		• • • • • • • • •		l	Yes No
	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors: in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0	Investments		1,278,669,
(2)						
(3)						
(4)						
(5)						
(6)						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
<u>-{7}</u>						· · · · · · · · · · · · · · · · · · ·
(8)						
(9)						·
(10)	- MANAGEMENT -					
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					1,278,669.
þ	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					1,278,669.

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

Schedule F (Form 990) 2019

BROOKLYN PUBLIC LIBRARY 11-1904261

Schedule F (Form 990) 2019 Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncesh assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									·
arvinosci matematica		6/6/160:4/164 http://doi.org/10/6/10/6/6/160:4/10/11/400							•
13)									
14)									
15)									
16)									

BROOKLYN PUBLIC LIBRARY

11-1904261 Schedule F (Form 990) 2019

Part III can be duplicated if ad	(b) Region		(d) Amount of	(e) Manner of	(f) Amount of	(a) Description	(h) Mathed of
 	X-11-7-5171	(c) Number of recipients	cash grant	disbursement	noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							- The state of the
12)							
13)							
14)							
15)							
16)				<u> </u>			
17)							
18)		:					

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

Schedule F (Form 990) 2019

Page 5

Part V Supplemental Information

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

PART I, LINE 3, COLUMN F

THE LIBRARY MAINTAINS AN INVESTMENT IN A CAYMAN ISLAND-BASED FUND OF

\$1,278,669 WHICH IS ACCOUNTED FOR ON THE ACCRUAL BASIS.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for Instructions and the latest information; Inspection Name of the organization Employer identification number BROOKLYN PUBLIC LIBRARY 11-1904261 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Parti Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations a е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (II) Activity (or retained by) or entity (fundraiser) from activity fundralser listed in contributions? organization col. (I) Νo Yes 1 2 3 4 ĸ 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

*****	_	e G (Form 990 or 990-EZ) 2019		·····	······ •····· · · · · · · · · · · · · ·	Pagé 2		
Pa	rt.	Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts gre	aising event contribut	answered "Yes" on I ions and gross incom	Form 990, Part IV, e on Form 990-EZ	line 18, or reported , lines 1 and 6b. List		
			(a) Event #1 BROOKLYN CLASSI	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
m			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	54,412.			54,412		
ř	2	Less: Contributions Gross income (line 1 minus	39,412.			39,412		
	J	line 2)	15,000.			15,000		
	4	Cash prizes						
	5							
nses	6	Rent/facility costs						
Direct Expenses		Food and beverages			······································	27,221		
Direct	8	Entertainment	1,300.			1,300		
	9	Other direct expenses	[2,320]			2,320		
	10 11	Direct expense summary, Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)	.,., >	30,841		
Pa			anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than		
Revenue		\$10,000 OHT OHI 390°£2, III	(a) Bingo	(b) Pull tabs/instant bingo/progressive.bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses,						
		Volunteer labor	Yes %	Yes%	Yes %			
		Direct expense summary. Add lin	l. ! 1		<u> </u>			
		Net gaming income summary. So	.	**				
9 8 1	ļ. }	Enter the state(s) in which the organization licensed to con if "No," explain: Were any of the organization's gaming	anization conducts gal duct gaming activities g licenses revoked, susp	ming activities: in each of these state pended, or terminated du	ring the tax year?	YesNo		
£	1	If "Yes," explain:			·			

Schedule G (Form 990 or 990-EZ) 2019

Sched	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	formed to administer charitable gaming?
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name >
	Address .
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
C	
	Name ►
	Address >
16	Gaming manager information;
	Name >
	Gaming manager compensation ► \$.
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	
L	retain the state gaming license? Yes No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Pari	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BROOKLYN PUBLIC LIBRARY

Part | Questions Regarding Compensation

Employer Identification number

11-1904261

OMB No. 1545-0047

			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, tine 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			
	X Discretionary spending account Personal services (such as 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	1b	X	
2	explain	1 D	. <u>11</u>	-estable
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	PREVO).C	(MANANA)	6503394
	1a?	2.	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the		1888 E	-
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b.	Any related organization?	5b	ota sedanta	X
ċ	If "Yes" on 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			
а	compensation contingent on the net earnings of:	WARKE !	\$53\YS	
b	The organization? Any related organization?	6a		$\frac{x}{x}$
	If "Yes" on line 6a or 6b, describe in Part III.	6b	3346665	3622000
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	1	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		X.
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1000		
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2019

BROOKLYN PUBLIC LIBRARY

Schedule J (Form 990) 2019

Page 2

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, or row (ii). Do not list any individuals that aren't 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.

	1	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other réportable compensation	other deferred compensation	benefits	(B)(r)-(D)	in column (B) reported as deterred on prior Form 990
LINDA E. JOHNSON	(i)	474,735.	75,000.	4.012.	34,830.	11,046.	599,623.	0.
1 PRESIDENT & CEO	(ii)	0.	0.	0 .	0.	0.	0.	0.
DAVID WOLOCH	(i)	215,392.	0.	0.	16,468.	23,492.	255,352.	0.
2 OF EXTERNAL AFFAIRS	(ii)	0.	0.	.0.	0.	0.	0.	0,
LASZLO J. ORSOS	(i)	226,926.	0.	0.,	28,557.	10,439.	265,922.	Q.·,
3 P OF ARTS AND CULTURE	(ii)	ο.	Ö.	0.	0.	0.	0.	Q.
AMADU WAGIE	(i)	202,692.	0.	. 0	32,025.	1,832.	236,549.	Ö.
4 OF FINANCE	_ (ii) [0.	0.	0.	C	0.	0.	0.
SELVON SMITH	(i)	194,230.	0.	0.	30,688.	23,492.	248,410.	0.
5 OF INFORMATION TECHNOLOGY	(ii)	0	0.	0.	. 0.	٥.,	·0 .	Ö.
NICHOLAS L. HIGGINS	(i)	198,632.	0.	0.	31,185.	24,433.	254,250.	Ø.
6 ^{CHIEF} LIBRARIAN	(îî)	0.	0.	0.	О.	0.	0.	0.,
LACHONNE P. WALTON	(i)	209,011.	0.	0.	16,887.	1,832.	227,730.	0,
7 OF HUMAN RESOURCES	(ii)	0 -	0.	0.	.0.	0.	0.	0.
ALEXANDRA MAYERS	(i)	198,935.	Ó.	Ö.	16,468.	24,433.	239,836.	0.
8 HIEP DEVELOPMENT OFFICER	(ii)	0.4	0.	.0.	Ö.	Ò.	O.	0.
KAREN M. SHEEHAN	(i)	192,428.	0.	0.	30,211.	16,424.	239,063.	0.
9EVP FINANCE/CFO (BEGAN 3/2019)	(ii)	0.	0.	· O · .	0	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
11	(6)							
	(i)							
12	(ii)							
	(i)							
13	(0)							
	(i)						***************************************	
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16.	(ii)							

Schedule J (Form 990) 2019

Part III Supplemental Information

Page 3

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

SCHEDULE J, PART I, LINE 1A

THE LIBRARY REIMBURSES ALL TRUSTEES, OFFICERS AND EMPLOYEES FOR ALLOWABLE EXPENSES INCURRED IN CARRYING OUT THE MISSION OF THE LIBRARY. EXPENSES ARE REIMBURSED IN ACCORDANCE WITH THE LIBRARY'S TRAVEL AND EXPENSE REIMBURSEMENT POLICY.

SCHEDULE J, PART II, COLUMN B, III

THE LIBRARY PROVIDES LINDA E. JOHNSON (PRESIDENT & CEO) WITH A BPL.

VEHICLE FOR OFFICIAL BUSINESS. THE AMOUNTS REPRESENT THE VALUE ASSESSED

FOR THE PERSONAL USE OF THE VEHICLE.

SCHEDULE J, PART II, COLUMN C

RETIREMENT AND OTHER DEFERRED COMPENSATION - VALUE OF CONTRIBUTIONS TO

NEW YORK STATE AND LOCAL RETIREMENT SYSTEM (NYSLRS) OR NEW YORK VOLUNTARY

DEFINED CONTRIBUTION (VDC) PENSION PLANS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30,

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization PPOOKLYM PHRITE LIBRARY

Employer identification number

	The FD	 .		1	1-1904261		
Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contri	determinir	ng Iounts
1	Art - Works of art						
.2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Posts and planes						
8	Intellectual property Securities - Publicly traded						
9	Securities - Publicly traded	:X	12.	77,296.	FMV		
10	Securities - Closely held stock						
11.	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation					•	
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies			<u> </u>			
21	Taxidermy						
22	Historical artifacts,	· 					
23	Scientific specimens						
24	Archeological artifacts					.=	
25	Other ▶()						
26	Other ►() Other ►()						
27	Other ►()						
28	Other ►()			<u> </u>			
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for			
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29		
					_	Yes	No
30a	During the year, did the organization						
	28, that it must hold for at least th						
	to be used for exempt purposes for		olding period?		<u>. 3</u>	0a	X
	If "Yes," describe the arrangement in						
31	Does the organization have a						
	contributions?				قتاء وولا والاواد	31 X	1
32a	Does the organization hire or use						
_	contributions?				3	2a X	ļ
	If "Yes," describe in Part II.						
33	If the organization didn't report an a describe in Part II.	amount in c	olumn (c) for a type of prop	perty for which column (a) is checked.		

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

Schedule M (Form 990) 2019

Part II

Page 2

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

SCHEDULE M, PART I, LINE 32

THE BROKER HIRED BY THE LIBRARY SELLS ALL THE DONATED STOCKS UPON RECEIPT.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gowform990.

Employer identification number 11-1904261

BROOKLYN PUBLIC LIBRARY

FORM 990, PART VI, SECTION A, LINE 7A IN ACCORDANCE WITH THE LIBRARY'S BY-LAWS, THE GOVERNING BOARD OF TRUSTEES HAS THE AUTHORITY TO MANAGE AND CONTROL THE AFFAIRS OF THE LIBRARY. THE BOARD OF TRUSTEES SHALL CONSIST OF NO MORE THAN THIRTY-EIGHT MEMBERS. BY VIRTUE OF THEIR RESPECTIVE OFFICES, THE MAYOR OF THE CITY OF NEW YORK, THE COMPTROLLER OF THE CITY OF NEW YORK, THE SPEAKER OF THE CITY COUNCIL OF THE CITY OF NEW YORK AND THE PRESIDENT OF THE BOROUGH OF BROOKLYN ARE EX-OFFICIO TRUSTEES OF THE LIBRARY. EACH EX-OFFICIO MAY APPOINT A REPRESENTATIVE TO SERVE ON HIS OR HER BEHALF AS A MEMBER OF THE BOARD. EACH REPRESENTATIVE APPOINTED BY AN EX-OFFICIO SHALL BE COUNTED AS PART OF THE QUORUM, MAY VOTE AND HAVE ALL THE SAME RIGHTS AND PRIVILEGES OF THE EX-OFFICIO OR ANY OTHER MEMBER OF THE BOARD, EXCEPT IN CASES WHERE THIS IS PROHIBITED BY LAW. THE MAYOR OF THE CITY OF NEW YORK AND THE PRESIDENT OF THE BOROUGH OF BROOKLYN MAY EACH APPOINT ELEVEN TRUSTEES TO HOLD OFFICES FOR A TERM OF THREE YEARS OR UNTIL THEIR RESIGNATION OR THEIR SUCCESSOR IS APPOINTED.

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

THE FORM 990 IS PREPARED BY MANAGEMENT, WITH THE ASSISTANCE OF OUR

AUDITORS, EISNERAMPER LLP. ONCE A FINAL DRAFT OF THE FORM 990 IS RECEIVED

FROM THE EXTERNAL AUDITORS, THE VICE PRESIDENT OF FINANCE CONDUCTS A

FIRST LEVEL REVIEW WITH THE EXECUTIVE VICE PRESIDENT FOR FINANCE AND

ADMINISTRATION AND CHIEF FINANCIAL OFFICER (CFO). PENDING ANY AMENDMENTS

OR CORRECTIONS, THE CFO AND VICE PRESIDENT OF FINANCE THEN REVIEWS THE

DRAFT RETURNS WITH THE PRESIDENT AND CEO.

AFTER REVIEWING THE DRAFT WITH THE PRESIDENT AND CEO, THE DRAFT FORM 990
IS FORWARDED TO THE MEMBERS OF AUDIT AND FINANCE COMMITTEES IN
PREPARATION FOR FORMAL REVIEW AT A JOINT MEETING OF THE AUDIT AND FINANCE
COMMITTEES ATTENDED BY THE EXTERNAL AUDITORS, SENIOR MEMBERS OF THE
LIBRARY'S EXECUTIVE TEAM ALONG WITH THE CFO AND VICE PRESIDENT OF
FINANCE. AT THIS MEETING, STAFF REVIEW THE REPORTS WITH THE ATTENDEES.
QUESTIONS ARE FIELDED AND IF NECESSARY, CORRECTIONS ARE MADE.
ONCE THE REVIEW IS COMPLETED, THE MEMBERS OF THE AUDIT COMMITTEE VOTE TO
ACCEPT THE REPORT FOR FILING BY THE LIBRARY'S EXTERNAL AUDITORS.
PRIOR TO FILING THE RETURN (AMENDED IF REQUIRED) IT IS FORWARDED TO THE
FULL BOARD FOR THEIR REVIEW.

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

THE LIBRARY HAS A CONFLICT-OF-INTEREST POLICY WHICH IS SIGNED ANNUALLY BY EVERY MEMBER OF THE BOARD OF TRUSTEES AND KEY (SENIOR) MEMBERS OF THE LIBRARY'S MANAGEMENT TEAM. A COPY OF THE LIBRARY'S CONFLICT OF INTEREST POLICY CAN BE OBTAINED FROM THE LIBRARY'S WEBSITE AT:

HTTPS://WWW.BKLYNLIBRARY.ORG/SITES/DEFAULT/FILES/DOCUMENTS/TRUSTEES/CONFLICTOFINTEREST.PDF

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

THE SALARY OF THE PRESIDENT AND CEO IS BASED ON A NEGOTIATED WRITTEN EMPLOYMENT CONTRACT, WHICH INCLUDES A YEARLY ADJUSTMENT FOR COST OF LIVING INCREASES. IT ALSO INCLUDES A PROVISION FOR A DISCRETIONARY BONUS

DECIDED BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE. THE CONTRACT IS RENEWABLE EVERY THREE YEARS.

THE SALARIES OF THE OTHER OFFICERS AND KEY EMPLOYEES ARE BASED ON A COMPENSATION PROGRAM DESIGNED BY AN INDEPENDENT CONSULTANT, ERNST & YOUNG. THE PROGRAM INCLUDES SALARY GRADES. IT IS REVIEWED REGULARLY AND UPDATED, AS NEEDED, TO ADJUST THE SALARY STRUCTURE AND RANGES TO ENSURE COMPETITIVE SALARY RANGES.

FORM 990, PART VI, SECTION C, LINE 19

THE LIBRARY HAS A CONFLICT-OF-INTEREST POLICY FOR MEMBERS OF THE BOARD OF TRUSTEES AND KEY MEMBERS OF STAFF. THIS POLICY IS AVAILABLE FOR REVIEW ON THE LIBRARY'S INTRANET AND TRUSTEE WEBSITE. IN ADDITION, THE POLICY IS ALSO AVAILABLE FOR REVIEW BY THE GENERAL PUBLIC ON THE LIBRARY'S WEBSITE.

FINANCIAL STATEMENTS: IT IS THE POLICY OF BROOKLYN PUBLIC LIBRARY TO MAKE

ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. COPIES OF ITS MOST

RECENT AUDITED FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE AND

AVAILABLE TO THE PUBLIC AT THE FOLLOWING

LINK-HTTPS://WWW.BKLYNLIBRARY.ORG/ABOUT/REPORTS-PUBLICATIONS COPIES ARE
ALSO AVAILABLE UPON REQUEST FROM THE FINANCE DEPARTMENT.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS REPRESENTS REIMBURSABLE CAPITAL GRANT

EXPENDITURES INCURRED BY THE LIBRARY TOWARDS THE CONSTRUCTION OF THE NEW

GREENPOINT LIBRARY AND ENVIRONMENTAL EDUCATION CENTER IN THE AMOUNT OF

Name of the organization

BROOKLYN PUBLIC LIBRARY

Employer Identification number 11-1904261

\$18,009,010 AND LOSS ON DISPOSAL OF VARIOUS PROPERTY AND EQUIPMENT IN THE AMOUNT OF \$664,712.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CENTRAL LIBRARY IS THE LARGEST PUBLIC LIBRARY IN BROOKLYN. AT 352,000 SQUARE FEET, THE BUILDING ACCOUNTS FOR ONE-THIRD OF BROOKLYN PUBLIC LIBRARY'S TOTAL PHYSICAL PLANT.

CENTRAL PROVIDES TRADITIONAL LIBRARY SERVICES, INCLUDING A COLLECTION OF APPROXIMATELY 900,000 MATERIALS IN WINGS DEDICATED TO FICTION, HISTORY, SCIENCE AND TECHNOLOGY, CHILDREN'S AND YOUNG ADULT LITERATURE, AND THE ARTS. THE BUSINESS AND CAREER CENTER'S RELOCATION TO CENTRAL LIBRARY HAS PROVIDED PATRONS WITH CENTRAL ACCESS TO AN EXTENSIVE COLLECTION OF BOOKS, MATERIALS AND SERVICES RELATED TO TEST PREP, BUSINESS AND CAREER RESOURCES, IN ADDITION TO FINANCIAL AND COLLEGE PLANNING. THE BROOKLYN COLLECTION, BROOKLYN PUBLIC LIBRARY'S (BPL'S) LOCAL HISTORY DIVISION, PROVIDES A WEALTH OF INFORMATION ABOUT THE BOROUGH. INCLUDING ACCESS TO RESEARCH MATERIALS SUCH AS THE FULL, DIGITIZED 1841-1955 RUN OF THE BROOKLYN DAILY EAGLE. CENTRAL IS ALSO HOME TO THE SHELBY WHITE AND LEON LEVY INFORMATION COMMONS, A PUBLIC TECHNOLOGY CENTER AND WORKSPACE WITH A RESERVABLE RECORDING STUDIO AND MEETING ROOMS, SOPHISTICATED DESIGN SOFTWARE, AND A DIGITAL TRAINING LAB FOR COMMUNITY CLASSES AND WORKSHOPS.

IN FISCAL YEAR 2020, CENTRAL LIBRARY HOSTED NEARLY 97,000 PATRONS FOR APPROXIMATELY 8,000 IN-PERSON PROGRAMS BEFORE THE PANDEMIC FORCED THE LIBRARY TO CLOSE ITS DOORS. LIKEWISE, CENTRAL LIBRARY Name of the organization BROOKLYN PUBLIC LIBRARY **Employer Identification number** 11-1904261

ATTACHMENT 1 (CONT'D)

ALONE CIRCULATED 744,215 ITEMS BETWEEN JULY 2019 AND FEBRUARY 2020.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

NEIGHBORHOOD LIBRARIES: AS NEARLY ALL OF BROOKLYN'S 2.6 MILLION RESIDENTS LIVE WITHIN A MILE OF A LIBRARY BRANCH, BPL'S NEIGHBORHOOD LIBRARIES WELCOMED OVER 5.3 MILLION VISITORS IN FY20 BEFORE BPL CLOSED ITS DOORS IN MARCH DUE TO THE PANDEMIC. BEFORE THE PANDEMIC, EVERY BROOKLYN PUBLIC LIBRARY LOCATION WAS OPEN AT LEAST SIX DAYS PER WEEK, AND THE AVERAGE BRANCH WAS OPEN APPROXIMATELY 48 HOURS PER WEEK. THE LIBRARY'S COLLECTION HELD APPROXIMATELY 3.7 MILLION PRINT AND DIGITAL MATERIALS. BETWEEN JULY 2019 AND FEBRUARY 2020, THE SYSTEM CIRCULATED 7.5 MILLION MATERIALS IN TOTAL. BETWEEN MARCH AND JUNE 2020, E-CHECKOUTS FOR YOUNG ADULT MATERIALS INCREASED BY 80 PERCENT COMPARED TO THE PREVIOUS YEAR, AND NEARLY TRIPLED FOR CHILDREN'S MATERIALS. TO KEEP PACE, BPL DRAMATICALLY EXPANDED ITS DIGITAL COLLECTION, WHICH NOW CONTAINS MORE THAN 400,000 E-BOOKS, AUDIO BOOKS, VIDEOS, AND SUBSCRIPTIONS. AS THE LARGEST PROVIDER OF FREE WI-FI IN BROOKLYN, BPL HOSTED 1.3 MILLION FREE WI-FI SESSIONS IN FY20. EVEN AS BPL CLOSED ITS DOORS IN MARCH, THE SYSTEM DECIDED TO KEEP THE WIFI ON AT ALL OF ITS BRANCHES THROUGHOUT THE PANDEMIC.

BROOKLYN PUBLIC LIBRARY'S BRANCHES PROVIDE AN EXPANSIVE RANGE OF

Employer identification number 11-1904261

ATTACHMENT 2 (CONT'D)

PROGRAMS AND SERVICES. THE CORE (AND MOST POPULAR) OFFERINGS INCLUDE FIRST FIVE YEARS, A SUITE OF EARLY LITERACY PROGRAMS FOR INFANTS, TODDLERS, AND PRESCHOOLERS, INCLUSIVE PLAY AND LEARNING ENVIRONMENTS FOR CHILDREN WITH DISABILITIES; CREATIVE AGING CLASSES THAT HELP SENIORS LEARN NEW SKILLS AND EXPRESS THEIR CREATIVITY; DIGITAL LITERACY PROGRAMS SUCH AS BASIC COMPUTER CLASSES AND ADVANCED INSTRUCTION IN ANIMATION, AUDIO ENGINEERING, CODING, AND MORE, AND SUMMER READING, BPL'S BOROUGH-WIDE EFFORT TO PROMOTE RECREATIONAL READING WHILE SCHOOL IS OUT OF SESSION. BPL'S BRANCHES HOSTED NEARLY 575,000 PATRONS FOR APPROXIMATELY 38,000 IN-PERSON PROGRAMS BETWEEN JULY 2019 AND FEBRUARY 2020. FOR THE FIRST TIME IN BROOKLYN PUBLIC LIBRARY'S 124-YEAR HISTORY, BPL WAS FORCED TO CLOSE THE DOORS OF ALL OF ITS NEIGHBORHOOD BRANCH LIBRARIES IN MARCH 2020 DUE TO THE ONSET OF THE COVID-19 PANDEMIC. KNOWING HOW MANY PATRONS DEPEND ON THE LIBRARY, BPL FOUND NEW WAYS TO DELIVER SERVICES. WITH EXTRAORDINARY SPEED , LIBRARIANS AND STAFF TRANSFORMED BPL INTO A LARGELY DIGITAL INSTITUTION, BETWEEN MID-MARCH AND SEPTEMBER, BPL BRANCHES HOSTED MORE THAN 4,000 PUBLIC SESSIONS ONLINE WITH THE SAME BREADTH AS OUR IN-PERSON PROGRAMMING AND THE SAME AIM: TO FOSTER LITERACY, CIVIC ENGAGEMENT, AND SOCIAL JUSTICE.

OVER 700,000 PEOPLE HAVE TUNED IN TO OUR VIRTUAL BRANCH PROGRAMS
SUCH AS READY, SET, KINDERGARTEN!, TUTORING AND HOMEWORK HELP FOR
REMOTE STUDENTS, ESOL AND HEE CLASSES, KNOW YOUR RIGHTS WORKSHOPS,
GRIEF SUPPORT GROUPS, AND PERSONALIZED JOB ASSISTANCE FOR THOSE

Employer identification number 11-1904261

ATTACHMENT 2 (CONT'D)

WHO FOUND THEMSELVES SUDDENLY UNEMPLOYED. OUR FREE, HIGH-QUALITY VIRTUAL CONTENT HAS BEEN IN HIGH DEMAND. IN THE FIRST FOUR MONTHS OF THE PANDEMIC, 146,000 CHILDREN TUNED INTO OUR MULTI-LINGUAL STORYTIMES.

ALONGSIDE THE DRAMATIC EXPANSION OF THE LIBRARY'S DIGITAL SERVICES
AND WIFI SIGNAL, BROOKLYN PUBLIC LIBRARY HAS BEGUN TO GRADUALLY
REOPEN ITS BRANCHES. THE SAFETY OF PATRONS AND STAFF ARE
PARAMOUNT, AND BPL FOLLOWED THE GUIDELINES AND RECOMMENDATIONS OF
LEADING PUBLIC HEALTH AUTHORITIES, AS WELL AS OTHER URBAN LIBRARY
SYSTEMS, TO DEVELOP A COMPREHENSIVE, MULTIPHASE REOPENING PLAN.

IN JUNE 2020, BPL'S CAPITAL PLANNING AND FACILITIES MANAGEMENT.

TEAM AND CUSTODIAL STAFF WORKED TOGETHER TO RECONFIGURE WORKSPACES

AND IMPLEMENT NEW CLEANING, VENTILATION, PPE, AND WORKSPACE.

DISTANCING PROTOCOLS. ALL BPL LOCATIONS (APART FROM THOSE UNDER CONSTRUCTION) ARE NOW OPEN TO STAFF, SO THAT THEY CAN PERFORM

INVENTORY, COLLECTIONS, AND REFERENCE WORK, AND PRODUCE ON-SITE

VIRTUAL PROGRAMMING.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SPECIAL PROGRAMS: BPL OFFERS PROGRAMS FOR PEOPLE FROM EVERY WALK OF LIFE. IN ADDITION TO THE BRANCH PROGRAMS DESCRIBED ABOVE, BPL HOSTS TEEN TECH TIME AND HOMEWORK HELP SESSIONS, CITIZENSHIP AND

ATTACHMENT 3 (CONT'D)

HSE TEST PREPARATION; CAREER AND BUSINESS DEVELOPMENT RESOURCES,
FREE CULTURAL EVENTS, AND MUCH MORE. A REPRESENTATIVE SAMPLE OF
OUR SPECIAL PROGRAMS:

(1) BOOKMATCH -PROVIDES PATRONS WITH READING LISTS SPECIALLY
CURATED FOR THEM BY BPL LIBRARIANS. (2) BKLYN INCUBATOR - SUPPORTS
AND FUNDS THE DEVELOPMENT OF NEW INITIATIVES BY LIBRARIANS AND
STAFF, WITH TRAINING AND MENTORING ON PROGRAM DESIGN, PARTNERSHIP
DEVELOPMENT, COMMUNITY OUTREACH, AND PROJECT MANAGEMENT.

(3) BROOKLYN CULTURAL ADVENTURES PROGRAM- AWARD WINNING SUMMER DAY

CAMP FOR CHILDREN 7-12; CULTURAL IMMERSION AT BPL, BROOKLYN
BOTANIC GARDEN, BROOKLYN MUSEUM, BROOKLYN CHILDREN'S MUSEUM,
PROSPECT PARK, AND PROSPECT PARK ZOO. (4) OUR STREETS ORAL HISTORY
PROJECT CHRONICLING DECADES OF TRANSFORMATION IN NEIGHBORHOODS
THROUGHOUT BROOKLYN. (5) POWERUP KREYOL, A BUSINESS PLAN
COMPETITION FOR MEMBERS OF THE HAITIAN-KREYOL COMMUNITY MODELED ON
THE POWERUP COMPETITION THAT HAS HELPED LAUNCH MORE THAN 2,100
BROOKLYN BUSINESSES SINCE ITS FOUNDING IN 2003. (6) TODAY'S TEEN'S
TOMORROW'S TECHIES-TEACHES DIGITAL SKILLS TO STUDENTS 14 TO 18 AND
PREPARES THEM TO SERVE ON BPL'S VOLUNTEER TEAM, WHERE THEY HELP
PATRONS MAKE USE OF THE LIBRARY'S MANY FREE TECHNOLOGY RESOURCES.

IN FISCAL YEAR 2020 BPL JOINED LIBRARIES ACROSS THE CITY (AND COUNTRY) TO HELP NAVIGATE THE DECENNIAL PROCESS FOR OUR RESIDENTS.

THIS IMPORTANT COUNT OF ALL PEOPLE LIVING IN THE UNITED STATES

LEADS TO CRITICAL INFRASTRUCTURE FUNDING AND REPRESENTATION IN

CONGRESS. BPL BROUGHT ON A FULL-TIME CENSUS COORDINATOR TO WORK

WITH SIX PART-TIME MULTILINGUAL CENSUS NAVIGATORS TO PROVIDE RELEVANT, TRUSTWORTHY INFORMATION ABOUT THE COUNT TO OUR TRADITIONALLY HARD-TO-COUNT COMMUNITIES, MIDWAY THROUGH THE INITIATIVE THE COVID-19 PANDEMIC GRIPPED NEW YORK. THE LIBRARY'S OUTREACH EFFORTS SHIFTED IMMEDIATELY TO SOCIAL MEDIA, VIRTUAL EVENTS, INFORMATION DISTRIBUTION IN PHARMACIES AND GROCERY STORES. AND THROUGH HOUSES OF WORSHIP. IN THE END SPL'S EFFORTS HELPED IMPROVE BROOKLYN'S COUNT FROM 2010.

THE PROGRAMMING AND EXHIBITION DEPARTMENT PRODUCES HIGH QUALITY CULTURAL PROGRAMMING TO ENCOURAGE PUBLIC ENGAGEMENT WITH THE IDEAS AND CULTURAL EXPRESSIONS OF OUR TIME. ON FEBRUARY 2ND, 2020, BPL, IN COLLABORATION WITH THE CULTURAL SERVICES OF THE FRENCH EMBASSY, HOSTED A NIGHT OF PHILOSOPHY & IDEAS, A SUNSET-TO-SUNRISE EVENT BRINGING PHILOSOPHERS, MUSICIANS, ARTISTS, AND AUTHORS FROM AROUND THE WORLD TOGETHER WITH THE BROOKLYN AND GREATER NEW YORK COMMUNITY THROUGH A SERIES OF CONVERSATIONS AND PERFORMANCES.

THE OUTREACH SERVICES DEPARTMENT SERVES BROOKLYNITES WITH UNIQUE AND OFTEN OVERLOOKED NEEDS, INCLUDING VETERANS, IMMIGRANTS, THE HOMEBOUND, AND PEOPLE TRANSITIONING INTO AND OUT OF THE CITY'S CORRECTIONAL AND SHELTER SYSTEMS. IN FALL 2019, BPL LAUNCHED A PUBLIC HEALTH INITIATIVE WITH A HEALTHY COMMUNITIES CONFERENCE. A FULL-TIME COMMUNITY HEALTH COORDINATOR JOINED OUR STAFF AND SERVES AS A POINT OF CONTACT FOR HEALTH-RELATED PARTMERSHIPS.

ATTACHMENT 3 (CONT'D)

STAFF DEVELOPMENT RELATED TO HEALTH LITERACY. AT THE END OF FY20 AND BEYOND, THE LIBRARY PARTNERED WITH THE NEW YORK CITY HEALTH & HOSPITALS TEST & TRACE CORPS TO DISTRIBUTE MASKS AND REACH BROOKLYNITES WITH INFORMATION ABOUT ESSENTIAL RESOURCES SUCH AS FREE TESTING SITES AND EMERGENCY FOOD RELIEF.

OUR YOUTH AND FAMILY SERVICES DEPARTMENT CONTINUES TO OFFER
INNOVATIVE PROGRAMS AROUND STEM (SCIENCE, TECHNOLOGY, ENGINEERING,
AND MATH). BEFORE BPL CLOSED ITS BUILDINGS: DOORS IN FY2020, 736
ATTENDEES PARTICIPATED IN OUR SCIENCE BABY PROGRAM, A CREATIVE
SCIENCE PROGRAM FOR 0-3 YEAR OLD. THE HEART OF SCIENCE BABY IS
EXPLORING THE WONDER OF SCIENCE THROUGH STORY, REPETITION AND
PLAY. WE EXPLORE GRAVITY, MOTION, MAGNETS, CHEMICAL REACTIONS,
LIGHT, WATER, BUBBLES, SOUND AND MORE. AND THROUGH OUR LIBRARY LAB
PROGRAM SERIES, A DYNAMIC LEARNING ENRICHMENT PROGRAM FOR CHILDREN
(AGES 6 TO 10) AND THEIR FAMILIES, NEARLY 3,000 PATRONS RECEIVED
TIPS ON HOW TO USE LIBRARY RESOURCES TO SPARK CURIOSITY FOR STEM
THROUH HANDS-ON EXPERIMENTS AND HOW TO CONTINUE PROJECTS AT HOME.
23,811 ATTENDEES PARTICIPATED IN VIRTUAL LIBRARY LAB PROGRAMMING
BETWEEN MARCH 2020 AND THE END OF THE FISCAL YEAR.

IN 2015 BROOKLYN PUBLIC LIBRARY LAUNCHED BKLYN INCUBATOR AND ITS SUCCESS HAS CONTINUED DURING THE PANDEMIC. THE INITIATIVE SUPPORTS INNOVATIVE PROGRAMS AT THE BROOKLYN PUBLIC LIBRARY BY PROVIDING PROFESSIONAL DEVELOPMENT, MENTORSHIP, AND RESOURCES TO STAFF WITH INNOVATIVE IDEAS. THE PURPOSE OF BKLYN INCUBATOR IS TO EMPOWER OUR

Employer identification number 11-1904261

ATTACHMENT 3 (CONT'D)

STAFF TO BUILD PUBLIC PROGRAMS AND SERVICES FROM THE GROUND UP AND SUPPORT IDEAS THAT ARE RESPONSIVE TO COMMUNITY NEEDS. THROUGHOUT THE 59 INITIATIVES FUNDED BY INCUBATOR, OVER 22,418 PATRONS HAVE ATTENDED AN INCUBATOR PROGRAM, 775 EVENTS HAVE BEEN CREATED, AND 148 COMMUNITY PARTNERS HAVE BEEN INVOLVED IN SUPPORTING AND COLLABORATING WITH INCUBATOR INITIATIVES.

LIBRARIANS OF TOMORROW IS AN INNOVATIVE, HANDS-ON INTERNSHIP
PROGRAM FOR 10TH-12TH GRADE STUDENTS FROM DIVERSE BACKGROUNDS WITH
AN INTEREST IN LIBRARY CAREERS. IN FY20 THERE WERE 55 SCHOOL-YEAR
INTERNS AND 5 ALUMNI PEER LEADERS WHO CONTRIBUTED 7,000 VOLUNTEER
HOURS, AND 10 SUMMER INTERNS WHO CONTRIBUTED 1,000 VOLUNTEER
HOURS. THE LIBRARIANS OF TOMORROW PROGRAM QUICKLY PIVOTED TO A
VIRTUAL PROGRAM AFTER THE BPL SYSTEM CLOSED ALL OF ITS BRANCHES IN
RESPONSE TO THE PANDEMIC. INTERNS SUPPORTED BPL'S BOROUGH WIDE
EFFORTS TO PROMOTE THE U.S. CENSUS CREATING PROMOTIONAL POSTERS,
INFO GRAPHICS, PODCASTS AND VIDEOS, AND ATTENDING TWITTER EVENTS.
THE INTERN LANGUAGES SPOKEN OTHER THAN ENGLISH INCLUDED URDU,
BANGLA, SPANISH, RUSSIAN, UZBEK, TAJIKI, ARABIC, MANDARIN, FRENCH,
HAITIAN CRECLE, CANTONESE, PUNJABI, YORUBA, IGBO, HEBREW, AND

ATTACHMENT 4

CLEVELAND, OH 44125

Schedule O (Form 990 or 990-EZ) 2019		Page
Name of the organization	Employer ide	ntification number
BROOKLYN PUBLIC LIBRARY	11-19	04261
	ATTACHMEN	IT 4 (CONT (D)
990, PART VII- COMPENSATION OF THE FIVE	HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WESTERMAN CONSTRUCTION	CONSTRUCTION MGMT	10,295,799.
80 8TH AVE		, -
NEW YORK, NY 10.011		
NEW YORK PUBLIC LIBRARY	LOGISTIC SERVICE	5,036,904.
445 STH AVE, 8TH FL		
NEW YORK, NY 10016		
GILBANE BUILDING CO.	CONSTRUCTION MGMT	8,857,544.
JACKSON WALKWAY		
PROVIDENCE, RI 02903		
THEATER OF WAR PRODUCTIONS	PERFÖRMER	2,541,339.
1 HANSON PLACE BROOKLYN, 18D		,
BROOKLYN, NY 11243		
OVERDRIVE INC	LIBRARY MATERIALS	1,785,648.
ONE OVERDRIVE WAY		•

2018 990 Returns Found in Account L161

Total Record Count: 1 Report Date: 5/15/2020

*** - Federal Only

** - This i	* - This indicator is an acknowledgement that the jurisdiction has received direct debit information. Please note that not all jurisdictions send this acknowledgement.																	
Locator	Tax Type	Taxpayer Name	Client Code	Alerts		Juris Descriptio n		Federal Service Center	Date Sent	Date Ack	Submissi on ID	DCN	Debts ***	PIN***	EIC***	Direct Debit Ack Rec'd**	Direct Debit In Locat or	Create Date
49069D	990	BROOKLYN PUBLIC LIBRARY	301947	N	FED	Federal	Accepted		5/1/2020 9:48:00 AM	5/1/2020 10:26:00 AM	26505220 20122500 0003						N	5/1/2020 9:05:03 AM
				N	NY	New York State CT13	Accepted		5/1/2020 9:48:00 AM	5/4/2020 12:08:00 PM	26505220 20122500 0004						N	5/1/2020 9:04:30 AM