

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form 990 header section A-M containing organization name, address, EIN, and tax status.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances, listing various financial metrics.

Part II Signature Block

Signature block section containing signatures and names of the preparer and officer.

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See full description in Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 30,270,820. including grants of \$ ) (Revenue \$ 732,655.) Advancing knowledge. Inspiring life-long learning. Strengthening communities. Every day, Carnegie Library of Pittsburgh impacts every aspect of the community from early childhood education and out of school learning to workforce and economic development and neighborhood vitality. As a free public library, CLP makes available to the public at no charge a collection of more than 4.8 million items, access to the Internet, public wireless access, computers and other technologies, and reference and other services.

Continued on Schedule O.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 30,270,820.

**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   | <b>X</b> |          |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   |          | <b>X</b> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <b>X</b> |          |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            | <b>X</b> |          |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | <b>X</b> |          |
| <b>11</b> 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.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <b>X</b> |          |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....   |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |          | <b>X</b> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |          | <b>X</b> |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  |          | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |          | <b>X</b> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....   | <b>X</b> |          |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |          | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |          | <b>X</b> |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |          | <b>X</b> |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |          | <b>X</b> |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....   |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <b>X</b> |          |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |          | <b>X</b> |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           | X   |    |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     | X  |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     | X  |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     | X  |
| 25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | 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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | X   |    |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| b <i>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</i> .....  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions and numerical inputs like 158, 0, 599.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | <b>1a</b> 35   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 35   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Linda Barsevich - 412-622-3104**  
**4400 Forbes Avenue, Pittsburgh, PA 15213**

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

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

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

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

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

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

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Mr. Russell Ayres<br>Trustee                               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) Mr. Henry S. Beukema, III<br>Vice Chair (January-May 2016) | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) Ms. Carolina Beyers<br>Trustee                             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) Ms. Kim Berkeley Clark<br>Trustee                          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) Mr. Jay Costa<br>Trustee                                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) Mr. John Defazio<br>Trustee                                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Ms. Ilana Diamond<br>Trustee (January-May 2016)            | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) Mr. Roy Dorrance<br>Trustee                                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) Mr. Patrick Dowd<br>Trustee                                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) Mr. Tom Galante<br>Trustee                                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) Ms. Cindy Gerber<br>Treasurer (May-Dec 2016)              | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (12) Ms. Mary Alice Gorman<br>Trustee                          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) Mr. Paul Harper<br>Trustee                                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) Mr. Eric Kratsa<br>Trustee                                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) Mr. Bruce Kraus<br>Secretary                              | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (16) Ms. Ramayya Krishnan<br>Trustee (January-May 2016)        | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) Mr. R. Daniel Lavelle<br>Trustee                          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) Ms. Jacqui Fiske Lazo<br>Trustee                                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) Ms. Barbara Logan<br>Trustee                                    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) Mr. Lafe Metz<br>Trustee  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) Ms. Alice Mitinger<br>Trustee                                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) Mr. Matthew Mohn<br>Trustee                                     | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) Mr. Stephen Perkins<br>Trustee                                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) Ms. Carol Robinson<br>Chair                                     | 5.00<br>1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (25) Mr. Raymond Robinson<br>Trustee                                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) Ms. Natalia Rudiak<br>Trustee                                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b> .....  |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 1,134,104.   | 0.  | 150,839.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 1,134,104.   | 0.  | 150,839.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services        | (C)<br>Compensation |
|--|---------------------------------------|---------------------|
| Shannon Construction Company, 3257 West Liberty Avenue, Pittsburgh, PA 15216     | Construction                          | 1,913,247.          |
| Carnegie Institute<br>4400 Forbes Avenue, Pittsburgh, PA 15213                   | Facilities/Parking<br>Garage Services | 450,326.            |
| Black Knight Security, Inc., 2009 Mackenzie Way, Suite 280, Cranberry            | Security Guard<br>Services            | 391,882.            |
| Miller Electric Construction, 4377 William Flynn Highway, Allison Park, PA 15101 | Construction                          | 391,095.            |
| Montour Way Associates LTD, 330 Grant Street, Suite 2400, Pittsburgh, PA 15219   | Space<br>Rentals/Repairs              | 279,565.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

See Part VII, Section A Continuation sheets



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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) Ms. Pat Siger<br>Trustee                                 | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) Mr. Percy Simpson<br>Vice Chair (May-Dec 2016)           | 5.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (29) Mr. Thomas Sumpter<br>Trustee                            | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) MR. Lou Testoni<br>Trustee                               | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) Mr. Randy Vulakovich<br>Trustee                          | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) Mr. Gregory Zovko<br>Vice Chair                          | 5.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (33) Ms. Diane Powell<br>Trustee                              | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) Ms. Deb Gross<br>Trustee                                 | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) Ms. Carolyn Hess Abraham<br>Trustee (May-December 2016)  | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) Ms. Mary Murrin<br>Trustee (May-December 2016)           | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) Ms. LaShawnda Thomas<br>Trustee (May-December 2016)      | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (38) Mr. Sam DeMarco<br>Trustee                               | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (39) Ms. Molly Bennett<br>Director, Communications & Creative | 37.50   |  |                       |         | X            |                              |        | 109,461.   | 0.  | 1,574.  |
| (40) Ms. Susan Banks<br>Deputy Director                       | 37.50   |  |                       |         | X            |                              |        | 132,914.   | 0.  | 21,035.   |
| (41) Ms. Linda Barsevich<br>Assistant Treasurer               | 37.50<br>1.00   |  |                       | X       |              |                              |        | 131,299.   | 0.  | 20,104.   |
| (42) Ms. Karlyn Voss<br>Assistant Secretary                   | 37.50   |  |                       | X       |              |                              |        | 115,781.   | 0.  | 20,932.   |
| (43) Ms. Patricia Winter<br>Director, Development             | 37.50   |  |                       |         | X            |                              |        | 117,779.   | 0.  | 7,678.  |
| (44) Mr. Ron Graziano<br>Director, Facilities Devel           | 37.50   |  |                       |         | X            |                              |        | 113,710.   | 0.  | 20,704.   |
| (45) Mr. Robert Toby Greenwalt<br>Director, Digital Strategy  | 37.50   |  |                       |         | X            |                              |        | 103,659.   | 0.  | 20,119.   |
| (46) Mr. Paul Vanderwiel<br>Director, Human Resources         | 37.50   |  |                       |         | X            |                              |        | 103,599.   | 0.  | 20,243.   |
| Total to Part VII, Section A, line 1c                         |   |  |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue                                     | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|---|--|--|---|---|--|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts               | <b>1 a</b> Federated campaigns   | <b>1a</b>  |   |   |  |  |
|   | <b>b</b> Membership dues   | <b>1b</b>  |   |   |  |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>  | 21,233.   |   |  |  |
|   | <b>d</b> Related organizations   | <b>1d</b>  | 950,000.  |   |  |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>  | 26,851,812.                                     |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above   | <b>1f</b>  | 6,915,772.                                      |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  | 26,708.   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f  |  | 34,738,817.                                     |   |  |  |
|   | Program Service<br>Revenue   | <b>2 a</b> Fines, lost books, etc.                       | Business Code<br>900099                         | 732,655.                                | 732,655.   |  |
| <b>b</b>  |  |  |   |   |  |  |
| <b>c</b>  |  |  |   |   |  |  |
| <b>d</b>  |  |  |   |   |  |  |
| <b>e</b>  |  |  |   |   |  |  |
| <b>f</b> All other program service revenue                              |  |  |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f   |  |  | 732,655.  |   |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)   |  | 540,538.  |   | 540,538.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |  |   |   |  |  |
|   | <b>5</b> Royalties   |  |   |   |  |  |
|   | <b>6 a</b> Gross rents   | (i) Real   | 62,687.   |   |  |  |
|   |  | (ii) Personal  |   |   |  |  |
|   |  | <b>b</b> Less: rental expenses                           | 0.  |   |  |  |
|   |  | <b>c</b> Rental income or (loss)                         | 62,687.   |   |  |  |
|   | <b>d</b> Net rental income or (loss)   |  | 62,687.   |   | 62,687.  |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | 405,682.  |   |  |  |
|   |  | (ii) Other   |   |   |  |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses | 395,951.  |   |  |  |
|   |  | <b>c</b> Gain or (loss)                                  | 9,731.  |   |  |  |
|   | <b>d</b> Net gain or (loss)  |  | 9,731.  |   | 9,731.   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 21,233. of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>   | 26,296.   |   |  |  |
| <b>b</b> Less: direct expenses  | <b>b</b>   | 24,913.  |   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events                   |  | 1,383.   |   | 1,383.                                  |  |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 | <b>a</b>   |  |   |   |  |  |
| <b>b</b> Less: direct expenses  | <b>b</b>   |  |   |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities                    |  |  |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances    | <b>a</b>   |  |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold  | <b>b</b>   |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory  |  |   |   |  |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>                                     |   |   |  |  |
| <b>11 a</b>   |  |  |   |   |  |  |
|   | <b>b</b>   |  |   |   |  |  |
|   | <b>c</b>   |  |   |   |  |  |
|   | <b>d</b> All other revenue   |  |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d  |  |   |   |  |  |
| <b>12 Total revenue.</b> See instructions.                              |  | 36,085,811.  | 732,655.  | 0.                                      | 614,339.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 512,467.              |                                 | 330,884.                               | 181,583.                    |
| 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  | 15,170,550.           | 13,230,629.                     | 1,513,603.                             | 426,318.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 650,090.              | 564,598.                        | 73,099.                                | 12,393.                     |
| 9 Other employee benefits   | 2,236,564.            | 1,939,084.                      | 263,162.                               | 34,318.                     |
| 10 Payroll taxes  | 1,224,319.            | 1,040,535.                      | 139,999.                               | 43,785.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 45,822.               | 7,188.                          | 38,634.                                |                             |
| c Accounting  | 32,025.               |                                 | 32,025.                                |                             |
| d Lobbying  | 44,269.               |                                 |  | 44,269.                     |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  | 121,009.              | 16,860.                         | 99,564.                                | 4,585.                      |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 1,548,963.            | 1,424,119.                      | 124,844.                               |                             |
| 12 Advertising and promotion  | 330,559.              | 327,807.                        | 900.                                   | 1,852.                      |
| 13 Office expenses  | 182,013.              | 129,167.                        | 38,098.                                | 14,748.                     |
| 14 Information technology   | 985,480.              | 523,580.                        | 461,900.                               |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 2,545,459.            | 2,503,647.                      | 39,767.                                | 2,045.                      |
| 17 Travel   | 45,170.               | 37,589.                         | 3,822.                                 | 3,759.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 104,652.              | 41,846.                         | 60,239.                                | 2,567.                      |
| 20 Interest   | 380,347.              | 380,347.                        |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 2,617,302.            | 2,617,302.                      |  |                             |
| 23 Insurance  | 176,344.              | 6,310.                          | 170,034.                               |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>Library materials</b>  | 4,510,932.            | 4,505,421.                      | 5,429.                                 | 82.                         |
| b <b>Supplies and expenses</b>  | 1,104,702.            | 949,256.                        | 125,127.                               | 30,319.                     |
| c <b>Vehicle expense</b>  | 25,565.               | 25,535.                         | 30.                                    |                             |
| d   |                       |                                 |  |                             |
| e All other expenses  |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 34,594,603.           | 30,270,820.                     | 3,521,160.                             | 802,623.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |                 | (B)<br>End of year |
|------------------------------------|---|---|-----------------|--------------------|
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing .....   |                 | 1                  |
|                                    | 2   | Savings and temporary cash investments .....  | 10,879,316.     | 2 11,694,006.      |
|                                    | 3   | Pledges and grants receivable, net .....  | 2,467,037.      | 3 1,727,165.       |
|                                    | 4   | Accounts receivable, net .....  | 2,371,218.      | 4 1,314,904.       |
|                                    | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                 | 5                  |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                 | 6                  |
|                                    | 7   | Notes and loans receivable, net .....   |                 | 7                  |
|                                    | 8   | Inventories for sale or use .....   | 195,945.        | 8 220,630.         |
|                                    | 9   | Prepaid expenses and deferred charges .....   | 1,056,600.      | 9 1,080,065.       |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 75,971,441. |                    |
|                                    | b   | Less: accumulated depreciation .....  | 10b 26,216,319. | 10c 49,755,122.    |
|                                    | 11  | Investments - publicly traded securities .....  | 19,949,498.     | 11 22,053,244.     |
|                                    | 12  | Investments - other securities. See Part IV, line 11 .....  |                 | 12                 |
|                                    | 13  | Investments - program-related. See Part IV, line 11 .....   |                 | 13                 |
|                                    | 14  | Intangible assets .....   |                 | 14                 |
|                                    | 15  | Other assets. See Part IV, line 11 .....  | 1,622,742.      | 15 1,393,911.      |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....  | 87,330,948.   | 16 89,239,047.  |                    |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses .....   | 3,182,489.      | 17 2,952,565.      |
|                                    | 18  | Grants payable .....  |                 | 18                 |
|                                    | 19  | Deferred revenue .....  |                 | 19 479,240.        |
|                                    | 20  | Tax-exempt bond liabilities .....   | 9,285,000.      | 20 8,508,409.      |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D .....   | 324,882.        | 21 298,833.        |
|                                    | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....  |                 | 22                 |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties .....  | 247,453.        | 23 167,092.        |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties .....  |                 | 24                 |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....   |                 | 25                 |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 13,039,824.     | 26 12,406,139.     |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |                 |                    |
|                                    | 27  | Unrestricted net assets .....   | 47,919,413.     | 27 51,122,210.     |
|                                    | 28  | Temporarily restricted net assets .....   | 12,904,096.     | 28 11,671,781.     |
|                                    | 29  | Permanently restricted net assets .....   | 13,467,615.     | 29 14,038,917.     |
|                                    | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |                 |                    |
|                                    | 30  | Capital stock or trust principal, or current funds .....  |                 | 30                 |
|                                    | 31  | Paid-in or capital surplus, or land, building, or equipment fund .....  |                 | 31                 |
|                                    | 32  | Retained earnings, endowment, accumulated income, or other funds .....  |                 | 32                 |
| 33                                 | <b>Total net assets or fund balances</b> .....  | 74,291,124.   | 33 76,832,908.  |                    |
| 34                                 | <b>Total liabilities and net assets/fund balances</b> .....   | 87,330,948.   | 34 89,239,047.  |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 36,085,811. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 34,594,603. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,491,208.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 74,291,124. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 1,042,272.  |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 8,304.      |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 76,832,908. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| 3b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     |     |    |



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012    | (b) 2013    | (c) 2014    | (d) 2015    | (e) 2016    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 29,160,232. | 27,569,225. | 28,558,585. | 31,665,697. | 30,245,058. | 147,198,797. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   | 3,099,077.  | 4,039,250.  | 4,258,154.  | 4,278,880.  | 4,493,759.  | 20,169,120.  |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 32,259,309. | 31,608,475. | 32,816,739. | 35,944,577. | 34,738,817. | 167,367,917. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |             |             |             |             |             |              |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 167,367,917. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012    | (b) 2013    | (c) 2014    | (d) 2015    | (e) 2016    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 32,259,309. | 31,608,475. | 32,816,739. | 35,944,577. | 34,738,817. | 167,367,917.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   | 309,422.    | 214,219.    | 345,366.    | 494,787.    | 603,225.    | 1,967,019.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 20,085.     | 38,139.     | 37,259.     | 13,435.     | 25,296.     | 134,214.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 169,469,150.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |             |             |             | 12          | 3,582,838.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |                                     |
|--|----|-------------------------------------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | 98.76 %                             |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....   | 15 | 98.95 %                             |
| <b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  |    | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....   |    | <input type="checkbox"/>            |



**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**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 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.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|  |  |  |
|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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. |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |  |  |

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

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

| 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes   |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| 4 Amounts paid to acquire exempt-use assets   |              |
| 5 Qualified set-aside amounts (prior IRS approval required)   |              |
| 6 Other distributions (describe in Part VI). See instructions   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions |              |
| 9 Distributable amount for 2016 from Section C, line 6  |              |
| 10 Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6   |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016:   |                             |  |   |
| a  |                             |  |   |
| b  |                             |  |   |
| c From 2013  |                             |  |   |
| d From 2014  |                             |  |   |
| e From 2015  |                             |  |   |
| f <b>Total</b> of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years   |                             |  |   |
| h Applied to 2016 distributable amount   |                             |  |   |
| i Carryover from 2011 not applied (see instructions)   |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7: \$  |                             |  |   |
| a Applied to underdistributions of prior years   |                             |  |   |
| b Applied to 2016 distributable amount   |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7:   |                             |  |   |
| a  |                             |  |   |
| b Excess from 2013   |                             |  |   |
| c Excess from 2014   |                             |  |   |
| d Excess from 2015   |                             |  |   |
| e Excess from 2016   |                             |  |   |



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

Carnegie Library of Pittsburgh

Employer identification number

25-0965281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

**Carnegie Library of Pittsburgh****25-0965281****Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <b>1</b>   |                                   | \$ <b>20,836,740.</b>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>2</b>   |                                   | \$ <b>5,720,597.</b>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>3</b>   |                                   | \$ <b>950,000.</b>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |   |
|---|---|
| Name of organization<br><br><b>Carnegie Library of Pittsburgh</b> | Employer identification number<br><br><b>25-0965281</b> |
|---|---|

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                       | _____                |

|   |   |
|---|---|
| Name of organization<br><b>Carnegie Library of Pittsburgh</b> | Employer identification number<br><b>25-0965281</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><b>Carnegie Library of Pittsburgh</b> | Employer identification number<br><b>25-0965281</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |  | (a) Filing organization's totals | (b) Affiliated group totals |
|--|--|----------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  | 44,269.                          |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  | 44,269.                          |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  | 34,575,247.                      |                             |
| <b>d</b> Other exempt purpose expenditures .....   |  | 34,619,516.                      |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  | 1,000,000.                       |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                  |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>   | <b>The lobbying nontaxable amount is:</b>          |                                  |                             |
| Not over \$500,000   | 20% of the amount on line 1e.                      |                                  |                             |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |                                  |                             |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |                                  |                             |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |                                  |                             |
| Over \$17,000,000  | \$1,000,000.                                       |                                  |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  | 250,000.                         |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  | 0.                               |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  | 0.                               |                             |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |  | <input type="checkbox"/> Yes     | <input type="checkbox"/> No |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2013   | (b) 2014   | (c) 2015   | (d) 2016   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 49,743.    | 46,161.    | 45,288.    | 44,269.    | 185,461.   |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           |            |            |            |            |            |

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..   |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | 3   |    |

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

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year .....   | 2a |  |
| <b>b</b> Carryover from last year .....   | 2b |  |
| <b>c</b> Total .....  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | 5  |  |

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization Carnegie Library of Pittsburgh Employer identification number 25-0965281

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor information with Yes/No checkboxes.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic land area, historic structure). 2. Conservation contribution details (table with 2 columns: Held at the End of the Tax Year, rows 2a-2d). 3. Number of easements modified. 4. Number of states where property is located. 5. Written policy regarding monitoring. 6. Staff and volunteer hours. 7. Amount of expenses incurred. 8. Requirements of section 170(h)(4)(B)(i) and (ii). 9. Description of reporting in financial statements.

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

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

Form with 2 main questions: 1a. If organization elected not to report art/historical treasures, provide footnote text. 1b. If organization elected to report, provide amounts for revenue and assets. 2. If organization received or held works for financial gain, provide amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other See Part XIII
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 13,495,583.      | 13,884,204.    | 13,009,970.        | 11,531,956.          | 10,206,857.         |
| b Contributions                                  | 225,639.         | 139,535.       | 298,167.           | 89,169.              | 107,479.            |
| c Net investment earnings, gains, and losses     | 880,799.         | -113,661.      | 999,523.           | 1,605,294.           | 1,425,920.          |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 429,979.         | 404,402.       | 337,151.           | 216,449.             | 208,300.            |
| f Administrative expenses                        | 11,484.          | 10,093.        | 86,305.            | 447.                 |                     |
| g End of year balance                            | 14,160,558.      | 13,495,583.    | 13,884,204.        | 13,009,970.          | 11,531,956.         |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  10.99 %
  - b Permanent endowment  89.01 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations  |                          | <input checked="" type="checkbox"/> |
| (ii) related organizations   |                          | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value     |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land  |                                      | 879,798.                        |                              | 879,798.           |
| b Buildings  |                                      | 68,373,889.                     | 20,561,956.                  | 47,811,933.        |
| c Leasehold improvements   |                                      |                                 |                              |                    |
| d Equipment  |                                      | 6,419,618.                      | 5,438,560.                   | 981,058.           |
| e Other  |                                      | 298,136.                        | 215,803.                     | 82,333.            |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>49,755,122.</b> |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A) .....   |                |   |
| (B) .....   |                |   |
| (C) .....   |                |   |
| (D) .....   |                |   |
| (E) .....   |                |   |
| (F) .....   |                |   |
| (G) .....   |                |   |
| (H) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) .....   |                |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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



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

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

|   |   |    |            |             |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 37,148,837. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | 1,042,272. |             |
| b | Donated services and use of facilities  | 2b |            |             |
| c | Recoveries of prior year grants   | 2c |            |             |
| d | Other (Describe in Part XIII.)  | 2d | 970,754.   |             |
| e | Add lines 2a through 2d   | 2e |            | 2,013,026.  |
| 3 | Subtract line 2e from line 1  | 3  |            | 35,135,811. |
| 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 |            |             |
| b | Other (Describe in Part XIII.)  | 4b | 950,000.   |             |
| c | Add lines 4a and 4b   | 4c |            | 950,000.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |            | 36,085,811. |

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

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

|   |  |    |         |             |
|---|--|----|---------|-------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1       | 34,619,516. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |             |
| a | Donated services and use of facilities   | 2a |         |             |
| b | Prior year adjustments   | 2b |         |             |
| c | Other losses   | 2c |         |             |
| d | Other (Describe in Part XIII.)   | 2d | 24,913. |             |
| e | Add lines 2a through 2d  | 2e |         | 24,913.     |
| 3 | Subtract line 2e from line 1   | 3  |         | 34,594,603. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |         |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |         |             |
| b | Other (Describe in Part XIII.)   | 4b |         |             |
| c | Add lines 4a and 4b  | 4c |         | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |         | 34,594,603. |

**Part XIII Supplemental Information.**

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

**Part III, line 1a:**

Circulating Collections - The circulating collections (materials including books, periodicals, audio visual, etc.) are not recognized as assets in the Statements of Financial Position. Purchases of collection items are expensed and recorded as a decrease in unrestricted net assets in the year in which the items are acquired (of which approximately \$4.5 and \$4.3 million was acquired in 2016 and 2015, respectively).

Special Collections - The Library's special collections, which were acquired through purchases and contributions since the Library's inception, consist of approximately 666,800 books and archival holdings (primarily its own institutional archives) that are held for educational,

**Part XIII** Supplemental Information (continued)

research, and special curatorial purposes. Purchases of collection items are expensed and recorded as a decrease in unrestricted net assets in the year in which the items are acquired. Contributed collection items are not reflected in the financial statements.

All collection items are subject to appropriate stewardship measures (catalogued, preserved and cared for as appropriate, finding aids created, and activities verifying their existence and assessing their condition continuously performed). It is understood that all proceeds from the sales of collection items would be used to acquire other collection items or the care of the collections. Proceeds from the sale of collections or insurance recoveries (of which there were none in 2016 and 2015) are reflected as revenue resulting in an increase in unrestricted net assets.

## Part III, line 4:

Carnegie Library of Pittsburgh makes available to the public a collection of over 5 million books, periodicals, audiovisual items and other materials from the Main Library, the Library for the Blind and Physically Handicapped and 17 neighborhood locations. Most items may be borrowed by library cardholders for use at home, work, or school. Some unique, expensive, or frequently consulted materials are for use in the library only. This collection is the foundation for the Library's mission, which is to "engage our community in Literacy and Learning" and as such serves as the basis for the Library's tax exempt purpose.

## Part IV, line 2b:

Carnegie Library of Pittsburgh (CLP) records amounts for the Consortium of User Libraries (CUL) on their Statement of Financial Position. The CUL is

**Part XIII** Supplemental Information (continued)

an unincorporated association of libraries for the blind and physically handicapped licensed to use the automated registration, selection, and circulation system originally developed in 1976 by Automated Systems Research and Development (ASRD). Software used by the CUL is officially owned by both Commonwealth Libraries of Pennsylvania and the State Library of New Jersey. However, member libraries control all aspects of the software, including maintenance, enhancements, upgrades, and auxiliary modules. Each member library holds a current copy of the CUL source code. Each member library shares the cost and planning of future development of the system.

## Part V, line 4:

Distributions from the endowment fund are for the purchase of materials (books), programming and general operating purposes in accordance with the donor's wishes.

## Part XI, Line 2d - Other Adjustments:

|  |          |
|--|----------|
| Special events                                       | 24,913.  |
| Change in value of split interest agreements         | 8,304.   |
| Consolidated supporting organization revenue & gains | 937,537. |
| Total to Schedule D, Part XI, Line 2d                | 970,754. |

## Part XI, Line 4b - Other Adjustments:

|   |          |
|---|----------|
| Support from consolidated supporting organization | 950,000. |
|---|----------|

## Part XII, Line 2d - Other Adjustments:

|                |         |
|----------------|---------|
| Special events | 24,913. |
|----------------|---------|



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

|                 |    | (a) Event #1   | (b) Event #2                              | (c) Other events    | (d) Total events                   |         |
|-----------------|----|--|---|---------------------|------------------------------------|---------|
|                 |    | AFTER HOURS<br>AT CLP - MAI<br>(event type)                  | Knoxville<br>Grand Openin<br>(event type) | 1<br>(total number) | (add col. (a) through<br>col. (c)) |         |
| Revenue         | 1  | Gross receipts   | 22,312.                                   | 9,200.              | 16,017.                            | 47,529. |
|                 | 2  | Less: Contributions  | 9,960.                                    | 5,950.              | 5,323.                             | 21,233. |
|                 | 3  | Gross income (line 1 minus line 2)                           | 12,352.                                   | 3,250.              | 10,694.                            | 26,296. |
| Direct Expenses | 4  | Cash prizes  |   |                     |                                    |         |
|                 | 5  | Noncash prizes   | 62.                                       |                     | 222.                               | 284.    |
|                 | 6  | Rent/facility costs  |   | 667.                |                                    | 667.    |
|                 | 7  | Food and beverages   | 4,524.                                    | 2,532.              | 4,427.                             | 11,483. |
|                 | 8  | Entertainment  | 1,639.                                    | 2,093.              | 1,701.                             | 5,433.  |
|                 | 9  | Other direct expenses  | 761.                                      | 3,056.              | 3,229.                             | 7,046.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |   |                     |                                    | 24,913. |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |   |                     |                                    | 1,383.  |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Carnegie Library of Pittsburgh**

Employer identification number

**25-0965281**

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 explain

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

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

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

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

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

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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 compensation contingent on the net earnings of:

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

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

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

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

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

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

Schedule J (Form 990) 2016



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.  
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).  
 Do not list any individuals that 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.

| (A) Name and Title                                  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) Ms. Susan Banks<br>Deputy Director              | (i) 132,914.<br>(ii) 0.                            | (ii) 0.                             | (iii) 0.                            | (C) 12,843.<br>(ii) 0.                         | (D) 8,192.              | (E) 153,949.                    | (F) 0.  |
| (2) Ms. Linda Barsevich<br>Assistant Treasurer      | (i) 131,299.<br>(ii) 0.                            | (ii) 0.                             | (iii) 0.                            | (C) 8,134.<br>(ii) 0.                          | (D) 11,970.             | (E) 151,403.                    | (F) 0.  |
| (3) Ms. Mary Frances Cooper<br>President & Director | (i) 205,902.<br>(ii) 0.                            | (ii) 0.                             | (iii) 0.                            | (C) 6,104.<br>(ii) 0.                          | (D) 12,346.             | (E) 224,352.                    | (F) 0.  |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**Carnegie Library of Pittsburgh**

Employer identification number  
**25-0965281**

**Part I Bond Issues** See Part VI for Column (a) Continuations

| (a) Issuer name   | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|   |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| Allegheny County<br>A Industrial Development A25-126911701730TAX9 |                |             | 08/10/10        | 12,454,610.     | Refund prior year issue    |              | X  |                         | X  |                      | X  |
| B   |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| C   |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| D   |                |             |                 |                 |                            |              |    |                         |    |                      |    |

**Part II Proceeds**

|  | A   |      | B           |    | C   |    | D   |    |
|--|-----|------|-------------|----|-----|----|-----|----|
|  | Yes | No   | Yes         | No | Yes | No | Yes | No |
| 1 Amount of bonds retired                    |     |      | 3,850,000.  |    |     |    |     |    |
| 2 Amount of bonds legally defeased           |     |      |             |    |     |    |     |    |
| 3 Total proceeds of issue                    |     |      |             |    |     |    |     |    |
| 4 Gross proceeds in reserve funds            |     |      |             |    |     |    |     |    |
| 5 Capitalized interest from proceeds         |     |      |             |    |     |    |     |    |
| 6 Proceeds in refunding escrows              |     |      | 187,050.    |    |     |    |     |    |
| 7 Issuance costs from proceeds               |     |      |             |    |     |    |     |    |
| 8 Credit enhancement from proceeds           |     |      |             |    |     |    |     |    |
| 9 Working capital expenditures from proceeds |     |      |             |    |     |    |     |    |
| 10 Capital expenditures from proceeds        |     |      | 512,017.    |    |     |    |     |    |
| 11 Other spent proceeds                      |     |      | 11,755,543. |    |     |    |     |    |
| 12 Other unspent proceeds                    |     |      |             |    |     |    |     |    |
| 13 Year of substantial completion            |     | 2010 |             |    |     |    |     |    |

|   |   |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|
| 14 Were the bonds issued as part of a current refunding issue?  | X |  |  |  |  |  |  |  |  |  |  |
| 15 Were the bonds issued as part of an advance refunding issue?   | X |  |  |  |  |  |  |  |  |  |  |
| 16 Has the final allocation of proceeds been made?  | X |  |  |  |  |  |  |  |  |  |  |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X |  |  |  |  |  |  |  |  |  |  |

**Part III Private Business Use**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     |    |     |    |     |    |     |    |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property?                        |     |    |     |    |     |    |     |    |

25-0965281

Schedule K (Form 990) 2016 **Carnegie Library of Pittsburgh**

Part III Private Business Use (Continued)

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property?  |     |    |     |    |     |    |     |    |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |    |     |    |     |    |     |    |
| c Are there any research agreements that may result in private business use of bond-financed property?   |     |    |     |    |     |    |     |    |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   |     |    |     |    |     |    |     |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government  |     | %  |     | %  |     | %  |     | %  |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     | %  |     | %  |     | %  |     | %  |
| 6 Total of lines 4 and 5   |     | %  |     | %  |     | %  |     | %  |
| 7 Does the bond issue meet the private security or payment test?   |     |    |     |    |     |    |     |    |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     |    |     |    |     |    |     |    |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of  |     | %  |     | %  |     | %  |     | %  |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?  |     |    |     |    |     |    |     |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?                           |     |    |     |    |     |    |     |    |

Part IV Arbitrage

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?    |     | X  |     |    |     |    |     |    |
| 2 If "No" to line 1, did the following apply?   |     |    |     |    |     |    |     |    |
| a Rebate not due yet?   | X   |    |     |    |     |    |     |    |
| b Exception to rebate?  |     |    |     |    |     |    |     |    |
| c No rebate due?  |     | X  |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed                             |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue?  |     | X  |     |    |     |    |     |    |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? |     | X  |     |    |     |    |     |    |
| b Name of provider  |     |    |     |    |     |    |     |    |
| c Term of hedge   |     |    |     |    |     |    |     |    |
| d Was the hedge superintegrated?  |     |    |     |    |     |    |     |    |
| e Was the hedge terminated?   |     |    |     |    |     |    |     |    |

**Part IV Arbitrage (Continued)**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)?                        |     | X  |     |    |     |    |     |    |
| b Name of provider  |     |    |     |    |     |    |     |    |
| c Term of GIC   |     |    |     |    |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?     |     |    |     |    |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period?                          |     | X  |     |    |     |    |     |    |
| 7 Has the organization established written procedures to monitor the requirements of section 148? |     | X  |     |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? |     |    |     |    |     |    |     |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: Allegheny County Industrial Development Authority

**Part III Private Business Use**

Part III is not applicable as the 2010 refunding bonds were used to refund pre-January 1, 2003 bonds.

**Part IV, Line 7**

Monitoring procedures are not applicable as the Library has an exception to rebate.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**Carnegie Library of Pittsburgh**

Employer identification number

**25-0965281**

| Part I | Types of Property  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--------|--|-------------------------------|---|--|--|
| 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      | Boats and planes .....   |                               |   |  |  |
| 8      | Intellectual property .....  |                               |   |  |  |
| 9      | Securities - Publicly traded .....                                 |                               |   |  |  |
| 10     | Securities - Closely held stock .....                              |                               |   |  |  |
| 11     | Securities - Partnership, LLC, or<br>trust interests .....         |                               |   |  |  |
| 12     | Securities - Miscellaneous .....                                   |                               |   |  |  |
| 13     | Qualified conservation contribution -<br>Historic structures ..... |                               |   |  |  |
| 14     | Qualified conservation contribution - Other ...                    |                               |   |  |  |
| 15     | Real estate - Residential .....                                    |                               |   |  |  |
| 16     | Real estate - Commercial .....                                     |                               |   |  |  |
| 17     | Real estate - Other .....  |                               |   |  |  |
| 18     | Collectibles .....   |                               |   |  |  |
| 19     | Food inventory .....   |                               |   |  |  |
| 20     | Drugs and medical supplies .....                                   |                               |   |  |  |
| 21     | Taxidermy .....  |                               |   |  |  |
| 22     | Historical artifacts .....   |                               |   |  |  |
| 23     | Scientific specimens .....   |                               |   |  |  |
| 24     | Archeological artifacts .....                                      |                               |   |  |  |
| 25     | Other ▶ ( <b>Stock</b> )   | <b>X</b>                      | <b>1</b>  | <b>25,474.</b>   | <b>Fair Value</b>  |
| 26     | Other ▶ ( )  |                               |   |  |  |
| 27     | Other ▶ ( )  |                               |   |  |  |
| 28     | Other ▶ ( )  |                               |   |  |  |

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

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

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

Schedule M (Form 990) (2016)

**Part II**

**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, Line 32b:

Carnegie Library of Pittsburgh uses an investment broker to sell any stock or bond gifts.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Carnegie Library of Pittsburgh

Employer identification number

25-0965281

Form 990, Part III, Line 1, Description of Organization Mission:

As a public trust created "for the people," Carnegie Library of Pittsburgh embraces its role in providing open and free access to information that inspires people to engage in literacy and learning. The exempt purpose achievements align with the core values of the Library which are to build community, enable learning, provide access, and value people.

Form 990, Part III, Line 4a, Program Service Accomplishments:

In 2016, CLP offered more than 16,000 programs inside and outside of Library buildings, reaching preschoolers, children, teens and adults. Library materials, services and programs are provided to the entire Pittsburgh region through a network of nineteen (19) public services locations, multiple outreach venues, the Library's website and through the Library Support Center in the West End, which is not a public services outlet, but provides shipping and other collection services.

CLP's mission is to engage our community in literacy and learning. The Library's vision is that through CLP, the people of our region will develop the literacies and connections that support individual achievement and strengthen the power of the community. In 2016, CLP hosted almost 3 million visitors to its physical locations and more than 3.8 million visits to its website. Nearly 4 million items circulated.



|  |  |
|--|--|
| Name of the organization<br>Carnegie Library of Pittsburgh | Employer identification number<br>25-0965281 |
|--|--|

In 2016, over 1,200 volunteers contributed 36,000 hours of service and more than 4,900 individuals and organizations contributed financially to the Library to support essential services. With the support of our community, Carnegie Library of Pittsburgh profoundly impacts the Pittsburgh region and improves the lives of the people we serve. Together with the Library, people in our region can learn, grow and transform their lives.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by the Audit Committee in detail with management. The Board is provided the Form 990 after the Audit Committee's review. The Form 990 is filed after Board distribution.

Form 990, Part VI, Section B, Line 12c:

Annually, Conflict of Interest statements are completed by the Board of Trustees. The Board Committee on Trusteeship reviews compliance with the conflict of interest policy and brings any issues to the attention of the audit committee.

Form 990, Part VI, Section B, Line 15:

A compensation subcommittee of the Board determines compensation. The committee obtains and relies upon appropriate data as to comparability prior to approving the terms of compensation. Appropriate data includes compensation levels paid by similarly situated organizations, the availability of similar services in the geographic area of the Library, and current compensation surveys.

Form 990, Part VI, Section C, Line 19:

Name of the organization

Carnegie Library of Pittsburgh

Employer identification number

25-0965281

Available at the Main Library upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of split interest agreements 8,304.

990 Part XI, Reconciliation of Net Assets

In order to reconcile the form 990 changes in net assets and ending net asset balance to the audited financial statements, we must consider the changes in net assets and ending net asset balance of the consolidated supporting organization included in the audited financial statements.

The audited financial statements include a change in net assets of the consolidated supporting organization totaling \$12,463 (total consolidated supporting organization revenues and gains of \$937,537 less total consolidated supporting organization expenses of \$950,000) and a total ending net asset balance of the consolidated supporting organization of \$10,428,741.

Form 990, Part XII, Line 2c

The process has not changed from the prior year.

Schedule M:

This schedule does not allow the value of in-kind advertising to be included in the list of non-cash contributions because it is a donated service. Since this value is significant to the Library, we are listing it here at \$118,978.

**SCHEDULE R (Form 990)**  
 Department of the Treasury Internal Revenue Service  
**Related Organizations and Unrelated Partnerships**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).  
 ▶ Attach to Form 990.

Name of the organization: **Carnegie Library of Pittsburgh**  
 Employer identification number: **25-0965281**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                                  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|--|--|----------------------------|---|----------------------------------|--|----|
|  |  |  |                            |   |                                  | Yes  | No |
| Electronic Information Network - 30-0092345<br>4400 Forbes Ave.<br>Pittsburgh, PA 15213                              | provide computer and card catalog support to CLP & ACLA  | Pennsylvania                                     | 501(c)(3)                  | Line 12a, I   |                                  |  | X  |
| Friends of Carnegie Library of Pittsburgh - 25-1601408, 201 S. Highland Ave., Pittsburgh, PA 15206                   | provide support to further the activities of the Library | Pennsylvania                                     | 501(c)(3)                  | Line 12c, III-FI                                    |                                  |  | X  |
| Friends of the Music Library - 25-6071637<br>P.O. Box 81090<br>Pittsburgh, PA 15217                                  | provide support to further the activities of the Library | Pennsylvania                                     | 501(c)(3)                  | Line 7  |                                  |  | X  |
| Jack G. Buncher Charitable Fund for the Carnegie Library of Pgh - 20-4393050, 4400 Forbes Ave., Pittsburgh, PA 15213 | provide support to further the activities of the Library | Pennsylvania                                     | 501(c)(3)                  | Line 12a, I of Pittsburgh                           | Carnegie Library                 |  | X  |

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

**Carnegie Library of Pittsburgh**

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s)                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)                    | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s)                                   |     |    |
| <b>s</b> Other transfer of cash or property from related organization(s)                                 |     |    |

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

| (a)<br>Name of related organization   | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) The Electronic Information Network  | K                             | 464,501.               |  |
| (2) The Electronic Information Network<br>Jack G. Buncher Charitable Fund for the<br>Carnegie Library of Pittsburgh | Q                             | 129,071.               |  |
| (3) Carnegie Library of Pittsburgh  | C                             | 950,000.               |  |
| (4)   |                               |                        |  |
| (5)   |                               |                        |  |
| (6)   |                               |                        |  |



