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932001 02-04-10

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

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

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning $$	nding J	<u>UN 30, 2010</u>							
В	Check if applicab	Please use IRS C Name of organization		D Employer identifi	cation number						
Г	Addre	ess label or company to poom to the poom t									
Ē	Name	type		06-6	002263						
	Initial	See Number and street (or P.O. box if mail is not delivered to street address)   F	Room/suite	E Telephone numbe							
Ĺ	Termi	Specific			)426-4533						
Ė	Amen	ided tions		G Gross receipts \$ 1,281,345.							
	Appla	MEWIOWN, CI 004/0		H(a) Is this a group re	eturn						
	pend	F Name and address of principal officer MARTHA ROBILOTTI		for affiliates?	Yes X No						
		28 HUNTINGTOWN ROAD, NEWTOWN, CT 06470		H(b) Are all affiliates ind	cluded? Yes No						
_	I Tax-exempt status: X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 If "No," attach a list (see instructions)										
		te: ► WWW.BIBLIO.ORG/CHBOOTH		H(c) Group exemption							
		forganization: X Corporation  Trust  Association  Other ►	L Year	of formation: 1931 N	A State of legal domicile: CT						
P	art I	Summary									
é	1	Briefly describe the organization's mission or most significant activities THE B									
an		INFORMED COMMUNITY, LIFELONG LEARNING, AN									
Governance	2	Check this box If the organization discontinued its operations or dispose	ed of more	1	1						
ģ	3	Number of voting members of the governing body (Part VI, line 1a)		3	18						
		Number of independent voting members of the governing body (Part VI, line 1b)		4	18 46						
ţie	5	Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)		5	100						
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		6 7a	0.						
ě	l 'a	Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
	<del>-</del>	The dividicate passiness taxable income from the first passine of		Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		1,154,551.	1,171,358.						
Revenue	9	Program service revenue (Part-VIII-line-2g)		42,077.	36,502.						
, 8	10	Investment income (Part VIII, column (A) Lines 3, 4, and 7d)		68,008.	66,960.						
í "	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,450.	6,525.						
, 	12	Total revenue - add lines 18 h/ough 11 /must equal Part VIII, column (A), line 12)		1,270,086.	1,281,345.						
,		Grants and similar amounts paid (Part IX, column (A), lines 1-3)									
•	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>		······ <u></u>						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		850,591.	894,983.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)									
ă	b	Total fundraising expenses (Part IX, column (D), line 25)   33,81	<u>.3.</u>	<del></del>							
w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		582,474.	519,237.						
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,433,065.	1,414,220.						
		Revenue less expenses Subtract line 18 from line 12		<162,979.							
Net Assets or	2	Total access (Dad V. Ima 40)	Red	ginning of Current Year	End of Year						
ASSE Rais	20	Total lassets (Part X, line 16)		4,970,103. 36,407.	4,785,926. 25,477.						
Net /	21	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20		4,933,696.	4,760,449.						
_	art II	Signature Block		4,555,650.	4,700,443.						
ت		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and		nd to the best of my knowled	ge and belief, it is true, correct,						
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowledge								
Sig	เก	William meland		10112	1110						
	Here Signature of officer Date										
	WILLIAM MC CARTHY, TREASURER										
_		Type or print name and title									
Pai	н	Preparer's Date Date	Che self		er's identifying number structions)						
_	u parer's	signature PM.1. 1standly CA 8-1)		oloyed ►	·						
	parer s Only	Firm's name (or STUDLEY, WHITE & ASSOCIATES		EIN ►	•						
550		self-employed), P.O. BOX 399									
		DANBURY, CT 06813		Phone no ► (	<u>203)748-6517</u>						
Ma	v the li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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932002 02-04-10

# Form 990 (2009) CYRENIUS H BOOTH LIBRARY Part IV Checklist of Required Schedules

			res	No				
<b>_1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v					
_	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	1	X					
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2						
3	public office? If "Yes," complete Schedule C, Part I			v				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3		X				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4						
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	3						
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	-	Λ				
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del></del>		<u> </u>				
Ŭ	Schedule D, Part III	8		Х				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	-	<del></del>	- 12				
Ū	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?							
	If "Yes," complete Schedule D, Part V							
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Х					
	as applicable	11	x					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	<del></del>						
	Part VI							
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII							
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII							
•	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	ļ						
	Part X, line 16? If "Yes," complete Schedule D, Part IX.							
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI, XII, and XIII	12	x					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,							
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization							
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals							
	located outside the United States? If "Yes," complete Schedule F, Part III	16		_X_				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ļ					
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines							
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"							
	complete Schedule G, Part III	19		<u>X</u>				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X				
		Form	990 (2	2009)				

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Part IV Checklist of Required Schedules (continued)

	•	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form 9	990 C	2009)

Par	t v Statements Regarding Other IRS Filings and Tax Compliance				
	•	1 1		Yes	No
_1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				İ
	U.S. Information Returns. Enter -0- if not applicable	1a 5	٦		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	)]		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 46	<u>[</u>		ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	instructions)			ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authonty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B	Bank and			
	Financial Accounts			Ì	i
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited			
	Tax Shelter Transaction?	•	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne organization solicit			
	any contributions that were not tax deductible?	<b>.</b>	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts	3.5		
	were not tax deductible?	<u>g</u>	6b		
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			
	provided to the payor?	<b>3</b>	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c	İ	Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	<del></del>	1		
	benefit contract?		7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	Х	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h	X	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting org				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce				
	at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter.			<u> </u>	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
	Section 501(c)(12) organizations. Enter	.00	1		
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114	1		
	amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		122		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a	-+	
<u>.,</u>	1 100, Office the difficult of tax-exempt interest received of accrued during the year	1211			

Form **990** (2009)

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.

Sec	tion A. Governing Body and Management				
		<del>-</del> .		Yes	No
1a	Enter the number of voting members of the governing body	1a	18		
b	Enter the number of voting members that are independent		18	i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			!	
_	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision		$\vdash$	
•	of officers, directors or trustees, or key employees to a management company or other person?	ander deportion.	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Foi	m 990 was filed?	4	+	X
5	Did the organization become aware during the year of a material diversion of the organization's asset		5	1	X
6	Does the organization have members or stockholders?		6	1	X
	Does the organization have members, stockholders, or other persons who may elect one or more me	mhers of the	_ <u>~</u>	1	- 41
	governing body?		7a	x	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other personal by members and the governing body subject to approval by members, stockholders, or other personal by members are subject to approval by members.	sons?	7b	1	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken or			1	
•	by the following	admig the year			
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the	- 00		
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code )			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such of	hapters, affiliates.			
	and branches to ensure their operations are consistent with those of the organization?	.,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ng the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-			
12a			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give rise			
	to conflicts?		12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
ь	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a	- 1		
	taxable entity during the year?		16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organical states and taken steps to safeguard the organical states are states as a second state of the states are states as a second state of t	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CT				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	501(c)(3)s only) availal	ole for		
	public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nflict of interest policy	, and fina	ncial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and	d records of the organ	zation 🕨		
	C.H. BOOTH LIBRARY - (203)426-4533				
	25 MAIN STREET, NEWTOWN CT 06470				

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

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. Use Schedule J-2 if additional space is needed

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week			all		app		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
		Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	(W-2/1099-MISC)	(v. 2) 1833 miles)	organization and related organizations
MARTHA ROBILOTTI				4				0	0	0
PRESIDENT JOHN TRENTACOSTA		X		Х				0.	0.	0.
VICE PRESIDENT		х		x				0.	0.	0.
LIZ ARNETH										
SECRETARY		Х		X	<u> </u>			0.	0.	0.
ROBERT COX		х						0.	0.	0.
DANIEL CRUSON		x						0.	0.	0.
MARY KELLEY		x						0.	0.	0.
KATHY GECKLE		х						0.	0.	0.
JOHN GODIN		x						0.	0.	0.
JEANNE HONAN		x						0.	0.	0.
WILLIAM LAVERY		x						0.	0.	0.
MARTIN MARGULIES		x						0.	0.	0.
JENNIFER REILLY		x						0.	0.	0.
MICHELLE ROSENTHAL		x						0.	0.	0.
PAUL SIROIS		X						0.	0.	
NANCY REIDY		X						0.	0.	0.
PETER STERN							$\dashv$			0.
MOIRA RODGERS		X						0.	0.	0.

932007 02-04-10

Form 990 (2009)

Part VII Section A. Officers, Directors, Tre	ustees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Employ	rees (continued)				
Name and title	(B) Average	(C) Position						( <b>D</b> ) Reportable	(E) Reportable	!	E:	(F) stimate	ed
	hours per	$\vdash$	hecl	k all t	that	арр	ity)	compensation from	compensation from related	į	ar	nount other	
	week	Individual trustee or director	stee			nsated		the organization	organization (W-2/1099-MI		fı	pensa rom th	ie
		lual trust	institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)			!	anızat d relat	
		Individ	thstitu	Officer	Key en	Higher employer	Former				org	anızatı	ons
JANET WOYCIK LIBRARY DIRECTOR	40.00			х				86,420.		0.	1	6,4	65
WILLIAM MCCARTHY	70.00	X		X								0,4	
TREASURER		^		*		_		0.		0.			0.
		_						<u> </u>					
	-												
											ı		
									-				
						_			· · · · · · · · · · · · · · · · · · ·				
1b Total	<u> </u>							86,420.		0.	1	6,4	65
Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re	•	,000 in reportabl			<u>,                                    </u>	<u>0</u>
compensation from the organization									·			Yes	No
3 Did the organization list any former officer,		stee	, key	em/	ploy	yee,	or h	nighest compensated er	nployee on			•	
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su		le co	mpe	ensa	ition	and	l oth	ner compensation from	the organization		3		Х
and related organizations greater than \$150			-								4		_X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	ariy	unn	eiai	ed organization for servi	ices rendered to		5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mnensated in	dene	nde	nt c	ontr	acto	re t	hat received more than	\$100,000 of com	none	ation f	rom	
the organization NONE	mpensated int	Тере			01111	ac.0				iperisi			
(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	(C ompe	;) nsatio	n
-				-				<del></del>			<del></del>		
	<del></del>	_					+			<b>-</b>			
							_						
					_								
												,	
2 Total number of independent contractors (i	ncluding but n	ot lır	nıte	d to	thos	se lis	ted	above) who received m	ore than				
\$100,000 in compensation from the organiz	zation					)							

	990 (			06-6002	263 Page <b>9</b>			
•	rt VIII	Statement of Revenu	e		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a Total. Add lines 1a-1f	and 1f	012,848. 158,510.	1,171,358.			
Program Service Revenue	2 a b c	FINES PROGRAMS		Business Code 519100 519100	35,106. 1,396.	35,106. 1,396.		
Pro	e f g	All other program service revenu  Total. Add lines 2a-2f	e	<b>&gt;</b>	36,502.			
	3 4 5	Investment income (including divother similar amounts) Income from investment of tax-e Royalties	xempt bond p	proceeds	66,960.			66,960.
į		Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Real	(ii) Personal				
	С	Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		<b>&gt;</b>				
Other Revenue		Gross income from fundraising e including \$ contributions reported on line 1c Part IV, line 18	of					
Ě		Less direct expenses	b	L				
		Net income or (loss) from fundra Gross income from gaming activ Part IV, line 19	_	<b>&gt;</b>				
	c 10 a b	Less direct expenses Net income or (loss) from gaming Gross sales of inventory, less ret and allowances Less cost of goods sold Net income or (loss) from sales of	urns a b	<b>•</b>				
-		Miscellaneous Revenue PHOTOCOPY		Business Code 519100	6,525.	6,525.		
93200 02-04-	12 9	All other revenue  Total. Add lines 11a-11d  Total revenue See instructions.		<b>&gt;</b>	6,525. 1,281,345.	43,027.	0.	66,960. Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

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

	All other organizations must compl		<del></del>		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104,327.	20,865.	71,986.	11 176
6	trustees, and key employees  Compensation not included above, to disqualified	104,327.	20,865.	/1,300.	11,476.
O	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	607,846.	583,000.	15,121.	9,725.
8	Pension plan contributions (include section 401(k)	<u> </u>	303,000	10,1210	J, 123
	and section 403(b) employer contributions)				
9	Other employee benefits	131,605.	100,020.	28,953.	2,632.
10	Payroll taxes	51,205.	38,916.	11,265.	1,024.
11	Fees for services (non-employees)	,		== /.= = -	
а	Management			ĺ	
b	Legal				
С	Accounting	7,000.		7,000.	<u> </u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	16,912.	16,283.	436.	193.
14	Information technology				
15	Royalties	00 010	00 064		
16	Occupancy	93,319.	89,261.	2,487.	1,571.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,197.	1,197.		- · <del>- · ·</del>
19	Conferences, conventions, and meetings	1,19/.	1,19/		
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	144,216.	134,122.	7,210.	2,884.
23	Insurance	144,210.	134,122.	7,210.	2,004.
24	Other expenses. Itemize expenses not covered				
2-7	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	BOOKS	80,893.	80,893.		<u> </u>
b	CONTRACTUAL SERVICES	68,571.	65,142.	3,429.	
С	BIBLIOMATION	44,762.	44,762.		· · · · · · · · · · · · · · · · · · ·
d	PROGRAMS	21,443.	21,443.		
е	AUDIOVISUAL	15,175.	15,175.		
f	All other expenses	25,749.	17,306.	4,135.	4,308.
25	Total functional expenses. Add lines 1 through 24f	1,414,220.	1,228,385.	152,022.	33,813.
26	Joint costs. Check here   If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Pa	rt X	Balance Sheet		·	
	•		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	31,673.	1	33,084.
	2	Savings and temporary cash investments	150,553.	2	140,269.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	674.	4	-
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5,328,444.			
	Ь	Less accumulated depreciation 10b 2,111,368.	3,339,105.	10c	3,217,076.
	11	Investments - publicly traded securities	105,357.	11	93,067.
	12	Investments - other securities See Part IV, line 11	1,342,741.	12	1,302,430.
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets	*	14	
	15	Other assets See Part IV, line 11	·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,970,103.	16	4,785,926.
	17	Accounts payable and accrued expenses	36,407.	17	25,477.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
J		of Schedule L		22	1
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	36,407.	26	25,477.
		Organizations that follow SFAS 117, check here   X and complete			
S		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	3,452,909.	_27	3,325,604.
Sala	28	Temporarily restricted net assets	73,132.	28	67,501.
B	29	Permanently restricted net assets	1,407,655.	29	1,367,344.
Ē		Organizations that do not follow SFAS 117, check here   and			
6		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,933,696.	33	4,760,449.
	34	Total liabilities and net assets/fund balances	4,970,103.	34	4,785,926.

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

За

Х

Act and OMB Circular A-133?

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Open to

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of	ame of the organization									Employer identification number				
		CYRENIU	S H BOOTH L	BRARY	7				06	<u>5-6002</u>	<u> 263</u>			
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t ) See ins	tructions						
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)							
1 🔲	A church, co	nvention of churche	s, or association of chui	rches desc	ribed in se	ection 170	)(b)(1)(A)(i	).						
2	A school des	scribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach So	chedule E)	)									
з 🖳	A hospital or	a cooperative hospi	tal service organization	descnbed	ın sectior	170(b)(1)	(A)(ui).							
4 []	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	)(b)(1)(A)(	iii). Enter t	he hospita	l's nam	ıe,		
	city, and stat													
5	_	•	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental ur	ut describe	ed in				
[ <del></del>		<b>(b)(1)(A)(iv).</b> (Comple	•											
6		_	ent or governmental un											
7 [X]	•	•	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	oublic desc	:ribed i	.n		
		( <b>b)(1)(A)(vi).</b> (Comple	•											
8			section 170(b)(1)(A)(vi).											
9			eives (1) more than 33							_				
			nctions - subject to certa							_				
			axable income (less sec	tion 511 ta	ex) from bu	isinesses a	acquired b	y the org	anızatıon a	fter June 3	30, 197	5		
[]		509(a)(2). (Complete	•					_						
10	-	-	perated exclusively to te	•	•			•			_			
11	-		perated exclusively for the		· · · · · · · · · · · · · · · · · · ·					•		or		
			ations described in secti				2). See <b>se</b> e	ction 509	(a)(3). Che	ck the box	that			
	a Type		organization and compl	c Typ	_		tograted		<b>⊿</b> □	Type III - 0	Othar			
е 🗀			ப் the organization is not					r moro du	u L a	,,		_		
<b>е</b> Ш			han one or more publicl									11		
f		_	ten determination from		-				3(a)(1) 01 3	ection 303	/(a)(Z)			
•	_	rganization, check th			ut 11 10 u 1 y	pc 1, 1 <b>, p</b> c	ii, or typ	<b>5</b> 111						
g		-	organization accepted ar	nv aift or c	ontribution	from any	of the foll	owina pei	sons?					
3	_		rectly controls, either al			•					Yes	No		
	• •	•	upported organization?			•		( ) -	, , ,	11g(i)				
	(ii) A family	member of a persor	n described in (i) above?	)						11g(iı)				
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)	1			
h	Provide the fe	ollowing information	about the supported or	ganization	(s)									
(i) Name	of supported	(ii) ElN	(iii) Type of		organization			(vi)	s the	(vii) An	nount o	f		
orga	anization		organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizati (i) organi	zed in the		port			
			above or IRC section		document?	· · ·	support	) U.S	5.7					
-,-			(see instructions))	Yes	No	Yes	No	Yes	No					
				ļ				<u> </u>	-					
				ŀ										
									<del>  </del>					
<del> </del>									-					
				<del> </del>			···	<del> </del>	<del>  -  </del>	<del></del>				
		-		<b> </b>				<del>                                     </del>	1					
T <u>otal</u>								1						
	rivacy Act an	d Paperwork Redu	ction Act Notice, see the	he Instruc	tions for			Schedu	le A (Form	990 or 99	0-EZ)	2009		

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Form 990 or 990-EZ.

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.77 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.45 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line	e 14 is 33 1/3% or more, check t	his box and
stop here. The organization qualifies as a publicly supported organization		<b>▶</b> X
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, an	nd line 15 is 33 1/3% or more, ch	eck this box
and stop here. The organization qualifies as a publicly supported organization		▶□
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on lii	ne 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 IV how the	organization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly support	ted organization	▶□
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on lii	ne 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 an	d stop here. Explain in Part IV h	ow the
organization meets the "facts-and-circumstances" test. The organization qualifies as a pul	blicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 1	7b, check this box and see instr	uctions

Schedule A (Form 990 or 990-EZ) 2009

Part III   Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)								
Section A. Public Support								
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009 (f) Total	
` 1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							_
	iness under section 513							
4	Tax revenues levied for the organ-				· · · · · · · · · · · · · · · · · · ·		<del></del>	-
•	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							_
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							_
c	: Add lines 7a and 7b							_
	Public support (Subtract line 7c from line 6)							_
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	09 (f) Total	_
9	Amounts from line 6							_
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b			<del></del>			<del></del>	_
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							_
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							_
	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>		<u></u>		_
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								
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					_
15	Public support percentage for 2009 (I	ine 8, column (f) di	ivided by line 13, o	column (f))		15		%
	Public support percentage from 2008					16		%
Section D. Computation of Investment Income Percentage								
17	17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  17							
18								
19a	19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	►□	J
b	33 1/3% support tests - 2008. If the line 18 is not more than 33 1/3%, che	_					<del></del>	٦
20				•		•	ization P	i
<u> 20</u>	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  Schedule A (Form 990 or 990-EZ) 2009							

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	CYRENIUS H BOOTH L		06-6002263					
Pa			or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, lin							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	used only					
	for charitable purposes and not for the benefit of the donor of	<u> </u>	•					
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No					
Pa		ganization answered "Yes" to Form 990. F						
1	Purpose(s) of conservation easements held by the organizat							
•	Preservation of land for public use (e.g., recreation or p	· — — — — — — — — — — — — — — — — — — —	storically important land area					
	Protection of natural habitat	· —	ified historic structure					
		Freservation of a cert	med historic structure					
_	Preservation of open space	6	-f					
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form	or a conservation easement on the last					
	day of the tax year							
			Held at the End of the Tax Year					
a	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str		2c					
d	Number of conservation easements included in (c) acquired		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax					
	year ►							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i	t holds?	└── Yes └── No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements de	uring the year					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		└── Yes └── No					
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for					
	conservation easements							
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	alance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic service, provide, in Part XIV, the text of					
	the footnote to its financial statements that describes these	tems						
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan-	ce sheet works of art, historical treasures,					
	or other similar assets held for public exhibition, education, o							
	these items	,						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$					
	(ii) Assets included in Form 990, Part X		> \$ > \$					
2		asures, or other similar assets for financia						
~	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items							
_	Revenues included in Form 990, Part VIII, line 1	To rolating to triese items	▶ ¢					
a	Assets included in Form 990, Part X		► \$ ► \$					
b	Assets included in Point 330, Fall A		<b>v</b>					
	For Drivery And and Department Deduction And Notice and	the Instructions for Four 000	Och at the P. (C. C.					

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Schedule D (Form 990) 2009

						6002263 Page					
Pa	rt III Organizations Maintaining (										
3											
•	(check all that apply)		. —.								
а	Public exhibition	c			hange progra	ams					
b	Scholarly research	e	Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how they f	urther t	he organızatı	on's exe	empt purpo	ose in Pa	rt XIV		
5	During the year, did the organization solicit of	or receive donations	of art, histori	cal trea	sures, or oth	er sımıla	ır assets				_
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran	i <b>gements.</b> Compl	ete if organiz	ation ai	nswered "Ye	s" to Fo	rm 990, Pa	ırt IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for cont	ribution	ns or other as	sets no	t included				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table	·							
	, ,		J						Amount		
С	Beginning balance						1c				
٦	Additions during the year						1d				
٠	Distributions during the year										
e							1e		<u> </u>		
f	Ending balance	000 D-+V I	040				1f		٦.,		1
	2a Did the organization include an amount on Form 990, Part X, line 21?								_ Yes		No
	t V Endowment Funds. Complete in				000 David	N/ 4	10				
rai	t V Endowment Funds. Complete								T _		
		(a) Current year	(b) Prior		(c) Two year	rs back	(d) Three y	rears back	(e) Four	years	back_
1a	Beginning of year balance	1,306,381.	I,653,	576.	ļ						
b	Contributions										
C	Net investment earnings, gains, and losses	21,634.	<264,	<u>793.</u>	>						
d	Grants or scholarships										
е	Other expenditures for facilities				f						
	and programs	61,945.	62,	522.							
f	Administrative expenses		19,	880.							
g	End of year balance	1,266,070.	1,306,	381.							
2	Provide the estimated percentage of the year				•						
а	Board designated or quasi-endowment		%								
b	Permanent endowment ► 100.00	<del></del> %	_								
c		%									
_	Are there endowment funds not in the posse	ession of the organiz	ation that are	held a	nd administe	red for t	he organiz	ation			
	by.	and an area or garrier					J. guille		Г	Yes	No
								3a(ı)	X	.10	
	(i) unrelated organizations (ii) related organizations								^	X	
<b>L</b>	(ii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?							3a(ii)			
4									3b		
Par	4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.										
	Description of investment	(a) Cost or o basis (investing	,	-			ccumulate	a	(d) Book	value	;
	Land	Da313 (11145(11	nong	basis (	·	ue	preciation		2.0		4.0
	Land				0,040.	- 1	442 0	1.6		0,04	
	Buildings	<u> </u>		±,54	0,541.	1,	443,84	# p •	3,096	, 6	<u> 15.</u>
	Leasehold improvements			77.0	7 062		C C T . T .	-			
	Equipment			/ 6	<u>7,863.</u>		<u>667,5</u> 2	22.	100	),34	<u>11.</u>
	Other								<u> </u>		
Tへもつし	Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	X column (A	li lina 1.	()(c) )				3 217	/ n'	16

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Sche	edule D (Form 990) 2009 CYRENIUS H BOOTH LIBRARY			06-	<u>6002263</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fin	ancial S	Statement	:s	
1	Tòtal revenue (Form 990, Part VIII, column (A), line 12)		1		1,281	,345.
, 2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,414	,220.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<132	<u>,875.</u> :
4	Net unrealized gains (losses) on investments		4		< 40	,37 <u>2.</u> :
5	Donated services and use of facilities		5			
6	Investment expenses		6			<u>.                                    </u>
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			<u>,372.</u> :
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			<u>,247.</u> ;
Pai	t XII   Reconciliation of Revenue per Audited Financial Stateme	nts With Re	venue p	er Return		
1	Total revenue, gains, and other support per audited financial statements			1_1_	1,240,	<u>,973.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			]		
а	Net unrealized gains on investments	2a ·	<40,3°	<u>72.</u> ⊳		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
đ	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e	<40_	<u>.372.</u> :
3	Subtract line 2e from line 1			3	1,281,	<u>,345.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		<u>0.</u>
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,281,	<u>.345.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Ex	penses	per Retu		
1	Total expenses and losses per audited financial statements			1	1,414,	<u>,220.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	_ <del>_</del>			
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		<u>0.</u>
3	Subtract line 2e from line 1			3	<u>1,414,</u>	<u>.220.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	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	1,414,	<u>.220.</u>
	t XIV Supplemental Information				<del></del>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III					4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl			-		
PAI	RT V, LINE 4: ENDOWMENT FUNDS ARE USED FOR	GENERAL	OPERA	ATIONS	<u>,                                    </u>	
	<u> </u>					
	·					
				_		
						<del></del>
				Cabad		201 2002

#### **SCHEDULE 0**

**Supplemental Information to Form 990** 

(Form 990) Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

CYRENIUS H BOOTH LIBRARY	06-6002263
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
BY PROMOTING ACCESS FOR ALL TOWN RESIDENTS TO THE UNIVERS	E OF IDEAS AND
INFORMATION. OUR VISION IS TO BECOME THE BEST REGIONAL S	OURCE FOR
SATISFYING THE COMMUNITY'S INFORMATION NEEDS BY OFFERING	PROFESSIONAL
ASSISTANCE IN DISCOVERING AUTHORITATIVE RESOURCES, GOOD L	EISURE
READING, AND LOCAL HISTORY.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
INFORMATION NEEDS BY OFFERING PROFESSIONAL ASSISTANCE IN	
AUTHORITATIVE RESOURCES, GOOD LEISURE READING, AND LOCAL	
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF SELECTION	TMEN OF THE TOWN
OF NEWTOWN HAS THE AUTHORITY TO APPOINT 6 MEMBERS TO THE	
FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER OF T	HE BOARD OF
TRUSTEES REVIEWS THE FORM 990 BEFORE SIGNING AND FILING I	т.
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS SELI	F-MONITORED WITH
EMPLOYEES AND BOARD MEMBERS EXPECTED TO CONDUCT THEMSELVES	S IN A MANNER THAT
WILL AVOID ANY CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15A: THE LIBRARY DIRECT	TOR'S COMPENSATION
IS APPROVED AND SUBSTANTIATED BY THE BOARD OF TRUSTEES AS	PART OF THE
ANNUAL BUDGET PROCESS. ALL TRUSTEES ARE INDEPENDENT.	

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Schedule O (Form 990) 2009

#### SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

#### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number CYRENIUS H BOOTH LIBRARY 06-6002263 FORM 990, PART VI, SECTION C, LINE 19: ALL REQUIRED DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AT THE LIBRARY OFFICES UPON REQUEST.

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Schedule O (Form 990) 2009