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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	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
Γ	Addres	CYRENIUS H BOOTH LIBRARY		
	Name change	David Branch A	06-6	002263
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	· · · · · · · · · · · · · · · · · · ·	
	Termin- ated	ZJ MAIN SIREEI	(203)426-4533
	Amend return	City, town, or post onice, state, and ZIP code	G Gross receipts \$	1,439,788.
	Application	NEWICWN, CI 00470	H(a) Is this a group re	
	pendin	F Name and address of principal officer MARTHA ROBILOTTI	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
_				list (see instructions)
		e: ▶ WWW.BIBLIO.ORG/CHBOOTH	H(c) Group exemptio	
		<u> </u>	<u>ear of formation: 1931 </u>	1 State of legal domicile: CT
P		Summary		20222
ə		Briefly describe the organization's mission or most significant activities THE BOOT		
au	_	INFORMED COMMUNITY, LIFELONG LEARNING, AND T		
Governance	1	Check this box if the organization discontinued its operations or disposed of i		18
ģ	1	Number of voting members of the governing body (Part VI, line 1a)	3	18
٠ŏ		Number of independent voting members of the governing body (Part VI, line 1b)	4	55
Activities &		Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)	5	100
ξį		Total number of volunteers (estimate if necessary)	7a	0.
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	7 <u>a</u> 7b	0.
	0	Net unrelated business taxable income from Form 550-1, line 54	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	1,207,906.	1,302,505.
Revenue		Program service revenue (Part VIII, line 2g)	28,645.	28,346.
š		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	69,860.	66,732.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,175.	31,087.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,329,586.	1,428,670.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	917,837.	931,059.
Expenses		Professional fundraising fees (Part IX, column (A) line i fe)	0.	0.
Ç		Fotal fundraising expenses (Part IX, column (b) (ine 25) 29,516.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	516,302.	574,286.
	18	Fotal expenses Add lines 13-17 (ஸ்புst equal par IX5 cஹ்றிர்டு (A) நாச் 25)	1,434,139.	1,505,345.
	19 1	Revenue less expenses Subtract line 18 from line 12	<104,553.	<76,675.
Net Assets or Fund Balances		OCCUPALITY	Beginning of Current Year	End of Year
sset	20	Fotal assets (Part X, line 16) OGDEN, UT	4,559,811.	4,580,263.
et A	21	Total liabilities (Part X, line 26)	40,398.	55,945.
뜮	22	Net assets or fund balances Subtract line 21 from line 20	4,519,413.	4,524,318.
_	art II	Signature Block		u knowledge and hallof it is
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true	, correc	and complete Declaration of preparer (other than officer) is based on all information of which pre		113/13
O:		Signature of officer	Date	112112
Sig	- 1	WILLIAM MC CARTHY, TREASURER	- 4	
He	re	Type or print name and title		
			Date Check	PTIN
Par	, }	DONALD STUDLEY Print/Type preparer's name	A 10- A - 13 if self-employ	
	parer	Firm's name STUDLEY, WHITE & ASSOCIATES	Firm's EIN	06-0990132
	Only	Firm's address P.O. BOX 399	1 11111 3 2114	00 0000102
	J,	DANBURY, CT 06813	Phone no (203)748-6517
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Form 990 (2012)

	990 (2012) CYRENIUS H BOOTH LIBRARY	06-6002263	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission THE CYRENIUS H BOOTH LIBRARY SUPPORTS AN INFORMED COMM		NG
	LEARNING, AND THE LOVE OF READING BY PROMOTING ACCESS		
		UR VISION IS	TO
	BECOME THE BEST REGIONAL SOURCE FOR SATISFYING THE COM	MUNITY'S	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O	_	[••]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, a	and
	revenue, if any, for each program service reported		200
4a		venue \$33,	<u>379.</u>)
	LIBRARY OPERATIONS AND PROGRAMS FOR THE PUBLIC.		
			
4b	(Code) (Expenses \$ including grants of \$) (Ret	venue \$)
		-	
			
4c	(Code) (Expenses \$ including grants of \$) (Ret	venue \$)
			
			
			
	Other average converse (Decombe in Cole at the Col		
4d		•	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,324,822.		
<u>4e</u>	Total program service expenses ► 1,324,822.	O	90 (2012)
23200	22	roim 3	(2012)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_ X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	İ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9_	ļ	_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			ĺ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l	٠,,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ' '		
128	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	990	(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	24 <u>a</u>		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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Ì
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? 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	ļ
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7,
	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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	 	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
۰	Part V, line 1	34		X
35a		35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- UUU_	- -	
36	If "Yes," complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50	<u> </u>	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		 -
50	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Motor / III Orm God filled and required to complete companie o			(2012)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response to any question in this Part V			
16 Enter the number reported in Box 3 of Form 1096 Enter C. If not applicable Enter the number of Forms WaS and working with the actual probability of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) without provided to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) without provided on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2 Page				Yes	No
Enter the number of Forms W.26 included in line 1s. Enter 0-if not applicable 1b. 0 Did the organization comply with backup with bolding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return. b) If at least one is reported on line 2a, did the organization file all required federal employment ax returner? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions). 3a. Did the organization have unrelated business gross income of \$1.000 or more during the year? 4b. If Yes, 1 in sit filed a form 950 for for the year If "Two, "provide an explanation of Standule? 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b. If Yes, and the time of the foreign country [with a site a bank account, securities accustines account, or other financial account? 5b. With yes, and the time of the foreign country [with a site a bank account, securities accustines account, or other financial Accounts 5c. With Yes, 1 on the financial Accounts 5c. With Yes, 1 on the 5a of 5b, did the organization file Form 8886-17 6c. Did any standule party nority the organization file Form 8886-17 6c. Did any standule party nority the organization file Form 8886-17 6c. Did the organization shall we not fall a deduction an express statement that such contributions or pifts were not tax deduction have an interest in ormally greater than \$100,000, and did the organization solicit any contributions that were not tax eduction the accust of \$75 made party sis a confribution and party for goods and services provided to the payor? 5c. If Yes, 1 did the organization solicit with every solicitation an express statement that such contributions or pifts were not tax deductions and solic	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Description by the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) warmings to pizze with environment of the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. I the sum of lines 1a and 2 is igneater than 250, you may be required to e-file (see instructions) But the sum of lines 1a and 2 is igneater than 250, you may be required to e-file (see instructions) But the organization have unrelated bissness gross income of \$1.000 or more dumpt hey ear? 3a X X If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O If "Yes," and the dumpt the calendary var, did the organization have an interest in, or a agriative or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," an interest the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," a financial account in a foreign country (such as a bank account, securities account, or other financial account; 5b Unity and the organization of the foreign country (such as a bank account, securities account, or other financial account; 5c Unity and the organization of foreign country (such as a party to a printitude tax shetler transaction? 5c Unity and the organization and party to a prohibited tax shetler transaction at any time during the tax year? 5c Unity and the organization and party to a prohibited tax shetler transaction and the transaction and the transaction and the security of promises and the organization selection? 5c Unity organization and the security of the organization file form security of the organization selection? 5c Organization selection and the description of the value of the goods or services provided? 5c Organization in unity the donor of the value of the goods o	-				
gambling) winnings to prize winners? Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, the off or the calendar year ending with or within the year covered by this return If at least one is reported on line 2 at, dot the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 as is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1 a and 2 as is greater than 250, you may be required for e-file (see instructions) By the organization have unrelated business gross income of \$1,000 or more during the year? By the 1 "Yes," in an it file a form 900 For for the year if "Yes," provide an explanation in Schedule 0 By the year of the during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial accountry? By the year of the file or organization than 250, you may be required to e-file (see instructions) By the state organization as a party to a prohibited tax shelter transaction or other financial accountry? By the year of the transmitted organization that was or is a party to a prohibited tax shelter transaction? By the year of the organization has the was or is a party to a prohibited tax shelter transaction? By the year of the organization has the was or is a party to a prohibited tax shelter transaction? By the year of the organization net was or is a party to a prohibited tax shelter transaction? By the year of tax deductible? By the year of tax deductible organization that was or is a party to a prohibited tax shelter transaction organization solicit any contributions that were not tax deductible as charitable contributions? By the year of tax deductible? Cy ganizations that was required eductible organization that such contributions or gifts were not tax deductible? Cy ganizations that may receive deductible organization such explanation organization selection organization and explanation organization selection	_	·· ———————————————————————————————————			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calaindar year anding with or within the year covered by this return Note. If the sum of lines 1 and 2a is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-life (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to a separation of the organization state of the programization state is the sum of	Ū		1c	Х	
field for the calendary year ending with or within the year covered by this return 1	2a				
b If at least one is reported on line 2a, de the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990. The rith year? If "No.", Provide an explication in Schedule 0 1b If "Yes," and the form 990. The rith year? If "No.", Provide an explication in Schedule 0 1b If "Yes," and the foreign country (such as a bank account, securities account, or other financial account? 2b If "Yes," and friend the foreign country I such as a bank account, securities account, or other financial accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 3b If "Yes," the rith financial for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 3c If Yes, "to be a Sur 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," the ness 2or 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to he Sa or 5b, did the organization the Form 8898.1" 5c If Yes, "to he sa or 5b, did the organization include with every solicitation an express attainment that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 5c If Yes, "to did the organization include with every solicitation an express attainment that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If Yes, "indicate the number of Forms 8282 filed during the year and the organization into the Form 8282? 5d If Yes, "indicate the number of Forms 8282 filed during the year and the organization into the form 8282? 5d If the organization received a contribution of custing the year and the properties of the properties of the properties of t					
See in the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3	b	, , ,	1 I	X	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990 T for this year? if "No," provide an explanation in Schedule O the At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) b if "Yes," either the name of the foreign country See instructions for filing requirements for Form TD F 90.21, Report of Foreign Bank and Financial Accounts Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? b old any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? b if "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? b if "Yes," to the 5a or 5b, did the organization include with every solicitation and express statement that such contributions origifs were not tax deductible? or Organizations that may receive deductible as charitable contributions origifs were not tax deductible? or Organizations that may receive deductible contributions under section 170(c). bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prowided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? but the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f of the Form 8282? d if "Yes," indirectes the number of Forms 8282 filed during the year e bid the organization increased a contribution of qualified intellectual property, did the organization file a Form 1088-C? Spensenging organizations maintaining doesn advised fluids and section 59(8)(8) approximations, but the supporting organizations. But the supporting organizations is maintaining do	-				
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	<u> </u>	ii res, rias it filed a Form 720 to report these payments? II IND, provide an explanation in Schedule O		990	(2012)

06-6002263 CYRENIUS H BOOTH LIBRARY Form 990 (2012) 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 to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 4	more members of the governing body?	7a	X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	Х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
<u> </u>	tion D. I dilated (This Section B requests information about policies not required by the internal neverble code)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by 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	
b	Other officers or key employees of the organization	15b		х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			:
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		_
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	·	
	C.H. BOOTH LIBRARY - (203)426-4533			
23200	25 MAIN STREET, NEWTOWN CT 06470			

12-10-12

Form **990** (2012)

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

*Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average	/=-		Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unte	ss pe	rson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARTHA ROBILOTTI	0.00								_	_
PRESIDENT AND DIRECTOR		X		X	<u> </u>	L		0.	0.	0 ,
(2) JOHN TRENTACOSTA	0.00							_	_	_
VICE PRESIDENT & DIRECTOR		X		X				0.	0.	0 .
(3) JENNIFER REILLY	0.00							_	_	
SECRETARY AND DIRECTOR		X		X	_	_		0.	0.	0.
(4) WILLIAM MCCARTHY	0.00							_		
TREASURER AND DIRECTOR		X		X				0.	0.	0.
(5) DANIEL CRUSON	0.00	ļ						•		
DIRECTOR		X	<u> </u>	ļ		ļ. <u> </u>	_	0.	0.	0
(6) MARY KELLEY	0.00	١						•		0
DIRECTOR		X	-		 	-		0.	0.	0 ,
(7) CAROLYN FAXON	0.00	٠,,						0.	0.	0 .
DIRECTOR		X			\vdash	╁		<u></u>	<u> </u>	U,
(8) JOHN GODIN	0.00	X						0.	0.	0
DIRECTOR	0.00	Λ	┢	_	-	 		<u> </u>	0.	
(9) COLLEEN HONAN	0.00	X						0.	0.	0
DIRECTOR (10) TOWN DENIGON	0.00	Α.	-						0.	0
(10) JOHN BENSON DIRECTOR	0.00	x						0.	0.	0
(11) MARTIN MARGULIES	0.00	-	-			一				
DIRECTOR		X]			0.	0.	0
(12) TOM D'AGOSTINO	0.00									-
DIRECTOR	<u> </u>	x				İ		0.	0.	0 .
(13) MICHELLE ROSENTHAL	0.00									
DIRECTOR		X						0.	0.	0
(14) PAUL SIROIS	0.00									
DIRECTOR		X						0.	0.	0
(15) GEORGE COLLINS	0.00									
DIRECTOR		X	$ldsymbol{ld}}}}}}$			_		0.	0.	0
(16) PETER STERN	0.00									
DIRECTOR	., .,	X	$oxed{oxed}$			<u> </u>		0.	0.	0
(17) MOIRA RODGERS	0.00	-1							_	_
DIRECTOR		X		<u> </u>		<u>L.</u>		0.	0.	0 Form 990 (2012

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Form **990** (2012)

Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
' (A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c		nore		one	Reportable	Reportable		Est	tımate	d
	hours per	box	cer ar	ss pe	erson	is bo	th an	compensation	compensation			ount o	of
	l week	-	T a	10 a 0	Inect	T	T	- ""	from related			other	.
	hours for	director				_		the organization	organizations (W-2/1099-MISC	, l		pensatom the	
	related	1 5	tee			sated		(W-2/1099-MISC)	(44-2/1099-141130	'丨		anızatı	
	organizations	trustee	Institutional trustee		ee/	mper		(** 27 1000 141100)			_	relate	
	below	Individual	nton	₌	Key employee	est co					orga	nızatıc	วกร
	line)	Ng N	Instit	Officer	Key e	Highest compensated employee	Former						
(18) MARK PRINCIPI	0.00												
DIRECTOR		X						0.	(0.			0.
(19) JANET WOYCIK	40.00			ĺ						- 1			
LIBRARY DIRECTOR			<u> </u>	X		<u> </u>	<u> </u>	87,975.	(0.	1!	5 <u>,18</u>	<u>80</u> .
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			<u> </u>			_		87,975.		0.	1 1	5,18	<u> </u>
1b Sub-total										0.	т:), I	
c Total from continuation sheets to Part	t VII, Section A							87,975.		0.	1 1	5,18	<u>0</u> ,
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu			ر المسام	امام	.	<u> </u>	h.a		1 .	J •	1.	<u>, 10</u>	50.
 Total number of individuals (including but compensation from the organization 		iose	แรน	eu a	DOV	e) w	no r	received more than \$100	,000 or reportable				(
compensation from the organization											T	Yes	No
3 Did the organization list any former office	er director or tr	ieta	ما م	av or	mole	- 1//	or	highest compensated a	mnlovee on	Γ			
line 1a? If "Yes," complete Schedule J for			ο, κα	, y C1	ripic	Jycc	, 01	riigilest compensated e	inployee on		3		Х
4 For any individual listed on line 1a, is the			omo	ensa	atior	n an	d ot	ther compensation from	the organization	F			
and related organizations greater than \$	•							•	ano organization		4		Х
5 Did any person listed on line 1a receive									idual for services	f			
rendered to the organization? If "Yes," c	•				-	•				1	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest	compensated in	depe	ende	ent c	onti	racte	ors '	that received more than	\$100,000 of compe	ensa	ation fr	rom	
the organization Report compensation													
(A)								(B)			(C)	
Name and busine	ess address	N	INC	<u> </u>				Description of s	services	C	omper	ısatıor	1
	-												
• Tabal assembles and the second seco	- Construct			<u></u>	41			4 -1					
2 Total number of independent contractor		iot li	mite	a to		_	stec	u above) who received n	iore tnan				
\$100,000 of compensation from the org	anization >					0					Corm (200 «	2010

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 1b þ Membership dues Fundraising events 1c d Related organizations 1d 1e 1,055,986 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 246,519 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 302,505 Business Code 519100 26,211 2 a FINES 26,211. Program Service 2,135 519100 2,135. b PROGRAMS f All other program service revenue 28,346. Total. Add lines 2a-2f Investment income (including dividends, interest, and 66,732. 66,732. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 37,172 Part IV, line 18 11,118 **b** Less direct expenses 26,054. 26,054 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 519100 5,033 5,033 11 a PHOTOCOPY d All other revenue 5,033. e Total. Add lines 11a-11d 428,670. 92,786. Total revenue See instructions.

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 to any question in this Part IX (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, Program service expenses 7b. 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV. line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 105,772 21,155. 72,982. 11,635. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 641,308 606,106 30,277 4,925. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 129,602. 110,161. 18,229. 1,212. Other employee benefits 1,145. 54,377. 46,343. 6,889. 10 Payroll taxes Fees for services (non-employees) a Management Legal 7,750 7,750. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 19,735. 19,044. 474 217. Office expenses 13 9,593. 9,593. Information technology 14 Royalties 15 1,408. 81,235 77,567. 2,260 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,554 1,554. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 2,637. 6,592. 131,848. 122,619. Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 133,750 133,750 BOOKS 70,737. 3,723 CONTRACTUAL SERVICES 74,460. c BIBLIOMATION 45,063. 45,063. d PROGRAMS 21,838. 21,838. 39,292. 1,831 47,460. 6,337. e All other expenses 1,505,345. 1,324,822. 151,007. 29,516. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Pai	<u>t X</u>	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	29,009.	1	108,886.
	2	Savings and temporary cash investments	133,680.	2	154,816.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net	-	7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	1,536.
		Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5,298,426.			
	b	Less accumulated depreciation 10b 2,421,576.	3,004,493.	10c	2,876,850.
	11	Investments - publicly traded securities	41,322.	11	42,107.
	12	Investments - other securities See Part IV, line 11	1,351,307.	12	1,396,068.
	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)	4,559,811.	16	4,580,263.
	17	Accounts payable and accrued expenses	40,398.	17	55,945.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilıties	22	Loans and other payables to current and former officers, directors, trustees,			
iab		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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	40.200	25	
	26	Total liabilities. Add lines 17 through 25	40,398.	26	55,945.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ses		complete lines 27 through 29, and lines 33 and 34.	2 054 470		2 000 205
<u>a</u>	27	Unrestricted net assets	3,054,470.		<u>2,989,385.</u>
Ва	28	Temporarily restricted net assets	48,723.	28	37,592. 1,497,341.
Net Assets or Fund Balances	29	Permanently restricted net assets	1,416,220.	29	1,43/,341.
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
Θ S	00	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	A 510 A12	32	1 521 210
	33	Total her little and not exact find belonce	4,519,413. 4,559,811.	33 34	4,524,318. 4,580,263.
	34	Total liabilities and net assets/fund balances	#, 333, 611.	34	4,300,403.

Form **990** (2012)

Form	990 (2012) CYRENIUS H BOOTH LIBRARY	06-600	2263	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,42	8,6	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,50	5,3	<u>45.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<7	6,6	<u>75.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,51	9,4	<u>13.</u>
5	Net unrealized gains (losses) on investments	5	8:	<u>1,5</u>	80.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,52	<u>4,3</u>	<u> 18.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	225	
			Form	990	(2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 06-6002263 CYRENIUS H BOOTH LIBRARY Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III - Non-functionally integrated c ____ Type III · Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of organization (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EiN in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from innee 4 9 Not income from inneest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. 4dd lines 7 through 10 2 Gross receipts from related activities, etc (see instructions) 13 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 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Total support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	Sec	tion A. Public Support						
Girls, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf Total. Add lines 1 through 3 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) Public support. Solerate the glanting in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total amount shown on line 11, column (f) Amounts from line 4 Grass ancome from miterest, dividends, payments received on securities loans, rents, royalties and income from similar sources A total support. Add lines 7 through 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Grass recognist from related activities, etc. (see instructions) Full total support percentage from 2011 Schedula A, Part II, line 14 Public support percentage from 2011 Schedula A, Part II, line 14 Grass recognist from related activities, etc. (see instructions) Full rotal support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support percentage from 2011 Schedula A, Part II, line 14 Full support perce	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Tax revenues leved for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on line 1 that exceeds 25 of the dark person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 11, column (f) and that exceeds 25 of the amount shown on line 13, column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds (f) and that exceeds 25 of the column (f) and that exceeds 25 of the column (f) and that exceeds (f) and that exceeds 25 of the column (f) and that exceeds 25								
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or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsective 8 non line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from interest sources 9 Not income from interest sources 10 Other income Do not include gain or loss from the sale of capital assests (Explain in Part IV) in 1 Total support Add lines? Through 10 12 Gross receipts from related activities, etc (see instructions) 15 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. The organization qualifies as a publicly supported organization 10 at 33 1/3% support test - 2011. If the organization during the check the 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 IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets	2	Tax revenues levied for the organ-					-	
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. C		<u> </u>		-	•			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule & (Form 990 or 990-F7) 201	18	Private foundation. If the organization	in did not check a	box on line 13, 16	a, 16b, 17a, or 17b			

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed holow, places complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	,					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified person	1					
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		ļ				
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 businesse acquired after June 30, 1975	s					
c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	s					
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12	·	1	1			
14 First five years. If the Form 990 is	for the organization	's first, second, thii	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organız	ation,
check this box and stop here						<u>▶</u>
Section C. Computation of Pul						
15 Public support percentage for 2012	•		column (f))		15	9
16 Public support percentage from 20					16	
Section D. Computation of Inv				_		
17 Investment income percentage for			ne 13, column (f))		17	•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2012. If the						i / is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2011. If the						► L and
line 18 is not more than 33 1/3%, c	heck this box and s	stop here. The orga	anızatıon qualıfıes	as a publicly sup	ported organization	▶
20 Private foundation, If the organization	tion did not check a	a box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	▶ □

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

OMB No 1545-0047 Inspection

Name of the organization

CVRENTIIS H BOOTH LIBRARY

Employer identification number 06-6002263

Pai		Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		·
		(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 writ	ing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's exc	_ -	Yes No
6	Did the organization inform all grantees, donors, and donor advi	_	
Ť	for charitable purposes and not for the benefit of the donor or d	5 5	•
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the organ	zation answered "Yes" to Form 990. Par	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or educ		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		
	day or and tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		2b
c		ure included in (a)	2c
_	Number of conservation easements included in (c) acquired after	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the o	rganization during the tax
_	year▶		•
4	Number of states where property subject to conservation easen	nent is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho	= '	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements duri	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enf		
8	Does each conservation easement reported on line 2(d) above s		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes the	e organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of A	rt, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	D, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	s these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public	c service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasu	ires, or other similar assets for financial g	aın, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year e Distributions during the year f Ending balance	Sche	dule D (Form 990) 2012 CYRENIU	S H BOOTH	LIBRARY			06	<u>-600</u>	2263	Page 2
check all that apply a			ollections of Ar	t, Historical Tr	easures, d	or Other	r Similar <i>I</i>	Asset	S(continu	ied)
a	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	it are a sig	nificant use	of its c	ollection	ıtems
b Scholarly research e		(check all that apply)								
c Perservation for future generations 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's collection of art, instoncal treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 a Is the organization and agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 1 Beginning of year balance 1 314, 947, 1, 432, 349, 1, 266, 070, 1, 306, 381, 1, 653, 576, 50, 793, 227, 921, 21, 634, 264, 793, 40, 264, 793, 40, 264, 793, 40, 264, 793, 40, 264, 793, 40, 200, 40, 40, 40, 40, 40, 40, 40, 40, 40,	а	Public exhibition	d	Loan or exc	hange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII to be sold to raise funds rather than to be maintained as part of the organization answered. "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII at 1st the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table. 1	b	Scholarly research	е	Other						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII to be sold to raise funds rather than to be maintained as part of the organization answered. "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII at 1st the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table. 1	С	Preservation for future generations								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintened as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization any severed "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X in e. 21 Is 18 the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is 16 "Yes," explain the arrangement in Part XIII and complete the following table. Beginning balance	4	Provide a description of the organization's co	ollections and explain	n how they further tl	he organizati	on's exem	npt purpose i	n Part	XIII	
to be sold to raise funds rather than to be mantawed as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21 1b if "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 1 Endomy balance 2 Distributions during the year 1 Endomy balance 2 Distributions during the year 2 Distributions during the year 3 Distributions during the year 4 Endomy balance 4 If Yes, "explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10 2 Beginning of year balance 1 314, 947, 1 432, 349, 1 266, 070, 1 306, 381, 1 653, 576 C Ontributions c Net investment earnings, gains, and losses 1 Administrative expenses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment \(\bar{\text{Missing of the current year end balance (line 1g, column (a))} \) held as. a Board designated or quasi-endowment \(\bar{\text{Missing of the current year end balance (line 1g, column (a))} \) held as. a Board designated or quasi-endowment \(\bar{\text{Missing of the current year end balance (line 1g, column (a))} \) held as. a Board designated or quasi-endowment \(\bar{\text{Missing of the current year end balance (line 1g, column (a))} \) held as. a Board designated or ganizations (ii) related organizations (iii) related organizations (iii) related or	5	_			_					
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? b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10 1a Beginning of year balance 1, 314, 947, 1, 432, 349, 1, 266, 070, 1, 306, 381, 1, 653, 576 b Contributions 1 Amount 1 Do there explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization has been provided in Part XIII. 1 Beginning of year balance 1, 314, 947, 1, 432, 349, 1, 266, 070, 1, 306, 381, 1, 653, 576 b Contributions 1 Additions arrangement in Part XIII Check here if the explanation has been provided in Part XIII. 1 Additions are arrangement in Part XIII Check here if the explanation has been provided in Part XIII. 1 Additions arrangement in Part XIII Check here if the explanation has been provided in Part XIII. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or qualisendowment 366, 609, 61, 642, 61, 945, 62, 522 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or qualisendowment 360, 361, 314, 947, 1, 432, 349, 1, 266, 070, 1, 306, 381, 1, 366, 381, X, 340), X, 340, X, 3									Yes	☐ No
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Did Teves, "explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment funds and losses (e) Form 990, Part X, line 10 (e) Form year Section Funds. (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year year year year year year year year	Par		_	ete if the organizatio	n answered '	"Yes" to F	orm 990, Pa	rt IV, lu	ne 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Did Teves, "explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment funds and losses (e) Form 990, Part X, line 10 (e) Form year Section Funds. (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year (e) Form year year year year year year year year	1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other as	sets not i	ncluded			
Amount		_		•					Yes	☐ No
Amount	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.						
d Additions during the year Entirity be aliance Distributions during the year Entirity be aliance Distributions during the year Entirity be aliance Distributions during the year Distributions during the year Distributions during the year Distributions Distribution			•	· ·					Amount	
d Additions during the year Entirity be aliance Distributions during the year Entirity be aliance Distributions during the year Entirity be aliance Distributions during the year Distributions during the year Distributions during the year Distributions Distribution	С	Beginning balance					1c			
E Distributions during the year F Ending balance The tonganization include an amount on Form 990, Part X, line 21?							1d			_
f Ending balance 1 1									-	
2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
b f "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	-	_	orm 990 Part X line	21?			L		Yes	No No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10		<u> </u>	·		provided in I	Part XIII				
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back by Contributions 1,314,947, 1,432,349, 1,266,070, 1,306,381, 1,553,576 b Contributions c Net investment earnings, gains, and losses of the current year end balance of the expenditures for facilities and programs 64,449, 66,609, 61,642, 61,945, 62,522 7 Administrative expenses 9 End of year balance 1,396,068, 1,314,947, 1,432,349, 1,266,070, 1,306,381 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶)	_		<u> </u>
1 a Beginning of year balance	L							hack	(e) Four v	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 64,449, 66,609, 61,642, 61,945, 62,522 f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	10	Reginning of year balance					-			
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 64,449, 66,609, 61,642, 61,945, 62,522 f Administrative expenses g End of year balance 1,396,068, 1,314,947, 1,432,349, 1,266,070, 1,306,381 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶			1,314,347,	1,432,343,	1,20	0.070.	1,300,	301.	<u> </u>	755,576,
d Grants or scholarships e Other expenditures for facilities and programs and programs f Administrative expenses g End of year balance 1,396,068, 1,314,947, 1,432,349, 1,266,070, 1,306,381 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶			145 570	-50 703	22	7 021	21	634		264 703
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment			143,370.	230,733,	22	1,321,	ZI,	034.		204,195.
and programs f Administrative expenses g End of year balance ln 396_068, 1_314_947, 1_432_349, 1_266_070, 1_306_381 ln 396_068, 1_314_947, 1_432_349, 1_266_070, 1_306_081 ln 3		· · · · · · · · · · · · · · · · · · ·							-	
f Administrative expenses 19,880 1,314,947 1,432,349 1,266,070 1,306,381 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment ▶	е	•	64 440	66 600	٠.	1 642	c 1	045		<i>6</i> 2
g End of year balance		' -	04,449.	00,009,	0.	1,042.	01,	945.		•
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	<u>'</u>	•	1 306 060	1 214 047	1 43	2 340	1 266	070		
a Board designated or quasi-endowment ▶	. •	- ·			•	2,349,	1,266,	070,	<u></u>	306,381,
b Permanent endowment ▶ 100.00 % c Temporarily restricted endowment ▶ % The percentages in 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 (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings 4 4,584,668. 1,781,362. 2,803,306 c Leasehold improvements d Equipment 693,718. 640,214. 53,504 e Other		•	rent year end balanc		i)) neid as.					
Temporarily restricted endowment The percentages in 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 (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings 4 , 584, 668 1, 781, 362 2, 803, 306 c Leasehold improvements d Equipment 693, 718 640, 214 53, 504 e Other		· · · · · · · · · · · · · · · · · · ·	0/	_%						
The percentages in 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 (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings 4 , 584, 668 . 1, 781, 362 . 2, 803, 306 c Leasehold improvements d Equipment 693, 718 . 640, 214 . 53, 504 e Other	_									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) 1a Land 20,040. (b) Cost or other depreciation 1a Land 4,584,668. 1,781,362. 2,803,306 c Leasehold improvements d Equipment e Other Other	С	·								
Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X (ii) related organizations (ii) related organizations (iii) related (iii) related (iii) x	•	-						_		
(i) unrelated organizations (ii) related organizations (iii) related organizations listed as required on Schedule R? (a) Describe in Part XIII the intended uses of the organization's endowment funds (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 20,040. 20,040. 20,040. 20,040. b Buildings 4,584,668. 1,781,362. 2,803,306. c Leasehold improvements 693,718. 640,214. 53,504. e Other Other 693,718. 640,214. 53,504.	Зa	·	ession of the organiza	ation that are neid a	na aaministe	nea for the	e organizatio	PT 1	٦	/aa Ai =
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 20,040 4,584,668 1,781,362 2,803,306 c Leasehold improvements d Equipment e Other		•								
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land Buildings 20,040. 20,040. 20,040 b Buildings 4,584,668. 1,781,362. 2,803,306 c Leasehold improvements d Equipment e Other										
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land Buildings C Leasehold improvements d Equipment Other		•		0 1 1 1 70						X
Part VI Land, Buildings, and Equipment. 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 1a Land 20,040. 20,040. b Buildings 4,584,668. 1,781,362. 2,803,306 c Leasehold improvements 693,718. 640,214. 53,504 e Other Other 693,718. 640,214. 53,504		• • • • • • • • • • • • • • • • • • • •	·						36	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation										
basis (investment) basis (other) depreciation 1a Land 20,040. 20,040 b Buildings 4,584,668. 1,781,362. 2,803,306 c Leasehold improvements 693,718. 640,214. 53,504 e Other 693,718. 640,214. 53,504	Par				·			1		
b Buildings c Leasehold improvements d Equipment e Other 4,584,668. 1,781,362. 2,803,306 693,718. 640,214. 53,504		Description of property	1 , ,	1 ' '	I				(d) Book	value
c Leasehold improvements d Equipment 693,718. 640,214. 53,504 e Other	1a	Land								
d Equipment 693,718. 640,214. 53,504 e Other	b	Buildings		4,58	4,668.	1,7	81,362	. 2	2,803	,306.
e Other	С	Leasehold improvements								
e Other	d	<u>.</u>		69	3,718.	6	40,214		53	,504.
		• •								
	<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)				2,876	,850.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See		(a) Mathad of	on Cost or and of year made to the
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other (A) BENEFICIAL INTERESTS IN			
(B) TRUSTS	1,396,068.	END-OF-YEAR	MARKET VALUE
(C)	1,330,000.	DIAD OF THE	111111111111111111111111111111111111111
(D)		 	
(E)			
(F)			
(G)			
(H)			
(1)			
otal. (Col (b) must equal Form 990, Part X, col. (B) line 12.)	1,396,068.		-
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation	on. Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			·
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)	•		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities. See Form 990, Part X, Is	ne 25		
(a) Description of liability	(t	o) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) [otal. (Column (b) must equal Form 990, Part X, col (B) line	05)		

232053 12-10-12

•						
		(Form 990) 2012 CYRENIUS H BOOTH LIBRARY				6002263 Page
Par		Reconciliation of Revenue per Audited Financial Statement	ents W	ith Revenue per R	eturi	
		revenue, gains, and other support per audited financial statements			_1_	1,521,368
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12	1 1	24 500		
а	Net u	nrealized gains on investments	2a	81,580.		
b	Dona	ted services and use of facilities	2b			
C	Reco	veries of prior year grants	2c			
d	Other	(Describe in Part XIII)	2d	11,118.		
		nes 2a through 2d			2e	92,698
3	Subtr	act line 2e from line 1			3	1,428,670
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII)	4b			_
С	Add I	nes 4a and 4b			4c	0
5	Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_5	1,428,670
Par	t XII	Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per	Retu	
1	Total	expenses and losses per audited financial statements			1	1,516,463
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25				
а	Dona	ted services and use of facilities	2a			
b	Prior	year adjustments	2b			
С	Other	losses	2c			
ď	Other	(Describe in Part XIII)	2d	11,118.		
е	Add I	nes 2a through 2d			2e	11,118
3	Subtr	act line 2e from line 1			3	1,505,345
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII)	4b			
С	Add I	nes 4a and 4b			4c	0
5	Total	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,505,345
Par	t XIII	Supplemental Information				
Comp	olete ti	nis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines 1	a and 4, Part IV, lines 11	b and	2b, Part V, line 4, Part
K, line	2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	provide	any additional informati	on	
PAR	T V	, LINE 4: ENDOWMENT FUNDS ARE USED FOR	GEN	ERAL OPERATI	ONS	
				. =-		
PAR	X T	I, LINE 2D - OTHER ADJUSTMENTS:				
		TATUR TURNET BURBURGE NUMBER ON BODY OF	^			11 110
F.OV	IDRA	ISING EVENT EXPENSES NETTED ON FORM 99	U			11,118
						· · · · · · · · · · · · · · · · · · ·
PAR	T X	II, LINE 2D - OTHER ADJUSTMENTS:				
יעג זים.	א פרוז א	AISING EVENT EXPENSES NETTED ON FORM 99	n			11,118
T. OT/	אאניי	AIDING EVENT EXPENSES NEITED ON FORM 33	<u> </u>			11,110
			·			
					Sche	dule D (Form 990) 201

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

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

CYRENTII	S H BOOTH LIBRARY			06-6002	263
	Complete if the organization answer	ered "Yes" to	Form 990, Part IV, I		-
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita' f Solicita' g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of non-g tion of gover fundraising (including o professional f	overnment grants nment grants events fficers, directors, true undraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
otal		<u> </u>			
3 List all states in which the organization or licensing	n is registered or licensed to solicit	contributions	or has been notified	d it is exempt from re	egistration
Plane Pro-					
HA Paperwork Reduction Act Notice	and the Instructions for Form 900	or 990-E7		Schedule G (For	m 990 or 990-F7\ 2012

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	edul i rt l	e G (Form 990 or 990 EZ) 2012 CYRENIU Fundraising Events. Complete if the	S H BOOTH LI	BRARY		6002263 Page 2
P 6		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			ROAD RACE	(avent type)	(total number)	col (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	37,172.			37,172.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	37,172.			37,172.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				_
Direct Expenses	7	Food and beverages				
Ļ	8	Entertainment				
	9	Other direct expenses	11,118.			11,118.
	10	Direct expense summary Add lines 4 throug	h 9 ın column (d)		>	(11,118)
_		Net income summary Combine line 3, column	in (d), and line 10		<u> </u>	26,054.
Pŧ	ırt I		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
	Γ	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming (add
Пe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue						
Œ	1	Gross revenue				
		-				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		•	Yes%	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	<u> </u>
	8	Net gaming income summary Combine line	1, column d, and line 7		> _	
		ter the state(s) in which the organization opera	_	ntatas?		Yes No
		he organization licensed to operate gaming ac No," explain				Tes INO
	_					
		re any of the organization's gaming licenses r Yes," explain				Yes No
					· · · · · · · · · · · · · · · · · · ·	
2320	82 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 CYRENIUS H BOOTH LIBRARY	<u>06-6</u>	<u>002</u>	<u> 263</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		,	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?		\square	Yes	☐ No
13	Indicate the percentage of gaming activity operated in		İ		
a	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds.			
	Name				
	Address ▶				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
c	: If "Yes," enter name and address of the third party				
	Name				
	Address >				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		<u> </u>	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the			
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	mns (III) a	and (v)	, and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	ormation	(see ır	struc	tions).

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

2012

Open to Public

Name of the organization

► Attach to Form 990.

CYRENIUS H BOOTH LIBRARY

Employer identification number 06-6002263

Types of Property Part I (d) (a) (b) (c) Method of determining Noncash contribution Number of Check if contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g N/A X 0. Art · Works of art 2 Art · Historical treasures Art · Fractional interests 3 Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate · Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2012)

Part II	Supple the orga	emental	Inform reporting	ation.	Comp	olete this imn (b), th	part to he num	prov	ide the i	nformation routions, the i	equired by	/ Part I, I items re	ines 30b, 32 ceived, or a	b, and	33, and whether nation of both
SCHEDU	LE M,	, LINE	33:	THE	LI	BRARY	Z DO	ES	NOT	CAPITA	LIZE	ITS	COLLE	CTIO	NS
AND AC	CORDI	NGLY	RECO	RDS	<u>NO</u>	REVE	NUE	ON	THE	RECEI	T OF	COLI	ECTIO	IT	EMS.
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Schedule M (Form 990) (2012)

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.

2012
Open to Public Inspection

Name of the organization

CYRENIUS H BOOTH LIBRARY

Employer identification number 06-6002263

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY PROMOTING ACCESS FOR ALL TOWN RESIDENTS TO THE UNIVERSE OF IDEAS AND
INFORMATION. OUR VISION IS TO BECOME THE BEST REGIONAL SOURCE FOR
SATISFYING THE COMMUNITY'S INFORMATION NEEDS BY OFFERING PROFESSIONAL
ASSISTANCE IN DISCOVERING AUTHORITATIVE RESOURCES, GOOD LEISURE
READING, AND LOCAL HISTORY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INFORMATION NEEDS BY OFFERING PROFESSIONAL ASSISTANCE IN DISCOVERING
AUTHORITATIVE RESOURCES, GOOD LEISURE READING, AND LOCAL HISTORY.
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF SELECTMEN OF THE TOWN OF NEWTOWN HAS THE AUTHORITY TO APPOINT 6 MEMBERS TO THE BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE AND THE
TREASURER OF THE BOARD OF TRUSTEES REVIEW THE FORM 990 BEFORE SIGNING AND
FILING IT.
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS SELF-MONITORED WITH
EMPLOYEES AND BOARD MEMBERS EXPECTED TO CONDUCT THEMSELVES IN A MANNER THAT
WILL AVOID ANY CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A: THE LIBRARY DIRECTOR'S COMPENSATION
IS APPROVED AND SUBSTANTIATED BY THE BOARD OF TRUSTEES AS PART OF THE
ANNUAL BUDGET PROCESS. ALL TRUSTEES ARE INDEPENDENT. HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7 (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
CYRENIUS H BOOTH LIBRARY	06-6002263
FORM 990, PART VI, SECTION C, LINE 19: ALL REQUIRED DOCUM	ENTS ARE MADE
	ON BROHEGE
AVAILABLE TO THE GENERAL PUBLIC AT THE LIBRARY OFFICES UP	ON REQUEST.
FORM 990, PART XII, LINE 2C	
MUDDE HAVE DEEN NO CHANGES IN DEOCEDIDES	
THERE HAVE BEEN NO CHANGES IN PROCEDURES	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number

06-6002263

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) CYRENIUS H BOOTH LIBRARY Name of the organization Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ટ્રી × controlled entity? Yes Direct controlling status (if section Public charity 501(c)(3)) LINE 11C, III-FI Exempt Code section 501(C)(3) Legal domicile (state or foreign country) CONNECTICUT Primary activity FUNDRAISING FRIENDS OF THE CYRENIUS BOOTH LIBRARY, INC. - 22-3210355, 25 MAIN STREET, NEWTOWN, CT Name, address, and EIN of related organization 06470

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

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Schedule R (Form 990) 2012

06-6002263

Page 2

Schedule R (Form 990) 2012 CYRENIUS H BOOTH LIBRARY

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

(j) (k) General or Percentage managing ownership partner		(i) Section 5.12(bX13) controlled entity?	Yes No			Schedule R (Form 990) 2012
General or managing partner?		id one or mor (h) Percentage				le R (Form
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		t because it had (g) Share of Peend-of-year o	assets			Schedu
(h) Disproportionate allocations?		rt IV, line 34				
(g) Share of end-of-year assets		Irm 990, Part IV, I				
Share of total Sr income end		vered "Yes" to For (e) Type of entity (C corp. S corp.	or trust)			
1		e organization answ (d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		if the organiz				33
g Predo (relat exclude section		Complete if th (c) Legal domicile (state or (state or	country)			
(d) Direct controlling entity		Corporation or Trust (rax year) (b) Primary activity				
Legal domicile (state or foreign country)		as a Corpoing the tax				
(b) Primary activity		ganizations Taxable rporation or trust dun				
(a) Name, address, and EIN of related organization		Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization or trust during the tax year.) (a) (b) (c) (d) (d) (e) (f) (f) (g) (h) Section Share of total Share of total stated organization of related organization or trust during the tax year.) (a) (b) (c) (c) (c) (d) (d) (d) (e) (f) (f) (f) (h) Share of total stated organization or trust during the tax year.) (giante of related organization or trust during the tax year.) (a) (b) (c) (c) (c) (c) (d) (d) (d) (d				232162 12-10-12

Page 3

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Yes

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

ne 1 if any entify is listed in Parts II, III, or IV of this schedule x year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		_
	entity is listed in Parts II, III, or IV of this schedule	the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV
	/ entity is	d the oras
		x year, dit
	Note.	-

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - - Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

iips and transaction thresholds	(0)
overed relations	
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must complete the	(h)
formation on who	
instructions for in	
ıs "Yes," see the ır	(a)
ny of the above	(6)
he answ	
8	

	a condition to the condition	20000 8	
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIENDS OF THE CYRENIUS BOOTH LIBRARY	D	119,887.	119,887.ACTUAL CASH RECEIVED
(2)			
(3)			
(4)			
(5)			
(9)			

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Schedule R (Form 990) 2012

Page 4

CYRENIUS H BOOTH LIBRARY Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(a)	(<u>a</u>)	(၁)	(b)		(6)	Ē	3	3	(X
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Uspropor Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations? A Schooling K-1 partner?	Seneral or managing partner?	General or Percentage managing partner? ownership
		country)	under section 512-514) Yes	lo income	assets	Yes No	(Form 1065)	res No	İ
								_	
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Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	CYRENIUS H BOOTH LIBRARY	<u>06-6002263</u>	Page 5
Part VII	(Form 990) 2012 Supplemental Info	rmation		
	Complete this part to pre	ovide additional information for responses to questions on Schedule R (see ins	tructions).	
	Complete this part to pit	ovide additional information for responses to questions on contend of the mo		
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