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SCANNED DEC 2 8 2015

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Form 990 (2014)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 D Employer identification number C Name of organization Check if applicable Address change CYRENIUS H BOOTH LIBRARY Name change 06-6002263 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (203)426-453325 MAIN STREET termin-ated 1.581.880. City or town, state or province, country, and ZIP or foreign postal code G Gross receints \$ Amended NEWTOWN, CT 06470 H(a) Is this a group return]Yes X No Applica-F Name and address of principal officer ROBERT GECKLE for subordinates? pendina SAME AS C ABOVE Yes No H(b) Are all subordinates included? Tax-exempt status X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) ____ 501(c) (J Website: ► WWW.CHBOOTHLIBRARY.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Other > Trust Association L Year of formation: 1931 M State of legal domicile: CT Part I | Summary Briefly describe the organization's mission or most significant activities THE BOOTH LIBRARY SUPPORTS AN Activities & Governance INFORMED COMMUNITY, LIFELONG LEARNING, AND THE LOVE OF READING 2 Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 54 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 100 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,387,595. 1,410,282. Contributions and grants (Part VIII, line 1h) 23,239. 23,564. Program service revenue (Part VIII, line 2g) 47,638 94,746. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 59,943 51,734. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,541,427 557,314. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 931,854 991,609. 15 Salaries, other compensation, employee benefits (Part IX, column SO 0. 16a Professional fundraising fees (Part IX, column (A), line 11e DEC 331 7495. ŵ b Total fundraising expenses (Part IX, column (D), line 25) 646,033 608,794. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), Impas DEN. U 1,600,403. 577,887 -36,460. -43,089. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 4,766,070. 4,676,793. 20 Total assets (Part X, line 16) 103,202 147.378. 21 Total liabilities (Part X, line 26) 662,868. 529.415. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 12-5-2015 Signature of officer Sign TREASURER WILLIAM MC CARTHY, Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature -14] "self-employed P00023328 Paid DONALD STUDLEY 06-0990132 Firm's name STUDLEY, WHITE & ASSOCIATES Firm's EIN Preparer Firm's address P.O. BOX 399 Use Only Phone no. (203)748-6517DANBURY, CT 06813 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2014) CYRENIUS H BOOTH LIBRARY	06-6002263	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1		OR ALL TOWN R VISION IS	
	BECOME THE BEST REGIONAL SOURCE FOR SATISFYING THE COMMU	JNITY'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? If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported	ers, the total expenses, a	and
4a	(Code) (Expenses \$1, 339, 942. including grants of \$) (Revenue LIBRARY OPERATIONS AND PROGRAMS FOR THE PUBLIC.	29,	142.)
4b	(Code) (Expenses \$) (Revenu	ie \$)
			·
4c	(Code) (Expenses \$) (Revenue) (Revenue)	<u>.</u>)
		.=.	
4d		V	
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,339,942.	1	
43200		Form 9	90 (2014)

Form 990 (2014) CYRENIUS H BOOTH LIBRARY
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_	ļ. <u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	l		
	Schedule D, Part III	8		<u>X</u>
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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 other assistance to or for any			
	foreign organization? 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 other assistance to	_		
	or for foreign individuals? 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,			7,7
	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		1,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_U
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	<u>l</u> (2014)
		Loun	550	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	ŀ		
	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	}		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ł		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
07	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	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	
		C	990	20014

Solider The number reported in Box 3 of Form 1096 Enter 0-f not applicable 1s	•	Check if Schedule O contains a response or note to any line in this Part V			
16 Enter the number reported in Box 3 of From 1096 Enter c / if not applicable Enter the number of Forms WSG encluded in the 1s Enter c / if not applicable (gambling) without prize with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without prize with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without prize with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without prize with backup with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without prize with backup w				Yes	No
b Citrot the number of Forms W/30 included in line 1a. Enter 0-if not applicable 1b. 0 Ch If the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (agmissing) winnings to pinza winnings? 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. Fided for the calendar year anding with or within the year covered by this return. Fided for the calendar year anding with or within the year covered by this return. Fided for the calendar year anding with or within the year covered by this return. Fided for the calendar year anding with or within the year covered by this return. Fided for the calendar year anding with or within the year covered by this return. Fided for the calendar year anding with or within the year covered by this return. Fided for the calendar year, did the organization file all required federal employment tax returns? 30 Dd the organization have unrelated business gross income of \$1,000 or more during the year? 31 Dd the organization and the calendar year, did the organization have an inferred 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 accounts? 32 Dd the stream of the foreign country few. As a bank account, securities account or other financial accounts (FBAR) 33 Dd the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 34 Dd any taxable party north the organization file form 88867? 35 Dd any taxable party north the organization file form 88867? 36 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 36 Dd the organization shall may receive deductible contributions? 37 Dd the organization shall may receive deductible as charitable contributions? 38 Dd the organization shall may receive deductible as charitable torintibutions or p	12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	103	
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Sea that the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, tele for the calendar year enting with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is a and 2a is greater than 290, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross room of \$1,000 or more during the year? 40. If 17% is a file of Form 990-1 for this year? If 17%, 1 for the 3d, provide an explanation in Schedule O 40. Alary 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, or other financial accountry over, a financial account in a foreign country (such as a bank account, or other financial accountry over, a financial account in a foreign country (such as a bank account, or other financial accountry (such as a bank account in a foreign and accountry (such as a bank account in a foreign account in a foreign account in a foreign submitted in the foreign country (such as a bank account in a foreign a			1		l
22 Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 1 If I all least one is reported on line 2a, did the organization file all required federal employment tax returns? 1 Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 2 If Ves, if has it filed a Form 900 T for this year? If Yea, it is line 3, provide an explanation in Schedule O 3 At any time during the calendar year, did the organization have an inferent in or a significure or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5 If Yes, if there the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5 Was the organization have to a prohibited that sheller transaction? 5 Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5 Was the organization have as shelter transaction at any time during the tax year? 5 Was the organization have to a prohibited that shelter transaction? 5 Was the organization have as whether transaction at any time during the tax year? 5 Was the organization organization that it was or is a partly to a prohibited that whether than the shelt of the foreign state of the organization solicities and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Was the organization and the were not tax deductible as charitable contributions under section 170(c). 8 Unit West Child the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Unit the organization received a contribution of ordinate the file of the organization include with every solicitation and express statement that such contribution			10	x	l
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Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 3	h	• • • • • • • • • • • • • • • • • • • •	7 I	х	ļ
3a Dut the organization have unrelated business gross income of \$1,000 or more during the year? bif Yes, *has it filed a Form 990-T for this year? If *No, *to line 3b, provide an explanation in Schedule O 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 in a foreign country (such as a bank account, securities account, or other financial account (FBAR) bif Yes, *the reth ten hame of the foreign country ≥ See enstructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 5a Was the organization you be profited that sheller transaction at any time during the tax year? bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? if "Yes," to line 5a or 5b, did the organization that file organization that was or is a party to a prohibited tax shelter transaction? if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 3b Destructions that was received the foreign countributions or profits any contributions that was received that are normally greater than \$100,000, and did the organization solicit any contributions that was received brain an express statement that such contributions or gifts were not tax deductible? 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 provided to the payor? 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 provided to the payor? if "Yes," did the organization receive a payment in excess of \$75 made partly for goods and services provided? bid the organization receiv					
b if "Yes," has it field a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O 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 account; over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; over, a financial account in a foreign country (such as a bank account, or other financial account; over, a financial account in a foreign country (such as a bank account, or other financial account; or other see instructions for financial accountry (such as a bank account, or other financial accountry over, a financial account in a foreign country (such as a bank account, or other financial accountry over, a financial accountry in the financial accountry over, a financial ac	3a		3a		X
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			142		x
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CYRENIUS H BOOTH LIBRARY 06-6002263 Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 15 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website W Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > C.H. BOOTH LIBRARY - (203)426-4533 25 MAIN STREET, NEWTOWN, CT

Form 990 (2014)

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

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

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

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

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

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

Compensation Comp	(A) Name and Title	(B) Average hours per	box.	not cl	Posi heck ss pe	more rson	than ts bot or/trus	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(1) WILLIAM MCCARTHY (2) 0.00 (2) ROBERT GENCHE (2) ROBERT GENCHE (2) ROBERT GENCHE (3) RAYMOND IRRERA (4) COLLEEN HONAN (4) COLLEEN HONAN (5) WALTER MOTYKA (6) CAROLYN SIGNORELLI (6) CAROLYN SIGNORELLI (6) CAROLYN SIGNORELLI (6) CAROLYN SIGNORELLI (7) TOM D'AGOSTINO (8) MICHELLE ROSENTHAL (9) JULIA STARKWEATHER (10) MICHAEL TALLUTO (10) MICHAEL TALLUTO (10) MICHAEL TALLUTO (10) MICHAEL TALLUTO (11) MARK PRINCIPI (12) GERALDY (13) LAURA GOLDSTEIN (14) JOAN PETERSEN (14) JOAN PETERSEN (15) ANNE ROTHSTEIN (16) RENEMBA MCKINLEY (17) CAROLYN (17)		hours for related organizations below							organization		other compensation from the organization and related organizations
(2) ROBERT GECKLE		0.00]						_		_
RESIDENT & TRUSTEE	TREASURER AND TRUSTEE		X		X		_		0.	0.	0.
(3) RAYMOND IRRERA		0.00								_	_
TRUSTEE			Х		X				0.	0.	0.
(4) COLLEEN HONAN	• • • • • • • • • • • • • • • • • • • •	0.00							•		•
TRUSTEE		0.00	X	-	<u> </u>		ļ.—		0.	0.	0.
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TRUSTEE			X	<u></u>	<u> </u>	<u> </u>			0.	<u> </u>	0.
CAROLYN SIGNORELLI		0.00	.						0	0	•
SECRETARY & TRUSTEE	· · · · · · · · · · · · · · · · · · ·	0.00	Λ			-	-		<u> </u>	U •	0.
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(8) MICHELLE ROSENTHAL 0.00 VICE-PRESIDENT & TRUSTEE X X 0.00 0.00 TRUSTEE X 0.00<		0.00	v						n	0	0.
VICE-PRESIDENT & TRUSTEE X X X 0. 0. (9) JULIA STARKWEATHER 0.00 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (11) MARK PRINCIPI 0.00 0.<		0.00	Λ						<u> </u>	0.	
TRUSTEE		0.00	x		x				0	0.	0.
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(13) LAURA GOLDSTEIN 0.00 TRUSTEE X (14) JOAN PETERSEN 0.00 TRUSTEE X (15) ANNE ROTHSTEIN 0.00 TRUSTEE X (16) BRENDA MCKINLEY 40.00	(12) GERALDINE CARLEY	0.00									
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(15) ANNE ROTHSTEIN	(14) JOAN PETERSEN	0.00									
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(16) BRENDA MCKINLEY 40.00	(15) ANNE ROTHSTEIN	0.00	ļ								
	TRUSTEE		X	ļ. <u>.</u>			<u> </u>	<u> </u>	0.	0.	0.
LIBRARY DIRECTOR X 66,813. 0. 23,		40.00	1							_	
	LIBRARY DIRECTOR		_		X	_			66,813.	0.	23,026.
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Form 990 (2014)

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(do	not c	(C Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount	of
		(list any hours for related organizations below	tee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	org ar	other npensa from the ganizat nd relat janizati	ation e tion ted
	· · · · · · · · · · · · - · · · · · · ·	line)	Ipul	Inst	Officer	Key	High	For					
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	Sub-total Total from continuation sheets to Part V	II. Section A						>	66,813.	0		23,0	26. 0.
d	Total (add lines 1b and 1c) Total number of individuals (including but r					how		>	66,813.	0		23,0	26.
	compensation from the organization		1056	1151	su a	DOV	6) W	10 1	eceived more than \$100			Yes	No
	Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		165	
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			omp	ensa	atıor	n an	d ot	her compensation from	the organization	3	+-	X
	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	4		Х
	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedu	le J	for s	uch	per	son			· · · · · · · · · · · · · · · · · · ·	5		X
1	Complete this table for your five highest co the organization. Report compensation for										nsation	from	
	(A) Name and business					MILLI	OI V	/11111	(B) Description of s			C) ensatio	vn.
-	Name and business	addieda	IN	ON:	<u>L</u>				Description of	SCI VICES	Comp		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							<u> </u>						
													
	Total number of independent contractors	(including but	not l		nd to	the	اموا	ster	d above) who received a	nore than			
	\$100,000 of compensation from the organ	-	.5.1				0		aboro, who received h	novo triali		990 (2014

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1a Federated campaigns Membership dues 1b b 21,705. Fundraising events 1c 117,847 1d d Related organizations Contributions, (and Other Simil 176,575 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 71,468 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 387,595 h Total, Add lines 1a-1f Business Code <u>22,858</u> 22,858 2 a FINES 519100 Program Service 519100 381 381. **b** PROGRAMS f All other program service revenue 23,239 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 94,746 94,746. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 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 21,705. of including \$ contributions reported on line 1c) See 54,277 Part IV, line 18 24,566 b Less direct expenses 29,711 29,711. 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** 16,120. INSURANCE RECOVERY 519100 16,120 519100 5,903. 5,903 **b** PHOTOCOPY d All other revenue 22,023 e Total. Add lines 11a-11d 557,314 29,142 140,577. Total revenue. See instructions.

Part IX Statement of Functional Expenses CYRENIUS H BOOTH LIBRARY Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		j		
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 271	20,474.	71 650	10 220
_	trustees, and key employees	102,371.	20,4/4.	71,659.	10,238
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	695,582.	591,122.	93,031.	11,429
8	Pension plan accruals and contributions (include	055,502.	3317122.	33,031.	11/12/
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	136,479.	106,660.	28,089.	1,730
10	Payroll taxes	57,177.	44,786.	10,962.	1,429
11	Fees for services (non-employees)				
а	Management				
b	Legal	78.		78.	
С	Accounting	8,000.		8,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)			*	
12	Advertising and promotion				
13	Office expenses	37,395.	36,196.	809.	390
14	Information technology	25,735.	25,735.		
15	Royalties	70 274	74 570	2 2 5 1	1 452
16	Occupancy	78,374.	74,570.	2,351.	1,453
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	1,156.	1,156.		
19 20	Interest	+,+50.	1,100		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	131,635.	122,420.	6,582.	2,633
23	Insurance	===,			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	BOOKS	125,704.	125,704.		
b	CONTRACTUAL SERVICES	70,436.	66,914.	3,522.	
С	BIBLIOMATION	43,156.	43,156.		
d	PROGRAMS	28,082.	28,082.		
е	All other expenses	59,043.	52,967.	1,661.	4,415
<u>25</u>	Total functional expenses Add lines 1 through 24e	1,600,403.	1,339,942.	226,744.	33,717
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2014

Part X Balance Sheet

Part X		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing	144,135.	1	268,792
2	2	Savings and temporary cash investments	154,021.	2	150,609
3	3	Pledges and grants receivable, net		3	
4	1	Accounts receivable, net	70,913.	4	82,953
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	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			
g e		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	,	Notes and loans receivable, net		7	
ž 8	3	Inventories for sale or use		8	
9	•	Prepaid expenses and deferred charges	2,022.	9	0
10)a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5, 236, 565.			
	b	Less accumulated depreciation 10b 2,585,679.	2,781,443.	10c	2,650,886
11	1	Investments - publicly traded securities	44,436.	11	43,668
12	2	Investments - other securities See Part IV, line 11	1,569,100.	12	1,479,885
13	3	Investments - program-related See Part IV, line 11		13	
14	1	Intangible assets		14	
15	5	Other assets See Part IV, line 11		15	
16	3	Total assets. Add lines 1 through 15 (must equal line 34)	4,766,070.	16	4,676,793
17	7	Accounts payable and accrued expenses	76,320.	17	147,378
18	3	Grants payable	 	18	
19	9	Deferred revenue	26,882.	19	0
20)	Tax-exempt bond liabilities	-	20	
21	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖ္မ 22	2	Loans and other payables to current and former officers, directors, trustees,			
≣		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
- 23	3	Secured mortgages and notes payable to unrelated third parties		23	- ,
24	4	Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	400 000	25	445 050
26	<u> </u>	Total liabilities. Add lines 17 through 25	103,202.	26	147,378
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \[\textbf{X} \] and			
Š		complete lines 27 through 29, and lines 33 and 34.	0 000 014		0 016 000
ğ 27		Unrestricted net assets	2,962,214.		2,916,282
E 28		Temporarily restricted net assets	30,281.	28	31,975
29	9	Permanently restricted net assets	1,670,373.	29	1,581,158
죠		Organizations that do not follow SFAS 117 (ASC 958), check here			
٥ ا		and complete lines 30 through 34.			
Net Assets or Fund Balances		Capital stock or trust principal, or current funds		30	
ğ 31		Paid-in or capital surplus, or land, building, or equipment fund		31	
돌 32		Retained earnings, endowment, accumulated income, or other funds	1 660 060	32	4 500 415
33		Total net assets or fund balances	4,662,868.	33	4,529,415
34	4	Total liabilities and net assets/fund balances	4,766,070.	34	4,676,793 Form 990 (2014

Form **990** (2014)

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

Form 990 (2014)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Open to Public Inspection

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

		CYREI	NIUS H BOO'	TH LIBRARY) <u>6-6002263 </u>
Pa	irt I	Reason for Public C	harity Status (A	II organizations must co	mplete thi	s part) Se	e instructions	
he	organ	ization is not a private founda	ation because it is (F	or lines 1 through 11, c	heck only	one box)		
1		A church, convention of chu	irches, or associatio	n of churches described	l in section	n 170(b)(1)(A)(ı).	
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E)				
3		A hospital or a cooperative I			ction 170	(b)(1)(A)(iii).	
4	一	A medical research organiza					•	the hospital's name.
•		city, and state		,			(/////.	•
5		An organization operated fo	r the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit descri	bed in
J		section 170(b)(1)(A)(ıv). (C			. о, орола			
6		A federal, state, or local gov		ental unit described in a	ection 17	O(5)(4)(A)(w	
6 7	\mathbf{x}	An organization that normal	•				•	I public described in
′		section 170(b)(1)(A)(vi). (Co	-	mai part of its support i	om a gov	Jii ii ii ciitai	unit or from the genera	pablic accended in
			,	4VAVvil (Complete Bort	- II A			
8	一	A community trust describe					an mambarahin fana	and arosa rossints from
9	L	An organization that normal	•	•	-		•	-
		activities related to its exem	•					-
		income and unrelated busin		(less section 511 tax) in	om busine:	sses acqui	red by the organization	raiter June 30, 1975
		See section 509(a)(2). (Con	•		4-4. · O ·		01-1141	
10	님	An organization organized a	•	•	-			
11	لــــا	An organization organized a	-	=				
		more publicly supported org						Check the box in
		lines 11a through 11d that o				-	-	
а	٠ ــــ	☐ Type I. A supporting orga	•	•	•			
		the supported organization		• • • •	i majority o	or the direc	ctors or trustees of the	supporting
		organization You must c	•				- I (-)	
b) L	Type II. A supporting orga						
		control or management of	,, -		ame perso	ons that co	ntrol or manage the su	рропеа
	_	organization(s) You mus	•					
C	;	Type III functionally inte	•					ted with,
	_	its supported organization		•				
c	1 L	☐ Type III non-functionally						
		that is not functionally int	-	•				tiveness
	_	requirement (see instructi		•				
e		Check this box if the orga					Type I, Type II, Type II	l
		functionally integrated, or	• .	nally integrated support	ing organiz	zation.		
1		er the number of supported o	_					
		vide the following information		d organization(s) (iii) Type of organization	(m) la tha =	raanization	(v) Amount of manates	(m) Amount of
		(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9	listed i	n your	support (see	(vi) Amount of other support (see
		organization		above or IRC section	governing		Instructions)	Instructions)
				(see instructions))	Yes	No		
						}		
					_ _			
								
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Tot	al				Į.	l		

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 CYRENIUS H BOOTH LIBRARY 06-60022 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1176047.	1208106.	1302505.	1410282.	1387595.	6484535.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
٥	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	1176047.	1208106.	1302505.	1410282.	1387595.	6484535.
	The portion of total contributions	11/004/.	1200100.	1302303.	1410202.	1301323.	0404333.
Э	·						
	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)						6404535
	Public support. Subtract line 5 from line 4						6484535.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1176047.	1208106.	1302505.	1410282.	1387595.	<u>6484535.</u>
8	Gross income from interest,						
	dividends, payments received on			'			
	securities loans, rents, royalties						
	and income from similar sources	65,574.	69,860.	66,732.	47,638.	94,746.	344,550.
9	Net 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 VI)						
11	Total support. Add lines 7 through 10						6829085.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	163,691.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					▶□.
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	vided by line 11, o	column (f))		14	94.95 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	<u>95.19 %</u>
16a	a 33 1/3% support test - 2014. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright X$
Ł	33 1/3% support test - 2013. If the	organization did no	t check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						ightharpoons
17a	a 10% -facts-and-circumstances tes		• •		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						▶□
ŀ	10% -facts-and-circumstances tes	•	•		•	17a, and line 15 is	10% or
•	more, and if the organization meets t	•				•	
	organization meets the "facts-and-cir						▶ []
12	Private foundation. If the organization						s 🕌
<u></u>	THAT IS A STATE OF THE STATE OF	s.a not oncox a				edule A (Form 990	

432022 09-17-14

SCHEDULE D

Department of the Treasury

(Form 990)

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.

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

OMB No 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering into major major that benefit? Part II Conservation Easements. Complete if the organization check all that apply Preservation of land for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year a Total number of conservation easements on a certified historic structure included in (a) A Number of conservation easements included in (b) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located Part of the preservation have a written policy regarding the penodic monitoring, inspecting, and enforcing conservation easements during the year Part Number of states where property subject to conservation easements in located Part Number of states where property subject to conservation easements in subject to preservation easements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) in Part XIII, describe how the organization	organization answered 'Yes' to Form 990, Part IV, line 6 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of praints from (during year) 4 Aggregate value of graints from (during year) 4 Aggregate value of graints from (during year) 5 Did the organization in Serperty, subject to the organization's exclusive legal control? 6 Did the organization in Serperty, subject to the organization's exclusive legal control? 7 Did the organization inform all graintees, donors, and donor advisors in writing that graint funds can be used only for chantable purposes and not for the benefit of the donor or divisor, or for any other purpose conferring interest the organization information or divisor, or for any other purpose conferring interest the organization in the series of the organization answered "Yes" to Form 990, Part IV, line 7 1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) 1 Proservation of public use (e.g., recreation or education) 2 Preservation of a historically important land area 2 Complete lines 2 a through 2 of the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year a Total number of conservation easements 3 Total number of conservation easements included in (e) acquired after 8/17/06, and on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \$ 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year \$ 5 Does the organization have a writen policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in the requirements that describes the organization and section	Dor	CYRENIUS H BOOTH LI	Eunds or Other Similar Funds or	Accounts Complete of the
Total number at end of year Aggregate value of grants from (during year) Aggregate value at end of year So Det the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissable private benefit? Yes Perservation Easements. Complete if the organization advisor, or for any other purpose conferring impermissable private benefit? Yes Perservation of conservation easements held by the organization check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a bistonically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of the day of the tax year Held at the End of the T 2b Conservation easements 2b Total acreage restricted by conservation easements 2b Conservation easements included in (c) adjusted after 8/17/06, and not on a histonic structure listed in the National Register Number of conservation easements included in (c) adjusted after 8/17/06, and not on a histonic structure listed in the National Register Number of conservation easements included in (c) adjusted after 8/17/06, and not on a histonic structure listed in the National Register Number of conservation easements included in (c) adjusted in the organization have a written pokey regarding the periodic monitoring, inspection, and org	(a) Donor advised funds (b) Funds and other accounts Total number at end of year	Par			Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 1 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mapermissible private benefit? Part II Conservation Easements. Complete if the organization check all that apply Preservation of land for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easement or donor advised to the day of the tax year Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of the day of the tax year 1 Total number of conservation easements 1 Total number of conservation easements included in (a) 1 Number of conservation easements included in (b) acquired after 87.706, and not on a historic structure isted in the National Register 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2 Number of states where property subject to conservation easements is located P 2 Number of states where property subject to conservation easements is located P 3 Number of expenses incurred in monitrong, inspecting, and enforcing conservation easements than describes the organization day of the tax year 3 Number of expenses incurred in monitrong, insp	Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization in form all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization in grantees, dinors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) 1 Preservation of a for public use (e.g., recreation or education) 2 Preservation of a for public use (e.g., recreation or education) 3 Preservation of a historically important land area 3 Preservation of a certified historic structure 3 Preservation of a certified historic structure 4 Preservation of conservation easements in the first of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 3 Total number of conservation easements 4 Total number of conservation easements in contribution structure included in (e) 5 Number of conservation easements included in (c) acquired after 6/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located the periodic monitoring, inspecting, and enforcing conservation easements during the year \$ 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, and enforcing conservation easements that describes the organization and section 17/00/ii/(8)(9):		organization answered "Yes" to Form 990, Part IV, line (0.5 and and attendance
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historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Pathetext of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following an relating to these items (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1				
the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, his treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following as relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1	1a			
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, his treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following an relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1		historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance	of public service, provide, in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1		the text of the footnote to its financial statements that describ	es these items	
relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	relating to these items (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1	b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement an	d balance sheet works of art, historica
(ii) Revenue included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	(i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1		treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amount
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1		relating to these items		
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1		(i) Revenue included in Form 990, Part VIII, line 1		> \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1		(ii) Assets included in Form 990, Part X		> \$
	a Revenue included in Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial ga	
	a Revenue included in Form 990, Part VIII, line 1		the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
	b Assets included in Form 990, Part X	а			> \$
b Assets included in Form 990, Part X		b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2014

		S H BOOTH							02263 Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, c	or Othe	er Simil	ar Asse	ts(continued)
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the f	following tha	t are a s	ignificant	use of its	collection items
	(check all that apply)								
а	Public exhibition	d	ا 🔲 لو	oan or exch	nange progra	ıms			
b	Scholarly research	е		ther					
c	Preservation for future generations	·							
4	Provide a description of the organization's co	llections and explain	n how the	v further th	ne organizatio	on's exe	mpt purpe	ose in Par	t XIII
5	During the year, did the organization solicit or			-					
	to be sold to raise funds rather than to be ma							<u></u>	Yes No
Pai	t IV Escrow and Custodial Arran					'Yes" to	Form 990	Part IV. I	
	reported an amount on Form 990, Par)		.,			,,, , .	
12	Is the organization an agent, trustee, custodi		diany for co	ontribution	s or other as	sets not	ıncluded		· · · · · · · · · · · · · · · · · · ·
Ia	on Form 990, Part X?	an or other intermed	lary for co	Jitti Dation.	3 Of Other as	3613 1101	niciadea		Yes No
_	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	blo				<u> </u>	16510
D	ii res, explain the arrangement in Fart Allia	and complete the lo	nowing tai	DIA					Amount
_	Degramme helenes						4		Amount
C	Beginning balance						1c		
a	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance	000 Dart V I	04 (<u>_1f</u>		7, [-7,1]
2a	<u> </u>						iity?	L	」Yes
$\overline{}$	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete it								
Га	rt V Endowment Funds. Complete i				1			5	/ N Farmana basis
		(a) Current year		or year	(c) Two year		(d) Three		(e) Four years back
1a	Beginning of year balance	1,569,100.	1,3	396,068.	1,31	1,947.	1,4	132,349.	1,266,070.
b	Contributions								
С	Net investment earnings, gains, and losses	3,331,		218,522.	145	5,570.		<u>-50,793,</u>	227,921.
đ	Grants or scholarships								
е	Other expenditures for facilities					ļ			
	and programs	92,546.		45,490.	6.	1,449.		66,609.	61,642.
f	Administrative expenses								
g	End of year balance	1,479,885.	1,5	569,100,	1,39	5,068,	1,3	314,947.	1,432,349.
2	Provide the estimated percentage of the curi	rent year end baland	e (line 1g,	, column (a	i)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administe	red for t	he organi	zation	
	by								Yes No
	(i) unrelated organizations								3a(i) X
	(ii) related organizations								3a(ıi) X
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Schedu	ıle R?					3b
4	Describe in Part XIII the intended uses of the	organization's endo	owment fu	ınds					
Pa	rt VI Land, Buildings, and Equipm	ent.				_			
	Complete if the organization answere	d "Yes" to Form 990), Part IV, I	line 11a S	ee Form 990	, Part X,	line 10		
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book value
	<u> </u>	basis (investr	ment)	basis ((other)	de	preciation		
1a	Land			2	0,040.				20,040.
b					9,315.	2,	011,5	77.	2,577,738.
C	Leasehold improvements								
d	Equipment			62	7,210.		574,1	02.	53,108.
	Other	-			, _ 				L
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c)				2,650,886.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 CYRENIUS H	BOOTH LIBRARY	06-6002263 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTERESTS IN		
(B) TRUSTS	1,479,885.	END-OF-YEAR MARKET VALUE
(C)		·
(D)		
(E)		""
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,479,885.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
	Description	(b) Book value
(1)		
(2)		
(3)		

Complete it the organization answered Tes to Form 930, Fart 17, line Tid Gee Form 930, Fart 12, line 13	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	>

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federalı	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (l	b) must equal Form 990, Part X, col (B) line 25)	>

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

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 CYRENIUS H BOOTH LIBRARY			6002263 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F	Returr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a		
1	Total revenue, gains, and other support per audited financial statements		1	1,624,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a -90,364.		
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d 157,650.]	
е	Add lines 2a through 2d		2e	67,286.
3	Subtract line 2e from line 1		3	1,557,314.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	0.
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,557,314.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses per	Retu	
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	· · · · · · · · · · · · · · · · · · ·		
1	Total expenses and losses per audited financial statements		1	1,758,053.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
- a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
c	Other losses	2c	1	
d	Other (Describe in Part XIII)	2d 157,650.	∤	
e	Add lines 2a through 2d	20 157,050.	7 I	157,650.
3	Subtract line 2e from line 1		2e 3	1,600,403.
-			3	1,000,403.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	14.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	4b	┥ . │	0
_ C	Add lines 4a and 4b		4c	1 600 400
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	1,600,403.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		4, Part	X, line 2, Part XI,
iines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac	oditional information		
		 		
. עם	RT V, LINE 4:			
PA.	XI V, LINE 4:			
ENT	DOWMENT FUNDS ARE USED FOR GENERAL OPERAT	TONG		
EIV.	DOWNENT FUNDS ARE USED FOR GENERAL OPERAL	10115.		
			-	
'עכן	OM VI IING OD OMUGD ADTICOMENTO.			
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:			
TOTAL	O MOOR IN CERTAIN DEPOSITE ON TOWN	0.0		24 566
FU.	NDRAISING EVENT EXPENSES NETTED ON FORM 9	90		24,566.
T 1. 7				422 004
<u>1N</u>	SURANCE RECOVERY EXPENSES NETTED AGAINST	REVENUE		133,084.
TO	TAL TO SCHEDULE D, PART XI, LINE 2D			<u> 157,650.</u>
<u>PA</u>	RT XII, LINE 2D - OTHER ADJUSTMENTS:			
<u>FU</u>	NDRAISING EVENT EXPENSES NETTED ON FORM 9	90		<u>24,566.</u>
<u>IN</u>	SURANCE RECOVERY EXPENSES NETTED AGAINST	REVENUE		133,084.
TO	TAL TO SCHEDULE D, PART XII, LINE 2D			
43205 10-01	4			dule D (Form 990) 2014

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.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

2014

Open to Public Inspection

lame of the organization							ntification number
	H BOOTH LIBRARY					06-6002	
Fundraising Activities. (required to complete this part	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, II	ne 17	7 Form 990-EZ	filers are not
1 Indicate whether the organization raise	d funds through any of the following	g activ	/ities	Check all that apply			
a Mail solicitations	e 🔙 Solicitat	ion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants			
c Phone solicitations	g Special	fundra	ising (events			
d In-person solicitations							
2 a Did the organization have a written or			_			or	
key employees listed in Form 990, Pai	· · · · · · · · · · · · · · · · · · ·			=		Yes	
b If "Yes," list the ten highest paid indiv		uant to	agre	ements under which	the f	undraiser is to l	эе
compensated at least \$5,000 by the c	organization						
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) fundr have cr or con contribi	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							-
			-				
				-			
Fotal			>				
3 List all states in which the organization or licensing	ı ıs registered or licensed to solicit	contrib	utions	s or has been notified	d It IS	exempt from re	egistration
			_				
HA For Paperwork Reduction Act Notice	ce see the Instructions for Form	990 or	990-	F7. 9	Scher	tule G (Form 9	90 or 990-EZ) 2014

432081 08-28-14

06-6002263 Page 2 Schedule G (Form 990 or 990-EZ) 2014 CYRENIUS H BOOTH LIBRARY Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE (add col (a) through ROAD RACE FASHION SHOW col (c)) (event type) (total number) (event type) 38,980. 75,982. 37,002 1 Gross receipts 8,525 13,180 21,705. 2 Less Contributions 54,277. 28,477 25,800 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 6,322 6,322. Food and beverages 8 Entertainment 14,271 3,973 18,244. Other direct expenses 24,566. 10 Direct expense summary Add lines 4 through 9 in column (d) 29,711 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2014 CYRENIUS H BOOTH LIBRARY	<u> </u>	<u> 0226</u>	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	ſ	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?	ſ	Yes	No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	Ĺ	13a	%
b	An outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	int		
	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			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L∐ No
ŧ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
Pa	organization's own exempt activities during the tax year \(\bigsim \\$ \) Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P	art III, lin	es 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)	-		
			-	
				<u> </u>
				
_				

SCHEDULE O

432211 08-27-14

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Internal Revenue Service Name of the organization Employer identification number

Inspection

CYRENIUS H BOOTH LIBRARY 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 OUR VISION IS TO BECOME THE BEST REGIONAL SOURCE FOR INFORMATION. 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 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

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization CYRENIUS H BOOTH LIBRARY	Employer identification number 06-6002263
BOARD OF TRUSTEES AS PART OF THE ANNUAL BUDGET PROCESS.	ALL TRUSTEES ARE
INDEPENDENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL REQUIRED DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL	PUBLIC AT THE
LIBRARY OFFICES UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES IN PROCEDURES	
	
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SCHEDULE R

(Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

MB No 1545-0047	2014
õ	

Open to Public

Employer identification number 06-6002263

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Total income ፱ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity <u>a</u> CYRENIUS H BOOTH LIBRARY Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

(g) Section 512(b)(13) controlled entity? Š × Direct controlling status (if section 501(c)(3)) Public charity INE 11C, III-FI Exempt Code 501(C)(3) Legal domicile (state or foreign country) CONNECTICUT Primary activity FUNDRAISING FRIENDS OF THE CYRENIUS BOOTH LIBRARY, INC. CŢ - 22-3210355, 25 MAIN STREET, NEWTOWN, 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) 2014

06-6002263

Page 2

Schedule R (Form 990) 2014 CYRENIUS H BOOTH LIBRARY

Part III

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

General or Percentage managing ownership Schedule R (Form 990) 2014 (i) Section 512(bx(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Code V.UBI General or P. amount in box managing o 20 of Schedule partner? K·1 (Form 1065) Yes No Percentage ownership Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization e) 432162 08-14-14 Part IV

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

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule		İ			Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more re	lated organizations listec	I in Parts II:1V?		_	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	rty			<u>a</u>		×
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				ည	×	- {
d Loans or loan guarantees to or for related organization(s)				1d		×
				1e		×
f Dividends from related organization(s)				#		×
				19		⋈
				ŧ		×
i Exchange of assets with related organization(s)				Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				į.		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	Janization(s)			13		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£		×
 Sharing of paid employees with related organization(s) 				9		×
				- 1		>
				<u>a</u> ,	\dagger	4 >
q Keimbursement paid by related organization(s) for expenses				5		4
				;		×
s Other transfer of cash of property from related organization(s)				IS		4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			١
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) FRIENDS OF THE CYRENIUS BOOTH LIBRARY	U	117,847.	ACTUAL CASH RECEIVED			
(2)						
(3)						
(4)						
(5)						
(9)						
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

(a) Name, address, and EIN Of entity Canitry (b) (cate or foreign (county) (d) (d) (d) (e) (d) (e) (related, unrelated, unrelated, county) (county)	(b) Primary activity	(state or foreign country)	(d) Predominant income (related, unrelated, sections 5/2-5/4)	(e) Are all partners sec 501(c)(3) Orgs 7	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations?	Dispropor-	General or managing partner?	(k) Percentage ownership
ı			(1.0.310 ciona)	0 2 2 3 3 4			ĝ.			

Schedule R (Form 990) 2014