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ef	ile G	RAPHIC print	- DO NOT PROCESS As Filed Data -	DLI	N: 93492093000127		
			Short Form		OMB No 1545-1150		
	Q	90-EZ	Return of Organization Exempt From Income To	Y			
For	m J i	90-LZ			2016		
•			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foul	idations	3) 2010		
			▶ Do not enter social security numbers on this form as it may be made public				
Dep	artment	of the Treasury	► Information about Form 990-EZ and its instructions is at <u>www.irs.gov/f</u>		Open to Public		
-		enue Service			Inspection		
		_	ar year, or tax year beginning 01-01-2016 , and ending 12-31-2016				
		f applicable s change	C Name of organization EveryLibrary	Emplo	yer identification number		
_	Name c	-		46-153	-1534149		
_	Initial r	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 406 45 E Burlington Street	Telepho	one number		
	Fınal re	turn/terminated	City or town, state or province, country, and ZIP or foreign postal code	(503) 754-6619			
_		ed return			Group Exemption		
ш,	Applicat	tion pending		Number •			
			H. Chack D.	□ ıf th	ne organization is not		
G A	ccoun	ting Method 🗆	Cash Maccidal Other (specify)		Schedule B		
				, 990-Е	Z, or 990-PF)		
		e: www everlibrary	y org only one) - □ 501(c)(3) ☑ 501(c)(4) ◀(Insert no) □ 4947(a)(1) or □ 527				
		-	Corporation Trust Association Other				
L A	dd line \$500	es 5b, 6c, and 7b	o to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	sets (P	art II, column (B) below) ▶ \$ 115 488		
	art I		Expenses, and Changes in Net Assets or Fund Balances (see the instruction				
_	<u> </u>	Check if the	organization used Schedule O to respond to any question in this Part I				
	1		gifts, grants, and similar amounts received	1	92,991		
	2	Program service	e revenue including government fees and contracts	2	0		
	3	Membership du	es and assessments	3	0		
	4	Investment inco	ome	4	0		
	5a	Gross amount f	rom sale of assets other than inventory 5a				
	b		her basis and sales expenses	1			
	c		rom sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
	6	, ,	ndraising events				
9	a	_	rom gaming (attach Schedule G if greater than \$15,000)				
Revenue			gg (-			
Şċ∿	b		om fundraising events (not including \$ <u>0</u> of contributions from of contributions from other reported on line 1) (attach Schedule G if the				
ш.		-	oss income and contributions exceeds \$15,000) 6b 22,458				
	С		penses from gaming and fundraising events 6c 14,036	-			
	d		loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,422		
	7a	•	nventory, less returns and allowances 7a 39		9,122		
	b	Less cost of go		_			
	c	_	(loss) from sales of inventory (Subtract line 7b from line 7a)	7c	39		
	8	•	(describe in Schedule O)	8	39		
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	101,452		
\dashv	10		llar amounts paid (list in Schedule O)	10	23,272		
	11			11	23,272		
Expenses	12	-		-	0		
	13	-	compensation, and employee benefits	12	29,321		
Ext	14		t, utilities, and maintenance	14	300		
	15		ations, postage, and shipping	15	712		
	16	·	(describe in Schedule O)	16	60,192		
_	17	-	s. Add lines 10 through 16	17	113,797		
Ð	18	•	cit) for the year (Subtract line 17 from line 9)	18	-12,345		
Assets	19		ind balances at beginning of year (from line 27, column (A)) (must agree with				
t A			ure reported on prior year's return)	19	29,284		
Ň	20	_	In net assets or fund balances (explain in Schedule O)	20	848		
	21		and balances at end of year Combine lines 18 through 20	21	17,787		
For	Pape	rwork Reduction	on Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2016)		

	` '						i age =
Part II	Balance Sheets (see the instruction Check if the organization used Schedule		uestion in this	Part II			
	check if the organization used schedule	o to respond to any q	descion in this		eginning of year	· ·	(B) End of year
22 Cash, sa	ivings, and investments			(1.1)	29,284	22	17,787
23 Land and	d buildings		[0	23	0
24 Other as	ssets (describe in Schedule O)				0		0
	ssets				29,284	-	17,787
	abilities (describe in Schedule O)		÷		0	-	0
27 Net ass Part III	ets or fund balances (line 27 of column Statement of Program Service A	` '	·	one for Par	29,284	7/	17,787 Expenses
I di C III	Check if the organization used Schedule	•			🗆		equired for section 501(c)
	organization's primary exempt purpose?) and 501(c)(4) ganizations, optional for
measured b	and civic e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pr	er, describe the service					hers)
28 See Addition	nal Data Table						
(Grants \$)	If this amour	nt includes foreign gran	ts. check here		. ▶ □	28a	
29	II chia diffour	ic melades foreign gran	ito, check fiere	-	. ,	29a	
(Grants \$)	If this amour	nt includes foreign gran	ts, check here		. ▶ □		
30						30a	1
(Grants \$)	If this amour	nt includes foreign gran	ts, check here		. ▶ 🗆		
31 Other pr	ogram services (describe in Schedule O)						
(Grants \$)		nt includes foreign gran				31a	1
	ogram service expenses (add lines 28						<u> </u>
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule						uctions for Part IV)
		1 (1)				<u>,</u>	143=1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if no enter -0	tion '1099- t paid,	(d) Health beni contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
John Chrast	ka	40	enter -c	12,500			0 0
Executive Di	irector, Chairman, President						
Erica Findley		8		0			0 0
Board of Dir	ectors, Treasurer						
Patrick Swee	· · · · · · · · · · · · · · · · · · ·	40		15,000			0 0
Board of Dir	ectors, Secretary						
Peter Bromb	· · · · · · · · · · · · · · · · · · ·	8		0			0 0
Board of Dir Mel Gooch	ectors	8		0			0 0
		Ŭ		· ·			ŭ
Board of Dir Brian Hart	ectors	8		0			0 0
brian nart		0		U			0
Board of Dir	ectors						
							Form QQQ-F7 (2016)

16 Did the org							Page 4
I Did the era						Yes	No
	anization engage, directly or indirect for public office? If "Yes," complete :						
					46		No
All s	ction 501(c)(3) organizations section 501(c)(3) organizations	must answer quest	ions 47-49b and 52,	and complete the table	s for lır	nes 50	and 51
Chec	ck if the organization used Schedule	O to respond to any q	uestion in this Part VI .	 	· · · ·	Yes	□ No
17 Dud the sum		bb F/	24 (la) al a atra a un affe at	d			
	anization engage in lobbying activition in the mplete Schedule C, Part II	· · · · · · · ·	or(u) election in ellect		47		
8 Is the organ	nization a school as described in sect	tion 170(b)(1)(A)(II)?	If "Yes," complete Sche	edule E	48		
9a Did the org	anızatıon make any transfers to an e	exempt non-charitable	related organization?		49a		
b If "Yes," wa	as the related organization a section	527 organization? .			49b		
	his table for the organization's five h				and key	employ	ees)
	eceived more than \$100,000 of comp e and title of each employee	pensation from the org	ganization If there is no (c) Reportable	one, enter "None " (d) Health benefits,	(e) Est	tımated	amoun
(-,		hours per week devoted to position	compensation (Forms W-2/1099-	contributions to employee benefit plans, and			
		devoted to position	MISC)	deferred compensation			
							_ _
52 Did the o	nber of other independent contractor organization complete Schedule A? N	OTE. All Section 501(c)(3) organizations mus	st attach a			
Did the o complete	rganization complete Schedule A? N d Schedule A	OTE. All Section 501(c)(3) organizations mus	edules and statements, and	d to the	best of	my
Did the o complete of the penalties of t	rganization complete Schedule A? N d Schedule A	OTE. All Section 501(c)(3) organizations mus	edules and statements, and	d to the	best of	my
ign ere Did the o complete nder penalties of nowledge and be as any knowledge Sign Erica	rganization complete Schedule A? Note that I have exampled, it is true, correct, and complete that I have exampled in the second complete that I have exam	OTE. All Section 501(c)(3) organizations mus	edules and statements, and is based on all information 2017-03-31 Date Check if self-employed	d to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledge ign ere Sign	riganization complete Schedule A? Noted Schedule A	OTE. All Section 501(c)(3) organizations mus	edules and statements, and is based on all information 2017-03-31 Date Check I if PTIN	d to the	best of	my
Did the o complete on der penalties of nowledge and be as any knowledge ign ere Sign	rganization complete Schedule A? Note that I have exampled, it is true, correct, and complete that I have exampled in the second complete that I have exam	OTE. All Section 501(c)(3) organizations mus	edules and statements, and is based on all information 2017-03-31 Date Check if self-employed	d to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledg ign ere	riganization complete Schedule A? Noted Schedule A	OTE. All Section 501(c)(3) organizations mus	edules and statements, and is based on all information 2017-03-31 Date Check if self-employed Firm's EIN	d to the	best of	my

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 46-1534149

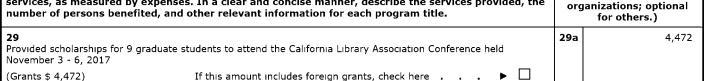
Name: EveryLibrary

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's p services, as measured by exp number of persons benefited	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28		28a	19,878
Provided direct support to 26 library ballot committees through a combination of financial resources, campaign consultancy, and technical assistance			
(Grants \$ 18,500)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$		

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the

Form 990EZ, Part III - Statement of Program Service Accomplishments



Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the

Form 990EZ, Part III - Statement of Program Service Accomplishments

number of persons benefited, and other relevant information for each program title.			for others.)		
30		30a	1,880		
	d to online and in-person advocacy trainings across the country This was done through rences and workshops with local library groups				
(Grants \$ 0)	If this amount includes foreign grants, check here				

Form 990EZ, Part III - Statement of Program Service Accomplishments

Expenses
(Required for section

Describe the organization's program service accomplishments for each of its three largest program

services, as measured be number of persons bend	organizations; optional for others.)		
Raised awareness of librar in libraries	y funding issues through conference presentations, mailed postcards, and table top cards		1,601
(Grants \$ 0)	If this amount includes foreign grants, check here \blacktriangleright \Box		

501(c)(3) and 501(c)(4)

efile GRAPH	DLN: 93492093000127			
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury		Supplemental Information to Form 990 o Complete to provide information for responses to specific qu Form 990 or 990-EZ or to provide any additional inform ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its in www.irs.gov/form990.	on to Form 990 or 990-EZ or responses to specific questions on vide any additional information. m 990 or 990-EZ. 1990 or 990-EZ) and its instructions is at	
Name of the org EveryLibrary	anizatio	n	Employer i	dentification number
			46-1534149	
Return Reference	John H	Explanation Hammond for New Yorkers for Botter Libraries BAC 02/09/2016 \$200.00 LAdvo	cates for I	
EZ, Part I, Line 10				

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, Part I,
Line 16

Description,Amount^Advertising and marketing,33463|Bank Charges and Fees,3|Meals and Enter tainment,463|Mobile Phone,847|Office Supplies and Software,10889|PO Box,96|PayPal Fees,240
6|Professional Development,223|Reimbursable Expenses,5581|Travel,6166|Website,55^Total,601
92^

Return Explanation
Reference

990 Schedule O, Supplemental Information

Description, Amount^Returned funds from Vote Yes for Moniteau Library, 437 Returned funds from Friends of the Library Brookfield. 1000 Returned funds from Allegan District Library Yes
 Committee,10 Returned funds from Sycamore Library District Yes,22 Refund from Reimburseme
nt miscalculation to John Chrastka,672 Account balance adjustments made during account rec