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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

Internal Revenue Service

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

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

Open to Public Inspection

A F	or th	e 2016 calendar year, or tax year beginning JUL 1, 2016 and	ending (	<u>JUN 30, 2017</u>				
В	heck if pplicab	C Name of organization		D Employer identifi	cation number			
	Addre chang	CYRENIUS H BOOTH LIBRARY						
	]Name			06-6	002263			
	]initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	mber			
	]Final returr	25 MAIN STREET	(203	)426-4533				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,709,980.			
	]Amer	NEWTOWN, CT 06470		H(a) is this a group re	eturn			
	Appli	F Name and address of principal officer. RODERT GECREE		for subordinates	? Yes X No			
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status. X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) (	or 52	7 If "No," attach a	list. (see instructions)			
		te: WWW.CHBOOTHLIBRARY.ORG		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	L Year	r of formation: 1931 N	M State of legal domicile: CT			
	rt I	Summary						
۾ پ	1	Briefly describe the organization's mission or most significant activities THE						
∏ ĕ		MISSION IS TO PROMOTE THE JOY OF LIFELONG						
Activities & Governance	_2_	Check this boxif_the_organization-discontinued-its operations or dispos	sed-of mor	re than 25%-of its-net-as	•			
ڰۣؾۧٳٞ	3	Number of voting members of the governing body (Part VI, line 1a)		3	16			
200	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16			
Fies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	47			
₹\$	6	Total number of volunteers (estimate if necessary)		6	100			
A.		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
		Contributions and greats (Dort VIII line 1h)	<del> </del>	Prior Year 1,615,416.	Current Year 1,584,222.			
ĭue	8	Contributions and grants (Part VIII, line 1h)	<del> </del>	23,000.	20,421.			
Revenue	9	Program service revenue (Part VIII, line 2g)	-	63,409.	52,989.			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	27,153.	34,151.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del> </del>	1,728,978.	1,691,783.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,019,404.	1,018,835.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<del> </del>	0.	0.			
ē	1	Total fundraising expenses (Part IX, column (D), line 25)  44,1	36.					
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		660,768.	723,946.			
	18	Total expenses. Add lines 13-17 (must equal Part X, collection Fig. 25ED	7	1,680,172.	1,742,781.			
	19	Revenue less expenses. Subtract line 18 from line 12	اد	48,806.	<50,998.>			
Assets or Balances		Total assets (Part X, line 16)	3 B	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	λ [	4,554,279.	4,604,651.			
ag As	21	Total liabilities (Part X, line 26)	<b>≦</b>	99,903.	74,091.			
	22	Net assets or fund balances. Subtract line 21 from line 20 GDEN. UT		4,454,376.	4,530,560.			
	ırt II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	corre	ct, and complete. Declaration of preparer (other than officer) is hased on all information of wh	hich prepare		\; <del>-</del>			
		Signature of officer		11\14 Data				
Sig		1'		Date				
Her	е	WILLIAM MC CARTHY, TREASURER  Type or print name and title	<del></del>	<del></del>				
			<del></del> -	Date / Check	] PTIN			
Dala	1	Print/Type preparer's name  Preparer's signature	DA	11/2/2				
Paid	arer	DONALD STUDLEY WHITE & ASSOCIATES	~14	Sett-employ	P00023328 06-0990132			
•	Only	Firm's name STUDLEY, WHITE & ASSOCIATES Firm's address P.O. BOX 399	<u> </u>	Firm's EIN	00 0330134			
005	Jilly	DANBURY, CT 06813		Phone no 12	03)748-6517			
May	the !	RS discuss this return with the preparer shown above? (see instructions)	<del></del>	11 110110 110. ( 2	X Yes No			
2								

Part IV Checklist of Required Schedules

CYRENIUS H BOOTH LIBRARY

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		х
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		х
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		х
		<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		
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	ļ
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	Х	
C	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	Х	
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	
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	ļ	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		Х
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		Х
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,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-	<u></u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0_	<b></b>	<b> </b>
19	complete Schedule G, Part III	19		x
	Complete Ocheude O, r art III		990	
		i Onni	. 550	(2010)

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Part IV Checklist of Required Schedules (continued)

			Yes	NO_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 if "Yes," complete Schedule I, Parts I and II	21		<u>_x</u>
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	1		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			<u> </u>
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ł		}
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			i
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	Ì		ĺ
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	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		_ X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ļ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	[	ŀ	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	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	Щ.
		Form	990	(2016)

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Part V. Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110_
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ļ		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	l		Ì
	(gambling) winnings to prize winners?	1c	X	ĺ _
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 47		'	Ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_	_	X
b	If "Yes," enter the name of the foreign country. ▶			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		i	ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
_6a_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	}		ĺ
	were not tax deductible?	6b		<b> </b>
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		32
	to file Form 8282?	7c		X_
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>.</b>		
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		-
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>-'"</del>		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	l		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		1
11	Section 501(c)(12) organizations. Enter.			İ
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	]		ĺ
	amounts due or received from them )			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b></b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ŀ		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b></b> -
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	)		
	organization is licensed to issue qualified health plans	}		l
	Enter the amount of reserves on hand  Did the arrangeton receive any payments for indeer tenging convices during the tay year?	44		v
14a		14a		<u>X</u>
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2016)

Form 990 (2016) CYRENIUS H BOOTH LIBRARY 06-6002263 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No\_ Yes 1a Enter the number of voting members of the governing body at the end of the tax year 16 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. 16 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 X\_ officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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 X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 X 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 X in Schedule O how this was done 12c Х 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official 15a X 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 16a taxable entity during the year? 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.

Form **990** (2016)

C.H. BOOTH LIBRARY - (203)426-4533

25 MAIN STREET, NEWTOWN,

State the name, address, and telephone number of the person who possesses the organization's books and records:

# 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

<b>(A)</b> Name and Title	(B) Average	(40	not c	Pos				( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
	hours per	box	not c , unle cer an	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week (list any hours for	director						from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below line)	individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) WILLIAM MCCARTHY	0.00									
TREASURER & TRUSTEE		X		X		<u> </u>	<u> </u>	0.	0.	0.
(2) ROBERT GECKLE	0.00			 			 			•
PRESIDENT & TRUSTEE		X	<u> </u>	Х		_	<del> </del>	0.	0.	0.
(3) RAYMOND IRRERA TRUSTEE	0.00	x						0.	0.	0.
(4) COLLEEN HONAN TRUSTEE	0.00	x						0.	о.	0.
(5) WALTER MOTYKA	0.00									
TRUSTEE		X						0.	ο.	0.
(6) DONNA RAHTELLI	0.00							-		
SECRETARY & TRUSTEE		X		X				0.	0.	0.
(7) TOM D'AGOSTINO	0.00									
TRUSTEE		X						0.	0.	0.
(8) MICHELLE ROSENTHAL	0.00									
VICE-PRESIDENT & TRUSTEE		X		X			<u> </u>	0.	0.	0.
(9) JULIA STARKWEATHER	0.00									
TRUSTEE		X						0.	0.	
(10) STEVE MEEKER	0.00								İ	
TRUSTEE		X						0.	0.	0.
(11) MARK PRINCIPI	0.00									
TRUSTEE		X						0.	0.	<u> </u>
(12) AMY DENT	0.00							_	_	_
TRUSTEE		X	-				<u> </u>	0.	0.	0.
(13) LAURA GOLDSTEIN	0.00									•
TRUSTEE		X	<u> </u>	_		_	ļ	0.	0.	0.
(14) MATTHEW MIHALCIK	0.00									•
TRUSTEE		X				ļ	_	0.	0.	0.
(15) ANNE ROTHSTEIN	0.00									^
TRUSTEE	0.00	X	<del> </del>	<del>                                     </del>		-	-	0.	0.	0.
(16) CHRISTENE FREEDMAN	0.00						1			^
TRUSTEE	40.00	X	$\vdash$	$\vdash$		-	$\vdash$	0.	0.	0.
(17) BRENDA MCKINLEY	40.00	1		x				83,562.	0.	13,137.
LIBRARY DIRECTOR 632007 11-11-16		L	Щ	Λ	<u> </u>	Ц_	Щ.	03,302.	<u> </u>	Form <b>990</b> (2016)

Form 990 (2016)

Total revenue Personal Dunning State of Pers				Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
State   Stat							V 7	exempt function	business	Revenuè excluded from tax under
State   Stat	nts	1	а	Federated campaigns	1a					
State   Stat	e a		b	Membership dues	1b					
State   Stat	A, m		С	Fundraising events	1c	18,485.				
State   Stat	ar		d	Related organizations		118,545.				]
State   Stat	s E		е	Government grants (contribut	ions) 1e 1,	377,008.	1	1		1
State   Stat	igiz		f	All other contributions, gifts, gran	ts, and					
State   Stat	ĕ₹			similar amounts not included abo	ve <b>1f</b>	70,184.				
State   Stat	d d		g	Noncash contributions included in lines	1a-1f \$		i ,			ļ
2 a FINES   519100   20,421.   20,421.	<u>3 g</u>		h	Total. Add lines 1a-1f			1,584,222.			<del></del>
b c d d d other-program service revenue f All other-program service revenue f Total. Add lines I fail 11 d f All other-program service revenue f Total. Add lines I fail 11 d f All other-program service revenue f Total. Add lines a institutions.	ł									1
Total, Add lines 2a2f	<u>.</u> 9	2	а			519100	20,421.	20,421.		<del></del>
Total, Add lines 2a2f	E E		b					<del></del>		
Total, Add lines 2a2f	e S		С							<del></del>
Total, Add lines 2a2f	Re		d		<del></del>					<del></del>
Total, Add lines 2a2f	Š.		е							<del></del>
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross moment from fundraising events (not including \$ 18, 485. of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross moment from gaming activities. See Part IV, line 19 b Less direct expenses c Not income or (loss) from gaming activities. See c Not income or (loss) from gaming activities. See part IV, line 19 b Less direct expenses c Not income or (loss) from gaming activities. See c Not income or (loss) from gaming activities. See part IV, line 19 b Less cort of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. Miscellaneous Revenue  Business Code 11 a PHOTOCOPY 519100 6,407. 6,407. 1,691,783. 26,828. 0.80,733.	- "-			• •	nue	<u> </u>	00 404			<del> </del>
other similar amounts)  I income from investment of tax-exempt bond proceeds  Royalties  Royalties  B a Gross rents	-		9		<del></del>		20,421.			<del> </del>
4 income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal  (ii) Personal  (iii) Personal  (iv)	ļ	3		•	dividends, intere	est, and	E2 000			F2 000
Securities   (i) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Persona				•			54,989.		<del></del>	52,989.
(i) Real (ii) Personal  b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 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) d Net gain or (loss) f Net gain or (loss) d Net gain or (loss) c See Part IV, Ine 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income 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 gaming activities 10 a Gross sales of inventory less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 11 a PHOTOCOPY Miscellaneous Revenue Business Code 11 a PHOTOCOPY b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions.  (ii) Personal (iii) Charlen person (iii) Other assets of (iii) Other assets other than inventory (iii) Other assets of (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii) Other assets other than inventory (iii)					x-exempt bond p	proceeds			<del></del>	
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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  11 a PHOTOCOPY 519100 6,407. 6,407.  d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions.  b G,407.  12 Total revenue See instructions.	0			•	_		27.744.			27,744.
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d All other revenue  e Total. Add lines 11a-11d  D 6,407.  12 Total revenue See instructions.  D 1,691,783. 26,828. 0. 80,733.	ĺ		b							
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12 Total revenue See instructions. ► 1,691,783. 26,828. 0. 80,733.			_			L				
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		12	_	Total revenue See instructions.			<u>1,691,783.</u>	26,828.	0	. 80,733.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) (D) Fundraising Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 59,253. trustees, and key employees 84,647. 16,930. 8,464. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 725,733. 605,665. 101,310. 18,758. 7 Other salaries and wages Pension plan accruals and contributions (include -section 401(k) and-403(b) employer contributions) 146,529. 114,003. 28,866. 3,660. Other employee benefits 11,766. 61,926. 48,302. 1,858. 10 Payroll taxes 11 Fees for services (non-employees). a Management Legal b 9,000. 9,000. c Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 38,362. 38,362. Advertising and promotion 12 33,052. 32,003. 707. 342. 13 Office expenses 45,621. 45,621 14 Information technology Royalties 15 68,300 64,974 2,049. 1.277. Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,373. 2,373. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 132,884. 123,582. 6,644. 2,658. Depreciation, depletion, and amortization 22 23 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.) 134,846. 134,846. a BOOKS CONTRACTUAL SERVICES 65,432. 62,160. 3,272 c EQUIPMENT & MAINTENANCE 51,634. 49,052. 1,549. 1,033. 43,107. 43,107. d BIBLIOMATION 6,086. 99,335. 92,090. 1,159. e All other expenses 1,742,781. 1,434,708. 263,937. 44,136. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
		Ones in ochequie o contains a response of flote to any line in this flat x	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	288,766.	1	292,233.
	2	Savings and temporary cash investments	141,999.	2	136,328.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,529.	4	5,644.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	<del></del>
	l '	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5,494,004.		1	
	b.	Less accumulated depreciation 10b 2,851,250.	2,716,884.	100	2,642,754.
	11	Investments - publicly traded securities	49,024.	11	47,468.
	12	Investments - other securities See Part IV, line 11	1,351,077.	12	1,480,224.
	13	Investments - program-related See Part IV, line 11	1,551,077.	13	1,100 / 221.
	14	intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,554,279.	16	4,604,651.
	17	Accounts payable and accrued expenses	99,903.	17	72,327.
	18	Grants payable		18	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	19	Deferred revenue	<del></del>	19	
	20	Tax-exempt bond liabilities	<del></del>	20	······································
	21	Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	21	
m	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u>.</u>	Ì	Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			<del></del>
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	0.	25	1,764.
	26	Total liabilities, Add lines 17 through 25	99,903.	26	74,091.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			<u> </u>
S		complete lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets	2,980,504.	27	2,929,932.
<u>a</u>	28	Temporarily restricted net assets	21,522.	28	19,130.
ä	29	Permanently restricted net assets	1,452,350.	29	1,581,498.
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ΥF		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,454,376.	33	4,530,560.
	1	The state of the s	4,554,279.	34	4,604,651.
	34	Total liabilities and net assets/fund balances	4,354,4/9.	<u> 34</u>	<u>4,004,651</u>

Form **990** (2016)

Form	1 990 (2016) CYRENIUS H BOOTH LIBRARY	06-	60022	63_	Pag	<sub>le</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>83.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>81.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<5 <u></u>	0,9	<u>98.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,	<u>45</u>	<u>4,3</u>	<u>76.</u>
5	Net unrealized gains (losses) on investments	5		<u>12'</u>	7,1	<u>82.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4,	<u>53</u>	0,5	<u>60.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990	0			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	1	2a		X
	_If_"Yes,"_check a-box-below-to indicate-whether the financial statements for the year were compiled or reviewed	d⁻on⁻a <sup>—</sup>	—— <u> </u> -			
b	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			2b	х	<del></del>
c	consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			İ		ı
•	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			За		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud				_==
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
					990 (	2016)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Nam	e of t	he organization						Employer	identification number			
		CYRE	NIUS H BOO'	TH LIBRARY_				_ 0	6-6 <b>0</b> 02263			
Pa	rt I	Reason for Public (	Charity Status (A	VI organizations must co	mplete th	ıs part ) Se	e instruction	s				
The	organ	zation is not a private found	lation because it is (	For lines 1 through 12, c	heck only	one box)						
1		A church, convention of chi	urches, or associatio	n of churches described	ın sectio	n 170(b)(1	)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 9	90-EZ))						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organization						)(iii). Enter	the hospital's name,			
		city, and state	•						•			
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ted by a go	overnmental u	unit describ	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II )	•								
6		A federal, state, or local gov		nental unit described in s	section 17	70(b)(1)(A)	(v).					
7	$\mathbf{X}$											
		section 170(b)(1)(A)(vi). (Co	•	, . ,	Ū			Ū				
8		A community trust describe		1)(A)(vi), (Complete Part	: 11 )							
9		An agricultural research org				ed in conju	nction with a	land-grant	college			
		or-university-or-a non-land-g										
		university.		-,								
10		An organization that normal	lly receives. (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipts from			
		activities related to its exem	•									
		income and unrelated busin										
		See section 509(a)(2), (Cor		•		-	•	•				
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See :	section 50	9(a)(4).					
12		An organization organized a	•	- '	-			arry out the	purposes of one or			
		more publicly supported or	•	-								
		lines 12a through 12d that	-									
а		Type I. A supporting orga							giving			
	-	the supported organization										
		organization. You must o										
b		Type II. A supporting org.	•		tion with it	s supporte	ed organization	on(s), by ha	ving			
		control or management o										
		organization(s). You mus			•			•	•			
С		Type III functionally inte	•		ın connec	tion with, a	and functiona	illy integrate	ed with,			
		its supported organization	_									
d		Type III non-functionally						rted organi	zation(s)			
		that is not functionally int	-									
		requirement (see instruct										
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or										
f	Ente	er the number of supported o	organizations									
_ 9	Prov	ride the following information		d organization(s)								
_	(	i) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	inization listed ing document?	(v) Amount o	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see II	nstructions)	support (see instructions)			
					1	ĺ			ı			
		_			ļ							
				<u></u>								
			[									
			<b></b>					<del></del>				
Tota			į l		ı	i l			l			

# Schedule A (Form 990 or 990-EZ) 2016 CYRENIUS H BOOTH LIBRARY 06-6002263 Page 2 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1302505.	1410282.	1387595.	1600726.	1584222.	7285330.
2	Tax revenues levied for the organ-		-				
	ızatıon's benefit and either paid to						
	or expended on its behalf	L					
3	The value of services or facilities						
	furnished by a governmental unit to	[				ĺ	
	the organization without charge						
4	Total. Add lines 1 through 3	1302505.	1410282.	1387595.	1600726.	1584222.	7285330.
5	The portion of total contributions	1				1	
	by each person (other than a	,					
	governmental unit or publicly	[				[	
	supported organization) included	)				]	
	on line 1 that exceeds 2% of the						
-	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4				<u> </u>		7285330.
Sec	ction B. Total Support					,	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1302505.	1410282.	1387595.	1600726.	1584222.	7285330.
8	Gross income from interest,					ļ	
	dividends, payments received on						ı
	securities loans, rents, royalties	}	j ,			}	
	and income from similar sources	66,732.	47,638.	94,746.	63,409.	52,989.	325,514.
9	Net income from unrelated business						
	activities, whether or not the	<u> </u>			ļ	}	
	business is regularly carried on						
10	Other income Do not include gain	}				}	
	or loss from the sale of capital						
	assets (Explain in Part VI)	ļ		·			764 7 7 4 4
	Total support. Add lines 7 through 10	L	<u> </u>	L		ļ <u>.</u>	7610844.
	Gross receipts from related activities,					12	146,835.
13	First five years. If the Form 990 is fo	•	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and stop ction C. Computation of Publ	<u>o here</u> lic Support Pe	rcentage				
	Public support percentage for 2016 (			column (f))		14	95.72 %
	Public support percentage from 2015	• • • • • • • • • • • • • • • • • • • •		.,,		15	95.28 %
	33 1/3% support test - 2016. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						$\triangleright \mathbb{X}$
b	33 1/3% support test - 2015. If the	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	9 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	
t	10% -facts-and-circumstances tes	t - <b>2015.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anızatıon	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s <b>&gt;</b>
					Sche	edule A (Form 990	or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 CYRENIUS H BOOTH LIBRARY Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed	below, please com	plete Part II.)		<u>-</u> -		
Section A. Public Support				·	- <del></del>	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not		ļ				
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				ł		
are not an unrelated trade or bus- iness under section 513		<u> </u>			1	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		1			1	
the_organization_without_charge	<u> </u>		ļ	l	<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	<del></del>		<b></b>	<del> </del>	<u> </u>	
8 Public support. (Subtract line 7c from line 6) Section B. Total Support				<u> </u>	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	19/2012	(b) 2010	(6) 2014	(u) 2010	(6) 2010	(1) 10.14.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income			)			
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		L	<u> </u>	<u> </u>
14 First five years. If the Form 990 is for	or the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	<del></del>					
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2016	(line 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 201	5 Schedule A, Part	t III, line <u>15</u>			16	%
Section D. Computation of Inve	stment Incom	ne Percentage	l			
17 Investment income percentage for 2	<b>:016</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If th	e organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box						▶□
b 33 1/3% support tests - 2015. If th	•					and
line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	anization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						ightharpoons

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations	<del></del>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	NO
'	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	1 1	
2		<b></b>	-	
2	Did the organization have any supported organization that does not have an IRS determination of status	1	] ]	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
0-	organization was described in section 509(a)(1) or (2)	2		
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		
_	(b) and (c) below.  Did the experience confirm that each supported experience suchfield under continue 501(a)(4), (5), and	3a		
U	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	- OL		
_	organization made the determination.	<u>3</u> b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c_	-	
48	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes, "and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4.	1 1	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	]	, ,	
E	purposes	4c		
ъa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		[ [	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	1		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a_		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		1	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
-	Part VI.	6		
′	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		] ]	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<b>-</b>		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
30	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	34		
U	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		
Ü	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
_	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104	<b> </b>	
Ų	determine whether the prospiration had excess business holdings in the tax year (Ose Schedule C, Form 4720, to	10b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

## SCHEDULE D

\_ (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	MMU I TDDADY	Employer identification number 06-6002263
Part I Organizations Maintaining Donor	Advised Funds or Other Similar Funds	
		5 Of Accounts. Complete if the
organization answered "Yes" on Form 990, P	(a) Donor advised funds	(b) Funds and other accounts
4 Total mumb as at and after as	(a) Donor advised funds	(b) Fulles and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)	<del> </del>	
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor adv		sed funds
are the organization's property, subject to the organ		Yes No
6 Did the organization inform all grantees, donors, and		
for charitable purposes and not for the benefit of the	e donor or donor advisor, or for any other purpose	conferring
impermissible private benefit?		YesNo
Part II Conservation Easements. Complete	if the organization answered "Yes" on Form 990,	Part IV, line 7.
1 Purpose(s) of conservation easements held by the o	rganization (check all that apply)	
Preservation of land for public use (e.g., recrea	ation or education) Preservation of a hist	orically important land area
Protection.of.natural.habitat	Preservation of a cert	tified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the form	of a conservation easement on the last
day of the tax year	,	Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified his		2c
d Number of conservation easements included in (c) a		<del></del>
listed in the National Register	icquired after 6/17/00, and flot on a historic struct	
<u> </u>	iorred relegand outres welled as towns and all butter	2d
	erred, released, extinguished, or terminated by the	organization during the tax
year >		
4 Number of states where property subject to conserv		
5 Does the organization have a written policy regarding		П., П.,
violations, and enforcement of the conservation eas		Yes No
6 Staff and volunteer hours devoted to monitoring, ins	specting, nandling of violations, and enforcing con-	servation easements during the year
7 Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing conserva	ition easements during the year
<b>\$</b>		
8 Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section 170	
and section 170(h)(4)(B)(ii)?		L Yes L No
9 In Part XIII, describe how the organization reports co	onservation easements in its revenue and expense	statement, and balance sheet, and
include, if applicable, the text of the footnote to the	organization's financial statements that describes	the organization's accounting for
conservation easements		<del></del>
Part III Organizations Maintaining Collect	•	ther Similar Assets.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 8	
1a If the organization elected, as permitted under SFAS	S 116 (ASC 958), not to report in its revenue stater	nent and balance sheet works of art,
historical treasures, or other similar assets held for p	ublic exhibition, education, or research in furthera	ince of public service, provide, in Part XIII,
the text of the footnote to its financial statements th	at describes these items	
b If the organization elected, as permitted under SFAS	3 116 (ASC 958), to report in its revenue statement	t and balance sheet works of art, historical
treasures, or other similar assets held for public exhi		
relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
(ii) Assets included in Form 990, Part X		► \$ ► \$
2 If the organization received or held works of art, histo	Orical treasures, or other similar assets for financia	
the following amounts required to be reported under		a gain, provide
B 1 1 1 - F - 000 B 1 1 1 1 1	or the trio processor relating to these items.	<b>~</b> ¢
b Assets included in Form 990, Part VIII, line 1		<b>S</b>
HA For Panerwork Reduction Act Notice see the Ins	tructions for Form 990	Schedule D (Form 990) 2016

632051 08-29-16

	dule D (Form 990) 2016 CYRENIU rt III Organizations Maintaining C	S H BOOTH			pasuros (	or Othe			02263	
3	Using the organization's acquisition, accessi									
•	(check all that apply).	on, and other record	13, OHOOF	carry or tho	tonowing the	it are a oi	grimount	400 01 110	001100110111	toma
а	Public exhibition	d		Loan or excl	hange progra	ams				
b	Scholarly research	e		Other	- <b>3</b> - F - <b>3</b> -					
С	Preservation for future generations	•					-			
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizati	on's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custod		liant for t	contribution	s or other as	eate not	ncluded			
14	on Form 990, Part X?	an or other interined	nary ior i	Continuation	3 Of Other Ed	isets not	included	Γ-	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	ahle <sup>,</sup>				L	_ 163	
-	Too, explain the arrangement in rate xin	and complete the lo	nowing t	abic					Amount	
c	Beginning balance						1c	<del></del>	Aniount	<del></del>
	Additions during the year						1d		-	
	Distributions during the year						1e			
f	f Ending balance							<u> </u>		
2a	•	orm 990. Part X. line	21. for e	escrow or cu	istodial acco	ount liabili		·	Yes	☐ No
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
-	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									
		(a) Current year		rior year	(c) Two year			years back	(e) Four y	ears back
1a	Beginning of year balance	1,351,077,		479.885.		9 100.		396.068.		14,947,
b	Contributions	<u> </u>								
С	Net investment earnings, gains, and losses	179,925.		<67,575,	>	3,331.		218,522,	1	45,570,
d	Grants or scholarships					T				
е	Other expenditures for facilities									
	and programs	50,778.		61,233,	.و	2,546.		45,490.		64,449.
f	Administrative expenses		•							
g	End of year balance	1,480,224.	1	351,077.	1,47	9.885.	1.5	69 100.	1.3	96,068.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	)) held as		•			<del></del> -
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ►100.00	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	nd administe	ered for th	ie organi	zation	_	
	by									es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment t	funds					<del></del> ,	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV							
	Description of property	(a) Cost or o		(b) Cost		٠,,	cumulat		(d) Book	value
		basis (investr	nent)		(other)	dep	reciation			
	Land				0,040.		10 5	_		<u>,040.</u>
	Buildings			4,81	9,341.	$\frac{2}{2}, \frac{2}{2}$	49,1	57.	2,570	,184.
	Leasehold improvements				1 100	ļ	00 0	-		-020
	Equipment				1,123.	6	02,0	93.		,030.
	Other				3,500.	<u> </u>				<u>,500.</u>
<u>Total</u>	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	<i>uc.)</i>				2,642	<u>, /54.</u>

Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion. Cost or end-of-year market v
1) Financial derivatives			
2) Closely-held equity interests			
3) Other		<u> </u>	
(A) BENEFICIAL INTERESTS IN		<del></del>	
(B) TRUSTS	1,480,224	END-OF-YEAR	R MARKET VALUE
(C)			
(D)			
(E)			
(F)	7-44		
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,480,224		
Part VIII Investments - Program Related.		<u> </u>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c See Form 990, Part	X, line 13
(a) Description of investment	(b) Book value		on. Cost or end-of-year market v
(1)	<u> </u>		
(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.	<del></del>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part	X, line 15
(a) [			
	Description		(b) Book va
	Description		(b) Book va
(1) (2)	Description		(b) Book va
	Description		(b) Book va
(2)	Description		(b) Book va
(2) (3)	Description		(b) Book va
(2) (3) (4)	Description		(b) Book va
(2) (3) (4) (5)	Description		(b) Book va
(2) (3) (4) (5) (6)	Description		(b) Book va
(2) (3) (4) (5) (6) (7)	Description		(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line			(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line			(b) Book va
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (	9.15)		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a)	9.15)	11e or 11f. See Form 990 (b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes	9.15)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	9.15)		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	9.15)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  [otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the image of the complete in the organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE	9.15)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3)	9.15)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4)	9.15)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5)	9.15)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6)	9.15)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7)	9.15)	(b) Book value	

632053 08-29-16

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) 2016

	TXI Reconciliation of Revenue per Audited Financial States	nents With	Revenue per R		0002203 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a			
1	Total revenue, gains, and other support per audited financial statements			1	1,837,162.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			1	
а	Net unrealized gains (losses) on investments	2a	127,182.		
b	Donated services and use of facilities	_2b			
С	Recoveries of prior year grants	2c		[	
d	Other (Describe in Part XIII)	_2d	<u> 18,197.</u>	!	
е	Add lines 2a through 2d			2e_	145,379.
3	Subtract line 2e from line 1			3	1,691,783.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 I			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		i i	
b	Other (Describe in Part XIII )	4b			0
c	Add lines 4a and 4b			4c	$\frac{0.}{1,691,783.}$
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Table Tevenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	monto With	Evponence por	5 Potu	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		i Expelises per	netu	rii.
		2a			1,760,978.
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,100,310.
2	Donated services and use of facilities	2a			
a h	Prior year adjustments	2b		i	
U C	Other losses	20 2c	<del></del>		
d	Other (Describe in Part XIII )	2d	18,197.	1	
e	Add lines 2a through 2d	20	10,10,	2e	18,197.
3	Subtract line 2e from line 1			3	1,742,781.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b		†	
	Add lines 4a and 4b	<u></u>		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,742,781.
Pa	t XIII Supplemental Information.				
PAI	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any an example and 4 to provide any an example and 4 to provide any an example and 4 to provide any an example and 4 to provide any an example and 4 to provide any an example and 4 to provide any any and 4 to provide any any and 4 to provide any any and 4 to provide any any and 4 to provide any any any any any any and 4 to provide any any any any any any any any any any	dditional inforr			7, III 2, 1 at 71,
	RT XI, LINE 2D - OTHER ADJUSTMENTS:  NDRAISING EVENT EXPENSES NETTED ON FORM 9	90			18,197.
	RT XII, LINE 2D - OTHER ADJUSTMENTS:  NDRAISING EVENT EXPENSES NETTED ON FORM 9	90			18,197.
				Caba	tule D (Form 990) 2016

### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 06-6002263 CYRENIUS H BOOTH LIBRARY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (III) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

06-6002263 Page 2 Schedule G (Form 990 or 990-EZ) 2016 CYRENIUS H BOOTH LIBRARY Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through ROAD RACE col. (c)) (total number) (event type) (event type) 64,426. 64,426 Gross receipts 18,485. 18,485 Less Contributions 45,941. 45,941 Gross income (line 1 minus line 2) Cash prizes Noncash prizes rect Expenses 6 Rent/facility costs Food and beverages Entertainment 18,197 Other direct expenses 18,197. 10 Direct expense summary. Add lines 4 through 9 in column (d) 27,744 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (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 6 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. Schedule G (Form 990 or 990-EZ) 2016 632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 CYRENIUS H BOOTH LIBRARY	06-6002263 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in.	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
14 Enter the hame and address of the person who prepares the organization's gaming/special events books and reserve	30.
Name ▶	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address •	
16 Gaming manager information.	
Name	
Gaming manager compensation ▶ \$	
December of convece provided .	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions	2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
100, 10, and 110, as applicable 7100 provide any additional minimum commence	
	·
	<del></del>

Schedule G (Form 990 or 990-E	Z) CYRENIUS H BOOTH LIBRARY	06-6002263 Page 4
Part IV Supplemental	Z) CYRENIUS H BOOTH LIBRARY Information (continued)	
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		Schedule G (Form 990 or 990-E2

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization CYRENIUS H BOOTH LIBRARY Employer identification number 06-6002263

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CURIOSITY, SUPPORT THE EXCHANGE OF IDEAS, AND PROVIDE A WELCOMING
GATHERING PLACE FOR OUR COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF SELECTMEN OF THE TOWN OF NEWTOWN HAS THE AUTHORITY TO APPOINT
6 MEMBERS TO THE BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE AND THE TREASURER OF THE BOARD OF TRUSTEES REVIEW THE
FORM 990 BEFORE SIGNING AND FILING IT.
FORM 990, PART VI, SECTION B, LINE 12C:
THE POLICY IS SELF-MONITORED WITH EMPLOYEES AND BOARD MEMBERS EXPECTED TO
CONDUCT THEMSELVES IN A MANNER THAT WILL AVOID ANY CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:
THE LIBRARY DIRECTOR'S COMPENSATION IS APPROVED AND SUBSTANTIATED BY THE
BOARD OF TRUSTEES AS PART OF THE ANNUAL BUDGET PROCESS. ALL TRUSTEES ARE
INDEPENDENT.
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

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization		Employer identification number 06-6002263
THERE HAVE F	BEEN NO CHANGES IN PROCEDURES	
THE THING I	BEEN NO CHANGED IN TROCEDORED	
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<del></del>		<del></del>

Schedule R (Form 990) 2016 (g) Section 512(b)(13) controlled Open to Public Inspection Employer identification number Š × entity? Direct controlling Yes 06-6002263 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. Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) LINE 12C, III-FI Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income ਉ Exempt Code section 501(c)(3) ত্ত Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) CONNECTICUT 36 Primary activity Primary activity H BOOTH LIBRARY For Paperwork Reduction Act Notice, see the Instructions for Form 990. FUNDRAISING FRIENDS OF THE CYRENIUS BOOTH LIBRARY, INC. ប - 22-3210355, 25 MAIN STREET, NEWTOWN, CYRENIUS Name, address, and EiN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service 632161 09-06-16 LHA Part II Part 06470

OMB No 1545-0047

2016

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

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

Page 2 General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No 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 of Pramount in box managing o 20 of Schedule R-1 (Form 1065) Yes No 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 06-6002263 Percentage ownership 9 Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income ε Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) **e** Share of total income ε Direct controlling entity Predomnant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) Direct controlling entity ₤ Primary activity CYRENIUS H BOOTH LIBRARY (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2016 Part III Part IV

Schedule R (Form 990) 2016

37

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Page 4	
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09-90	

Schedule R (Form 990) 2016 CYRENIUS H BOOTH LIBRARY

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 reparding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(a)	(c)	(p)	<b>£</b>		(6)	3	(5)	9	æ
Name, address, and EIN of entity	Primary activity	nicile oreign	Predominant income parties sec (related, unrelated, 501(c)(3)	ნ ‡		of /ear	Dispropor- tionate ai	Dispropor- Londie amount in box 20 managing ownership allocations? of Schedille K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	No income		assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2016 Part VII Supplemental Inform	CYRENIUS H BOOTI	H LIBRARY	06-6002263	Page 5
Part VII Supplemental Inform	mation.	•		
Provide additional informa	tion for responses to questions	on Schedule R See instructions	<u> </u>	
			<del></del>	
				<del></del>
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