DLN: 93493288004156

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► 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

OMB No 1545-0047

Open to Public Inspection

A Fo	or the	e 2015 ca	lendar year, or tax year beginn	ing 07-01-2015 , and ending 06-30-2	OTO			
		applicable	C Name of organization	· ·		D Emplo	oyer ide	ntification number
┌ Add	lress c	change	Connetquot Public Library			11-2	34322	3
┌ _{Nar}	ne cha	ange	Doing business as			_		-
Init	ıal retu	urn	29					
, Fina				mail is not delivered to street address) Room,	suite	E Teleph	one num	ber
retu	ırn/ter	rmınated	760 Ocean Avenue			(631)) 567-5	079
┌ Am	ended	d return		untry, and ZIP or foreign postal code				
┌ App	licatio	on pending	Bohemia, NY 11716			G Gross	receipts	\$ 6,025,745
			F Name and address of pr	uncipal officer	H(a) To	this a group	- raturn	for
			i Wallie alla adaless of pr	melpar omee.		this a group bordinates?		TYes ▼No
					H(b) A₁	e all subord	ınates	ΓYes Γ Νο
					1	cluded?		
	x-exer	mpt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 527				(see instructions)
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	ebsit	re: ► ww	w connetquotlibrary org					
K Forn	n of or	organization	Corporation Trust Associat	ion Other 🕨	L Year o	f formation 19	974 M	State of legal domicile NY
Pa	rt I	Sum	mary					
Governance	<u>a</u>	alıke		in variety of format along with cultural				
	_	CHECK III	no box F ₁ II the organization a	iscontinued its operations of disposet	or more than	1 23 70 01 103	, nec as	3003
Activities &	3	Number	of voting members of the gover	nıng body (Part VI, lıne 1a)			3	5
Ę	4	Number	of independent voting members	of the governing body (Part VI, line 1	b)		4	5
E C	5	Total nur	mber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	91
∢	6	Total nur	mber of volunteers (estimate if	necessary)			6	
	7a -	Total unr	related business revenue from l	Part VIII, column (C), line 12			7a	0
	b N	Net unrela	ated business taxable income f	rom Form 990-T, line 34	· · · ·		7b	
					F	rior Year		Current Year
	l							
a.	8	Contri	butions and grants (Part VIII,	line 1h)		5,838,		5,973,103
enne	9	Progra	am service revenue (Part VIII,	line 2g)		56,	,669	5,973,103 49,305
Pyenue	9 10	Progra Invest	am service revenue (Part VIII, tment income (Part VIII, colun	Inne 2g)		56,		5,973,103 49,305
Revenue	9 10 11	Progra Invest Other	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A	Inne 2g)		56,	,669	5,973,103 49,305
Revenue	9 10	Progra Invest Other Total	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A	Inne 2g)		56,	,669	5,973,103 49,305
Revenue	9 10 11 12	Progra Invest Other Total 12)	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A revenue—add lines 8 through 1	line 2g)	ine	56,	,669	5,973,103 49,305 3,337 0
Revenue	9 10 11	Progra Invest Other Total 12) Grants	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A revenue—add lines 8 through 1 s and similar amounts paid (Pa	Inne 2g)	ine	56,	,669	5,973,103 49,305 3,337 0 6,025,745
	9 10 11 12	Progra Invest Other Total (12) Grants Benefi	am service revenue (Part VIII, tment income (Part VIII, colun revenue (Part VIII, column (A revenue—add lines 8 through 1 s and similar amounts paid (Pa ts paid to or for members (Part	line 2g)	ine	56, 1, 5,897,	,669	5,973,103 49,305 3,337 0 6,025,745
	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Patts paid to or for members (Partes, other compensation, emplo	Inne 2g)	ine	56,	,669	5,973,103 49,305 3,337 0 6,025,745
	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi Salari(5-10)	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Patts paid to or for members (Part es, other compensation, emplo)	Inne 2g)	ine	56, 1, 5,897,	,669	5,973,103 49,305 3,337 0 6,025,745
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Patts paid to or for members (Part es, other compensation, emplo)	Inne 2g)	ine	56, 1, 5,897, 4,532,	,669 ,883 ,222 ,466	5,973,103 49,305 3,337 0 6,025,745 0 0 4,957,039
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salari 5-10) Profes Total fu Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A))	Inne 2g)	ine	5,897, 4,532,	,669 ,883 ,222 ,466	5,973,103 49,305 3,337 0 6,025,745 0 4,957,039 0
	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo) ssional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses Add lines 13–17 (m	Inne 2g)		5,897, 5,897, 4,532, 1,623, 6,155,	,669 ,883 ,222 ,466 ,436	5,973,103 49,305 3,337 0 6,025,745 0 4,957,039 0 1,626,260 6,583,299
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo) ssional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses Add lines 13–17 (m	Inne 2g)		5,897, 4,532,	,669 ,883 ,222 ,466 ,436	5,973,103 49,305 3,337 0 6,025,745 0 0 4,957,039
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo) ssional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses Add lines 13–17 (m	Inne 2g)		5,897, 5,897, 4,532, 1,623, 6,155,	,669 ,883 ,222 ,466 ,436 ,902 ,680	5,973,103 49,305 3,337 0 6,025,745 0 4,957,039 0 1,626,260 6,583,299
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part S paid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (maue less expenses Subtract lines)	Inne 2g)	ine Beginnir	5,897, 5,897, 4,532, 1,623, 6,155, -258, ag of Current	,669 ,883 ,222 ,466 ,436 ,902 ,680 Year	5,973,103 49,305 3,337 0 6,025,745 0 4,957,039 0 1,626,260 6,583,299 -557,554 End of Year
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Not Assets or Expenses Fund Batances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Total (3) Net as	am service revenue (Part VIII, tment income (Part VIII, column revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (male less expenses Subtract lines assets (Part X, line 16)	Inne 2g)	Beginnin	5,897, 1,623, 6,155, -258, 19 of Current 4,002, 2,853, 1,148,	,669 ,883 ,222 ,466 ,436 ,902 ,680 Year ,129 ,389 ,740	5,973,103 49,305 3,337 0 6,025,745 0 4,957,039 0 1,626,260 6,583,299 -557,554 End of Year 5,329,198 4,738,012 591,186
Signature State St	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II r pennowle rer h	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Net as Sign nalties of edge and lass any kr	am service revenue (Part VIII, tment income (Part VIII, column revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, employ) assional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses (Part IX, column (A) expenses Add lines 13–17 (manueless expenses Subtract lines assets (Part X, line 16)	Inne 2g)	Beginnin	56, 1, 5,897, 4,532, 1,623, 6,155, -258, 19 of Current 4,002, 2,853, 1,148,	,669 ,883 ,222 ,466 ,436 ,902 ,680 Year ,129 ,389 ,740	5,973,103 49,305 3,337 0 6,025,745 0 4,957,039 0 1,626,260 6,583,299 -557,554 End of Year 5,329,198 4,738,012 591,186
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Bayside, NY 11361

May the IRS discuss this return with the preparer shown above? (see instructions)

. ▼Yes 「No

Form	n 990 (2015)					Page 2
Par		of Program Serv	_		Ι	
1		organization's mission				
					ges, to provide access to edu ning for those young and old a	
2	the prior Form 990 o	r990-EZ?		ervices during the year v	which were not listed on	「Yes √No
		ese new services on S				
3	services?			nt changes in how it con	ducts, any program · · · · · · · ·	⊤Yes ▼No
	If "Yes," describe the	ese changes on Sched	ule O			
4	expenses Section 50) organizations	s are required to report	ee largest program services, the amount of grants and allo	
	(Code) (Expenses \$	5,768,737	ıncludıng grants of \$) (Revenue \$)
	Provide library services		, ,		, ,	,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program serv	ices (Describe in Sch	edule O)			
	(Expenses \$	ıncl	uding grants o	f\$) (Revenue \$)
4e	Total program servi	ce expenses 🕨	5,768,737			

art TV	Check	list of	Require	d Sc	hedule

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 💆	10		Νo
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	Yes	
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		No
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		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		Νo
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		Νo
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	<u> </u>	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
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	Yes	

	990 (2015)			Page:
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			.୮
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 55 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1 c	Yes	
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	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	res	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			N
	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 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities Cartier Fot(a)(12) approximations Fators			•
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI	Governance,	Management,	and	Disclosure
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For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

-	Check if Schedule O contains a response or note to any line in this Part VI.	•	<u> </u>	•		<u> ~</u>
<u> </u>	ction A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a busiother officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization	aanız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?	erto e	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, v organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not r	equi	red by the Internal R	eveni	ıe Cod	e.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization			10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	gov.	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Fo	orm 9	90			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.	•		12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?	y inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with a in Schedule O how this was done			12c	Yes	
L3	Did the organization have a written whistleblower policy?			13	Yes	
L4	Did the organization have a written document retention and destruction policy? .			14	Yes	
L 5	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	step	s to safeguard the	16b		
Se	ction C. Disclosure					
L7	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available.					

Own website Another's website Vipon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

 $State\ the\ name,\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ organization's\ books\ and\ records$ ►Kimberly DeCristofaro 760 Ocean Avenue Bohemia, NY 11716 (631) 567-5079

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	checl c, unle n office	ess er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Susan Furfaro	0 70	x		×				0	0	C
President	0 00									
(2) Josephine Selitte Trustee	0 70	x						0	0	C
(3) Margaret DeSantis Trustee	0 35	х						0	0	C
(4) Robert Dennis	0 70	х		x				0	0	C
Vice President	0 00	^		^					Ŭ	
(5) Dorothy Roman Treasurer	0 70	x		х				0	0	C
(6) Kathleen Schmidt Trustee	0 35	х						0	0	C
(7) Kımberly DeCrıstofaro	35 00			×				115,411	0	46,019
Director	0 00			Ĺ				113,411	Ü	40,013
	<u> </u>									

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
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	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d n is l	one l both	oox, an d	heck unless officer stee)	3	(C Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	. С	(F) Estima nount o ompens from t	ited fother sation the
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizati relate organiza	ed
												_		
												+		
												_		
												+		
												<u> </u>		
1b	Sub-Total						+							
c d	Total from continuation sheet Total (add lines 1b and 1c) .	· · · ·	ection <i>F</i>	· ·	<u>.</u>	· .	•		11	5,411				46,019
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
											_		Yes	No
3	On line 1a? If "Yes," complete S					key •	emplo	yee, •	or highes	t compen • •	sated employee	3		No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum izations greater	of repo than \$:	rtable 150,0	e co	mpe ? <i>If</i>	nsatio "Yes," o	n and	d other con lete Sched	mpensation ule J for si	on from the uch	4	Yes	
5	Did any person listed on line 1 services rendered to the organ										or individual for	5	. 32	Νο
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	/e highest comp											ax year	
		(A) lame and business	<u> </u>								(B) cription of services		(C Comper	
												\dashv		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Part V	* • • •	Statement of Revenue					_
		Check if Schedule O contains a respon	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigns 1a					512-514
nts nts							
Grants mounts	Ь	Membership dues 1b					
s, G Am	С	Fundraising events 1c					
Giffts, ⊪ilarA⊪	d	Related organizations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants (contributions) 1e	5,973,103				-
io Si	f	All other contributions, gifts, grants, and 1f					
buti the		similar amounts not included above					
i di	g	Noncash contributions included in lines 1a-1f \$					
Contributions, and Other Sim	h	Total. Add lines 1a-1f	• • • •	5,973,103			
9			Business Code				
enu	2a	Library charges	611710	45,467	45,467		
Pev	b	Miscellaneous	611710	3,838	3,838		
Ce	С						
er v	d						
ខ្ម	e						
Program Service Revenue	f	All other program service revenue					
<u>&</u>	g	Total. Add lines 2a-2f		49,305			
	3	Investment income (including dividence		,			
		and other similar amounts)	•	3,337	3,337		
	4	Income from investment of tax-exempt bond	proceeds	0			<u> </u>
	5	(1) Real	(II) Personal	ű			
	6a	Gross rents (1) Neal	(II) I ersonar				
	Ь	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and					
		sales expenses					
	C	Gain or (loss) Net gain or (loss)	_	0			
Other Revenue	d 8a	Gross income from fundraising events (not including	· · · · •				
her Re		of contributions reported on line 1c) See Part IV, line 18 a					
ō		Less direct expenses b	avents	0			
		Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19	events	0			
	b	Less direct expenses b					
		Net income or (loss) from gaming activ		0			
	10a	Gross sales of inventory, less					
		returns and allowances .					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inve	entory 🛌	0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	•	0			
	12	Total revenue. See Instructions	· · · · •	6,025,745	52,642		

	990 (2015)				Page 1
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX T	(B)		<u>.</u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	133,154	126,496	6,658	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,932,256	2,492,418	439,838	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	619,921	526,933	92,988	
9	Other employee benefits	1,042,456	886,088	156,368	
10	Payroll taxes	229,252	194,864	34,388	
11	Fees for services (non-employees)	,	•	,	
а	Management	0			
ь	Legal	2,420		2,420	
С	Accounting	12,915		12,915	
d	Lobbying	0		,	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,658		19,658	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	388,734	369,297	19,437	
17	Travel	1,795	1,705	90	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,488	5,214	274	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	424,040	421,230	2,810	
23	Insurance	51,081	50,059	1,022	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Library materials & programs	407,857	407,857		
b	SCLS member service	65,569	65,569		
c	Supplies	56,983	55,843	1,140	
d	Discarded assets	39,771	37,782	1,989	
е	All other expenses	149,949	127,382	22,567	
25	Total functional expenses. Add lines 1 through 24e	6,583,299	5,768,737	814,562	
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Assets

| Net Assets or Fund Balances

Part X **Balance Sheet**

				(A)		(B)
1	Coch non interest hearing			Beginning of year 171,109	1	End of year 36,120
1	Cash-non-interest-bearing			1,608,230	2	989,712
2	Savings and temporary cash investments			1,608,230		969,712
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	0
5	Loans and other receivables from current and former offic key employees, and highest compensated employees C Schedule L					
					5	0
6	Loans and other receivables from other disqualified pers section 4958 (f)(1)), persons described in section 4958 (contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst II of Schedule L	(c)(3)(B section), and 501(c)(9)		6	0
7	Notes and loans receivable, net				7	0
8	Inventories for sale or use				8	0
9	Prepaid expenses and deferred charges			211,616	9	1,728,951
10a	Land, buildings, and equipment cost or other basis					
	Complete Part VI of Schedule D	10a	1,331,991			
Ь	Less accumulated depreciation	10b	581,892	509,146	10c	750,099
11	Investments—publicly traded securities				11	399,601
12	Investments—other securities See Part IV, line 11 $$.				12	0
13	Investments—program-related See Part IV, line 11 .				13	0
14	Intangible assets				14	0
15	Other assets See Part IV, line 11			1,502,028	15	1,424,715
16	Total assets.Add lines 1 through 15 (must equal line 34))		4,002,129	16	5,329,198
17	Accounts payable and accrued expenses			2,853,389	17	4,738,012
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	of Sched	dule D		21	
22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties			23	
24	Unsecured notes and loans payable to unrelated third pa	rties			24	
25	Other liabilities (including federal income tax, payables tand other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parties,			
					25	
26	Total liabilities.Add lines 17 through 25			2,853,389	26	4,738,012
	Organizations that follow SFAS 117 (ASC 958), check he	re ► 「	and complete			
	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets		• • •		27	
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.		•			
30	Capital stock or trust principal, or current funds			_	30	_
31	Paid-in or capital surplus, or land, building or equipment			2,011,174	31	2,174,814
32	Retained earnings, endowment, accumulated income, or			-862,434	32	-1,583,628
33	Total net assets or fund balances			1,148,740	33	591,186
34	Total liabilities and net assets/fund balances			4,002,129	34	5,329,198

	2013)				aye 12
Par	Reconcilliation 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		6,0	25,745
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,5	83,299
3	Revenue less expenses Subtract line 2 from line 1	3		- 5	557,554
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		1,1	.48,740
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		Ę	91,186
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	ıewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountary		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ıın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493288004156

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

Open to Public Inspection

Conne	etquot P	Public Library					1.1.22.1222	
Dа	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mnlete this r	11-2343223 nart See Instruction	nns
		zation is not a private for					•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	- F	A church, convention						
2	<u>'</u>	A school described in	-			=		
3	Ë	A hospital or a cooper						
4	Ė	A medical research or) Enter the
•	'	hospital's name, city,	-	stated in conjunction v	vicii a nospicai a	iesembea in se		J. Eliter the
5	Γ		ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	described in section
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1	1)(A)(v).	
7	ᆫ	An organization that n described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)		ental unit or from the g	jeneral public
8	<u> </u>	A community trust de						
9	Γ	receipts from activition from gross investmen	es related to it it income and	ves (1) more than 33 is exempt functions—s unrelated business tall eesection 509(a)(2).	subject to certa xable income (l	in exceptions, ess section 51	and (2) no more than	331/3% of its suppor
10	Γ	An organization organ	•			•	n 509(a)(4).	
11	Γ	An organization organ	ized and opera	ited exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of
		one or more publicly s			•	, , ,		
_	_	the box in lines 11a th						
а	ı	Type I. A supporting of supported organization						
		organization You mus				cy or the uncer	ors or crustees or the	Jupporting
b	Γ	Type II. A supporting	_	-		with its suppo	rted organization(s), l	y having control or
		management of the su			same persons t	hat control or r	manage the supported	organization(s) You
_	_	must complete Part IV Type III functionally			n operated in c	onnoction with	and functionally into	aratod with its
С	'	supported organization						grated with, its
d	\sqcap	Type III non-function						anızatıon(s) that ıs
		not functionally integr	_		•		ement and an attentıv	eness requirement
_	_	(see instructions) Yo					T I T II T	111 6
е	ı	Check this box if the contegrated, or Type II:					s a Type I, Type II, T	ype III lunctionally
f	Ente	r the number of support						
g		Provide the following i	_				_	
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	supported organization		Type of	Is the orga		A mount of	A mount of other
				organization	listed in your docume		monetary support	support (see instructions)
				(described on lines 1-9 above (see	docume	:IIL'	(see instructions)	mstructions)
				instructions))				
						Γ		
					Yes	No		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (d)2014 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 9,901 12,962 10,450 10,711 30,494 74,518 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 5,506,942 5,608,372 5,745,922 5,817,957 5,942,609 28,621,802 organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit 0 to the organization without charge 5,516,843 5,621,334 5,756,372 5,828,668 5,973,103 28,696,320 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 28,696,320 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 5,516,843 5,621,334 5,756,372 5,828,668 5,973,103 28,696,320 Amounts from line 4 Gross income from interest. dividends, payments received on 5,673 4,075 2,154 1,883 2,755 16,540 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 28,712,860 through 10 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 99 940 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 99 910 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \vdash organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported 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 (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
4 a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	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 $170(c)(2)(B)$ purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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, (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		
b	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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OMB No 1545-0047

SCHEDULE D (Form 990)

Inte

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.

nal Revenue S	•	Information about Schedule D	Form 990) and its instructions is at <u>www.i</u>	rs.gov/form	1990. Inspection
	he organi Public Librai			Employe	r identification number
omietyuot				11-2343	
art I			Advised Funds or Other Similar I	Funds or A	Accounts.
	Comple	ete ii the organization answere	ed "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Eup	ds and other accounts
Tot	tal numbe	r at end of year	(a) Donor advised fullus	(b)Full	us and other accounts
A g		alue of contributions to (during			
•	•	alue of grants from (during year)			
Ag	gregate v	alue at end of year			
	_		dvisors in writing that the assets held in do he organization's exclusive legal control?	onor advised	┌ Yes
used	only for c		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for		rpose Yes No
rt II	Conse	rvation Easements. Comple	te if the organization answered "Yes"	on Form 99	90, Part IV, line 7.
☐ Pr ☐ Pr ☐ Pr Comp	reservation of the control of the co	on of land for public use (e g , recre of natural habitat on of open space	e organization (check all that apply) ation or education)	certified his	
		· · · · · · · · · · · · · · · · · · ·			Held at the End of the Year
Total	number o	f conservation easements		2a	
Total	acreage i	restricted by conservation easeme	nts	2b	
Numb	er of cons	servation easements on a certified	historic structure included in (a)	2c	
		servation easements included in (c ure listed in the National Register) acquired after 8/17/06, and not on a	2d	
		servation easements modified, trar	nsferred, released, extinguished, or termina	ted by the or	ganızatıon durıng the
tax ye	ear ►				
Numb	er of stat	es where property subject to cons	ervation easement is located 🗕		
		nization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, ha asements it holds?	ndling of	┌ Yes ┌ No
Staff a year	and volun	teer hours devoted to monitoring, i	nspecting, handling of violations, and enfor	cing conserv	ation easements during the
A mou	int of exne	 enses incurred in monitoring inspe	ecting, handling of violations, and enforcing	conservation	easements during the year
► \$	31 0/10/	in in momenty, mape	, J. Holdans, and emoterny		adming the year
Does		servation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ection 170(h)(4)
baland	ce sheet,		s conservation easements in its revenue a of the footnote to the organization's financi- sements		
	Organi	izations Maintaining Collec	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	, or Other	Similar Assets.
works	organizat of art, his	tion elected, as permitted under SF storical treasures, or other similar	AS 116 (ASC 958), not to report in its reveals to the second assets held for public exhibition, education note to its financial statements that describ	, or research	ın furtherance of publıc
If the works	organızat of art, hı	tion elected, as permitted under SF	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	e statement a	and balance sheet
(i) _{Reve}	enue inclu	ıded on Form 990, Part VIII, line 1		► \$	
ii) _{Asse}	ts include	ed ın Form 990, Part X			
			nistorical treasures, or other similar assets FAS 116 (ASC 958) relating to these item	for financial	
Rever	nue includ	led on Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part	1 🛊 🛊 1	Organizations Maintaining (continued)	Collections of A	Art, H	istoric	al Trea	asures,	or O	ther Sin	nilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other re	cords,						ficant us	e of its	
а	┌ P	ublic exhibition		d	ļι	oan or	exchange	progra	ams			
b	┌ s	cholarly research		е	Γ (Other						
c	ΓP	reservation for future generations										
4	Provide Part X	de a description of the organization's	s collections and ex	plain h	ow they 1	urther t	he organız	ation	's exempt	purpose	e in	
5	Durin	g the year, did the organization solic	cit or receive donati	ons of	art, hısto	rıcal tre	easures or	other	sımılar			
		s to be sold to raise funds rather th		as part	t of the o	rganızat	tion's colle	ction	?	☐ Yes	F No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	n 990, P	art IV,	line 9, o	r rep	orted an	amoui	nt on For	m 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	rmediai	ry for cor	ntributio	ns or othe	rass	ets not	┌ Yes	s	
b	If"	Yes," explain the arrangement in Pa	art XIII and comple	te the f	ollowing	table				Am	nount	
c	Beg	ginning balance						1c				
d		ditions during the year						1d				
e	Dis	tributions during the year						1e				
f	End	ding balance						1f				
2a		ne organization include an amount o	n Form 990, Part X,	line 21	., for esc	row or c	ı ustodıal a	ccour	nt liability	? 「Yes	 F No	
ь	If"Ye	s," explain the arrangement in Part	XIII Check here if	the exr	olanation	has be	en provide	d ın P	art XIII			Г
	t V	Endowment Funds. Comple										
			(a)Current year	(b)	Pnor year	b (c	Two years	back	(d)Three ye	ears back	(e)Four y	ears back
1a	Begir	nning of year balance										
b	Conti	ributions										
c	Net II	· · · · · · · · · · · · · · · · · · ·										
d		ts or scholarships										
e	Othe	r expenditures for facilities rograms										
e	· Admi	nistrative expenses				_		-+				
f		of year balance										
g		·		<u> </u> /		-1 (- \\ - -					
2		de the estimated percentage of the	current year end bar	iance (i	me 19, c	orunni (a)) Helu as	•				
a		designated or quasi-endowment 🕨										
Ь		anent endowment ►										
С	•	orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	should equal 100%									
3a	organ	nere endowment funds not in the pos ization by related organizations	_	nızatıoı	n that are	e held a	nd admınıs	stered	l for the	3.	Yes a(i)	No
		lated organizations					•				n(ii)	
b		es" on 3a(ii), are the related organizations									3b	
4	Desci	ribe in Part XIII the intended uses o	of the organization's	endow	ment fun	ds					·	
Par	t VI	Land, Buildings, and Equip										
		Complete if the organization a Description of property	inswered 'Yes' to	Form	990, Pa (a Cost or ot (invest) her basıs	(b) her bas	Acc	, Part) cumulated preciation	(d) Bo	ok value
1a	and				(1114.620	c.iit)	(00)	~1 <i>)</i>				
		gs										
		nold improvements		.			1	398,74	17	78,6	30	320,117
		nent		.			1	- , -		, - , 0		,
							+		1			429,982
е (Other							933,24	14	503,2	262	429,902

See Form 990, Part X, line 12.			1
(a) Description of security or categoting (including name of security)	pry	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financial derivatives			
2)Closely-held equity interests 3)Other			
yo thei			
t al. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Investments—Program Related.	ed 'Ves' on Form 990	Dart IV line 11c o	
Complete if the organization answer (a) Description of investment	ed les difform 990,	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) book value	Cost or end-of-year market valu
			+
			_
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
, , , , , , , , , , , , , , , , , , , ,			
art IX Other Assets. Complete if the organiza		orm 990, Part IV, line	
art IX Other Assets. Complete if the organiza (a) De	ation answered 'Yes' on F scription	orm 990, Part IV, line	(b) Book value
ort IX Other Assets. Complete if the organization (a) De		orm 990, Part IV, line	
Other Assets. Complete if the organization (a) De		orm 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization (a) De		orm 990, Part IV, line	(b) Book value
ort IX Other Assets. Complete if the organization (a) De		orm 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization (a) De		orm 990, Part IV, line	(b) Book value
art IX Other Assets. Complete if the organiza (a) De		orm 990, Part IV, line	(b) Book value
art IX Other Assets. Complete if the organiza (a) De		orm 990, Part IV, line	(b) Book value
art IX Other Assets. Complete if the organiza (a) De		orm 990, Part IV, line	(b) Book value
art IX Other Assets. Complete if the organiza (a) De		orm 990, Part IV, line	(b) Book value
ort IX Other Assets. Complete if the organization (a) De		orm 990, Part IV, line	(b) Book value
art IX Other Assets. Complete if the organiza (a) De		orm 990, Part IV, line	(b) Book value
(a) De Sooks & Audio visual holdings	scription	orm 990, Part IV, line	(b) Book value 1,424,71
(a) De Books & Audio visual holdings tal. (Column (b) must equal Form 990, Part X, col.(B) line	ne 15.)		(b) Book value 1,424,71
tal. (Column (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the organization (a) De See Form 990, Part X, line 25.	ne 15.)		(b) Book value 1,424,71
Tall. (Column (b) must equal Form 990, Part X, col.(B) line 2 art X Other Liabilities. Complete if the organization (a) De	ne 15.)		(b) Book value 1,424,71
tal. (Column (b) must equal Form 990, Part X, col.(B) line Tart X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
Cal. (Column (b) must equal Form 990, Part X, col.(B) line art X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
Cal. (Column (b) must equal Form 990, Part X, col.(B) line art X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
Tal. (Column (b) must equal Form 990, Part X, col.(B) line art X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
Cal. (Column (b) must equal Form 990, Part X, col.(B) line art X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
Cal. (Column (b) must equal Form 990, Part X, col.(B) line art X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
tal. (Column (b) must equal Form 990, Part X, col.(B) line art X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
tal. (Column (b) must equal Form 990, Part X, col.(B) line The See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
tal. (Column (b) must equal Form 990, Part X, col.(B) line The See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
tal. (Column (b) must equal Form 990, Part X, col.(B) line The See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,7
Atal. (Column (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the organization (a) De Other Liabilities. Complete if the organization (b) Eart X of the organization (b) Incomplete if the organization (b) Part X, line 25.	ne 15.)		(b) Book value 1,424,71
tal. (Column (b) must equal Form 990, Part X, col.(B) line Tart X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,71
Other Assets. Complete if the organization (a) De (b) Books & Audio visual holdings Stal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,71
tal. (Column (b) must equal Form 990, Part X, col.(B) line Tart X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15.)		(b) Book value 1,424,71

Par		evenue per Audited Financial Sta nization answered 'Yes' on Form 990,			e per Retu	rn
1		er support per audited financial statements			1	6,025,745
2	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
C	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	6,025,745
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)		5	6,025,745
Part		xpenses per Audited Financial St			es per Re	turn.
		nization answered 'Yes' on Form 990,				6 583 300
1	· ·	r audited financial statements			1	6,583,299
2		it not on Form 990, Part IX, line 25	ا ء۔	1		
a			2a			
b	Other losses		2b			
C C			2c 2d			
d	Other (Describe in Part XIII) Add lines 2a through 2d				30	
e 2	_		•		2e 3	6 593 300
3 4		O, Part IX, line 25, but not on line 1:	•		3	6,583,299
		uded on Form 990, Part VIII, line 7b	. 4a	1		
a b			4a 4b			
	Other (Describe in Part XIII) Add lines 4a and 4b		40		40	
с 5					4c 5	6,583,299
	Total expenses Add lines 3 a	nd 4C. (This must equal Form 990, Fait 1, if	116 10	<u>,</u>	<u> </u>	0,303,299
Par	XIII Supplemental Inf	ormation				
Prov	ide the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	, Part IV , lines 1b and	2b,	
		, lines 2d and 4b, and Part XII, lines 2d and	14b A	lso complete this part	to provide a	ny additional
Infor	mation	T				
	Return Reference	Explanation				
		+				

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493288004156

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015 Open to Public Inspection

Name of the organization Connetquot Public Library

Employer identification number

11-2343223

Pai	rt I Questions Regarding Compensatio	n			
				Yes	No
1a		ovided any of the following to or for a person listed on Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		rganızatıon follow a wrıtten policy regardıng payment or escribed above? If "No," complete Part III to explaın	1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe	reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all the used by a related organization to establish compens				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		No
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8		paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8	$oxed{oxed}$	No
9	If "Yes" on line 8, did the organization also follow th	e rebuttable presumption procedure described in Regulations			N.a

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	` '	(E) Total of columns	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
Kımberly DeCristofaro Director	(i)	115,411				46,019	161,430		
	(ii)								

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(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.irs.gov/form990.

Name of the organization **Employer identification number** Connetquot Public Library 11-2343223

990 Schedule O, Supplemental Information

Return Reference	Explanation				
Form 990, Part VI, Line 11b Form 990 Review Process	Prepared by accountant, reviewed by Library Director and bookkeeper, reviewed by the trustees at the Board meeting, and signed by the Secretary/Treasurer of the Library Board				
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Board members, Director and key employees must sign Conflict of Interest Policy and disclosure annually				
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Review and examine compensation compared to responsibilities, discuss with Library Board of Trustees				
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Review and examine compensation compared to responsibilities, discuss with Library Board of Trustees				
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	For financial statements, we would have a Freedom of Information request form filled out, and then they would be shown the documents. For most Library policies, they are just given a copy when asked, no formal request is necessary.				
Form 990, Part XI, Line 8 - Prior Year Adjustment	During the year, the Library implemented GASB 68 which resulted a beginning balance adjustment of \$489,308 for the net pension liability				