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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

_	For the		- V60"	or tay war basissins	lonus - 04	, 2009, an	d ending	Dan	embe	- 24	, 20	09
_				or tax year beginning	January 01	, 2005, 81	ermiñ			_		
[T]	Check if as		Please use IRS	C Name of organization				D Employer identification number 46-0428183				. .
님	Address of Name cha	lange la	label or	Alexander Mitchell Libra	<u></u>	addmcs) T	loom/or-to	E Tolo-				
H	initial retu		print or type.	,	ox, if mail is not delivered to stree	acouress) F	loom/suite	E Telep				
		Terminated See 519 S Kline St Amended return Crty or town, state or country, and ZIP + 4 F Gro									6-7097	
	Amended								р Ехе	mpti	on	
							ber I					
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Met							thod:		Cash 🗹 A	ccrual	
			a con	npleted Schedule A (Form	n 990 or 990-EZ).		Other	(specify)	•			
							H Check	(▶ 🔲 i	f the d	orgar	nization is n o	ot
1	Websit	e: ▶					requir	ed to att	ach S	ched	ule B (Form	990,
J	Tax-exe	mpt status (ch	heck or	nly one) — 🗸 501(c) () ◀ (insert no.)	or 527	990-E	Z, or 990)-PF).			
_	Check >				a)(3) supporting organization at			normally	not m	ore t	han \$25,000	. A
					the organization chooses to fil							
L					ts; if \$500,000 or more, file For				\$			
	art I				s in Net Assets or Fund				tion	s fo	r Part I.)	
	1			s, grants, and similar ar					1			38930
	2				nment fees and contracts			,	2			
	3								3			0
	4	Investment							4			37760.
	5a				han inventory	5a		448024				
	b	Groce arrival and or accorded and morning 1										
		Least Good of Other Busis und Busis and Busis										-28129
	ء ا	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c	-		-20123
	6											
~ N												
	' I .											
									0-			0
SEP	_c	Gross sales of inventory, less returns and allowances							6c		-	
S	7a							- 0		l		
	b	Less: cost of goods sold							_			•
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c	ļ		0	
荟	8	Other reven)	8	├		0
SCANNED	9				c, 7c, and 8			. 🕨	9			48561
\circlearrowleft	10	Grants and	simila	r amounts paid (attach s	schedule)				10	<u> </u>	 .	
Ø	11	Benefits paid to or for members							11 12			
9	12	Salaries, other compensation, and employee benefits										
Expense	13	Professiona	d fees	and other payments to	independent pontractors .				13	<u> </u>		
Ž	14	Occupancy, rent, utilities, and maintenance							14	<u> </u>		
<u> </u>	1.0	5 Printing, publications, postage, and stipping Other expenses (describe ▶ purchase opiton appraisal, meetingscadm exp-trust fees)							15	<u> </u>		2054
	16)	16	<u> </u>		11750
	17	Total exper	nses. /	Add lines 10 through 16	in the second se	<u> </u>	<u></u>	. ▶	17	<u> </u>		13804
g	18	Excess or (c	deficit)	for the year (Subtract li	ne it ine 9) U]			18	_		34757
Č.	19	Net assets	or fun	d balances at beg <u>linnin</u>	g of year (from line-27, co	otumn (A)) (must agree	e with		ŀ		
Š	!	end-of-year	r figure	reported on prior year'	s retum)			!	19	L.,		835610
Net Assets	20	Other chang	ges in	net assets or fund balar	nces (attach explanation) .				20		<u> </u>	114640
Z	21	Net assets of	or fund	balances at end of year	ar. Combine lines 18 through	jh 20 .		. ▶	21			985007
	Part II	Balance	Shee	ts. If Total assets on lin	ne 25, column (B) are \$1,25	0,000 or m	ore, file Fo	m 990		ad o	f Form 990	⊢EZ.
				(See the instructions	for Part II.)		(A) Be	ginning of	year		(B) End of ye	ar
2	2 Ca	sh, savings.	and in	vestments			. [82	8424	22		979377
		-								23		
					e				7186	24		5630
		•							5610	_		985007
	6 To	tal liabilities	(desc	ribe ▶			\			26		
	7 Ne	et assets or f	fund b	alances (line 27 of colu	ımn (B) must agree with lin	e 21) .		83	5610	_		985007

	(** — (****)								
	t III Statement of Program Service Acc						Expenses		
What is the organization's primary exempt purpose? Advancement of the Alexander Mitchell Library Figure Company Company									
Desc	nd concise		(3) and 501(c)(4) izations and section						
manı	ner, describe the services provided, the number	ber o	f persons benefited, and o	other relevant info	rmation for		a)(1) trusts; optional		
each	program title.					for ot			
28	Provided assistance to the library for advertising	a the	need for a new building and	informing the publ	lic of				
~	the issues and needs of the library and the patr								
	the 133053 drie fiedd of the fibrary drie the pair								
	(Create & \ Kthio arm		includes foreign grants, ch	ook horo		28a	2054		
~~					ow library	200			
29		noiu .	a piece of failu for purchase	TOT LITE SILE OF LITE IN	ew library	1 1			
	building			~~-+		1 1			
							2000		
	(Grants \$) If this ame	ount	includes foreign grants, ch	eck here	. ▶ ⊔	29a	8000.		
30									
	(Grants \$) If this am	<u>ount</u>	includes foreign grants, ch	eck here	. ▶ 🔲	30a			
31	Other program services (attach schedule) .						•		
			includes foreign grants, ch		. ▶ □	31a			
32	Total program service expenses (add lines	28a t	hrough 31a)	<u> </u>	▶	32			
Par	List of Officers, Directors, Trustees, and	d Key	Employees. List each one e	ven if not compensa	ted. (See the	instruc	tions for Part IV.)		
			(b) Title and average	(c) Compensation	(d) Contribute		(e) Expense		
	(a) Name and address		hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances		
Rob	Ronayne, 505 S Washington St,								
	rdeen, SD 57401 1 hr quarterly		Liaison to Library board	o		0	0		
	y Flamboe, 1220 N Lincoln St					-			
	rdeen, SD 57401 1 hr quarterly		Board member	٥	1	0	0		
	a Van DeRostyne, 12 8th Avenue SE								
	rdeen, SD 57401 2 hrs quarterly		President	٥	1	0	0		
				<u>.</u>	ļ <u>.</u>				
	onne Miller, 1010 S Penn St,		Treasurer	,	l	0	0		
	rdeen, SD 57401 3 hrs quarterly								
	Jung, 1006 Redwood Lane		Board member			•			
	rdeen, SD 57401 1 hr quarterly			0	ļ	0	0		
	McQuillin, 509 S Jackson St		Board member	_					
	rdeen, SD 57401 2 hrs quarter	<u>y</u>		0		0	0		
Patri	ck Gallagher, 804 8th Ave SD		Secretary		1	į			
Abei	rdeen, SD 57401 2 hrs quarter	у		0		0	0		
	y Stuck, 2508 Evergreen		Liasiion to Fnd Board		i				
Abe	rdeen, SD 57401 1 hrs quarterly	/	Liasion to 1 na Doura	0		0	0		
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	- <u> </u>						·		
			l	I	!				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь	Did the organization file Form 1120-POL for this year?	37b		<u>✓</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
С	Out Total VO	1.52		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ Lavonne Miller Telephone no. ▶	05-62	6-709	7
	Located at ► 519 S Kline St, Aberdeen, SD ZIP + 4 ►	574	101	
b	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		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.]		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
42	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ı	- □
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\Box	. 63	.,,0
~	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
	Foo	QQ()-F7	(2000)

Form,990	0-EZ (2009)					Page 4			
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari ad 51.	xempt charitat table trusts mus	ble trusts only. Ast answer question	Il section ons 46-49) Bb			
46	Did the organization engage in direct or indirect	political campaign activitie	es on behalf of o	r in opposition to	Yes	s No			
	candidates for public office? If "Yes," complete	Schedule C, Part I			46	1			
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II .		47	1			
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," o	omplete Schedule	Ε	48	✓			
49a	Did the organization make any transfers to an ex	empt non-charitable relate	d organization? .		49a	1			
b	If "Yes," was the related organization a section 5	527 organization?			49b	/			
	Complete this table for the organization's five hi								
	employees) who each received more than \$100,				ter "None.	."			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and			
None									
—				ļ <u></u>	ļ				
				}					
	Total number of other employees paid over \$100	0.000	0		<u> </u>				
<u> </u>	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	· · · · · · · · · · · · · · · · · · ·	rpe of service	(c) Compen	sation			
None									
					· <u></u>				
									
						 			
d	Total number of other independent contractors e	each receiving over \$100.00	00▶						
	Under penalties of penury, I declare that I have examin			atements and to the bes	at of my know	wledge			
	and belief, it is true, correct, and complete. Declaration	of preparer (other than officer) is b	ased on all information	n of which preparer has	any knowled	ge.			
Sign Here	Savonne Mil	Savonne Mille 18-9-10							
	Signature of officer LAUONNE M: 118 Type or pnnt name and title	er Treasur	14	Date					
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See instr	uctions)			
Prepare Use On	yours if self-employed),		E	N Þ					
	address, and ZIP + 4	h0 O !	PI	hone no. ▶	1.,				
May the	e IRS discuss this return with the preparer show	above? See instructions	<u> </u>	▶ <u>L</u>	M 990-E	No Z (2009)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 Open to Public

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization 46 0428183 Alexander Mitchell Library Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I b ☐ Type II c Type III-Functionally integrated d Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vii) Amount of (iv) is the organization (vi) Is the (iii) Type of organization (v) Did you notify (i) Name of supported (ii) EIN organization (described on lines 1-9 in col. (i) listed in your the organization in organization in colsupport (i) organized in the governing document? col. (i) of your above or IRC section (see instructions)) support? Yes Yes Yes 6 Alexander Mitchell 2402 Library 46-0428183

Total

2402

	Support Schedule for Org (Complete only if you chec					and	170(b)(1	l)(A)(vi)
	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	ļ	ļ					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.	L	<u> </u>		L	L		L
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(6)	2009	(f) Total
		(a) 2005	(6) 2000	(6) 2007	(d) 2000	(0	2003	(i) Total
7	Amounts from line 4		 -					· · · · · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carned on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .	L	ļ			ļ	r 	
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>					
	······································			4		14	<u> </u>	%
14	Public support percentage for 2009 (line		-			15		
15	Public support percentage from 2008 Sci 33% % support test—2009. If the organi						noro sha	
16a	and stop here. The organization qualifies							
h	33% % support test—2008. If the organi							
U	box and stop here. The organization qua							
170	10%-facts-and-circumstances test—20		-					
1 / a	more, and if the organization meets the "f							
	organization meets the "facts-and-circum	stances" test.	The organization	n qualifies as a	publicly suppor	rted o	rganizatio	n► 🗆
ь 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "lorganization meets the "facts-and-circumstate Private foundation. If the organization did	facts-and-circun ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Expla ganiza	in in Part Ition	IV how the
. •	ivaniadayii ii dib biganzalibii dic	, rior virioun a bi		٠, ١٠٠, ١٠٠, ١١	,		550 1110	

	Support Schedule for Orga (Complete only if you checke				a)(2)			
	tion A. Public Support			,	,			
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include							
2	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 purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5				<u> </u>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support			T	1 45 555		Т	
Cŧ	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							<u></u>
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for organization, check this box and stop				th, or fifth tax			
Sec	tion C. Computation of Public Su							
15 16	Public support percentage for 2009 (lin Public support percentage from 2008)					15 16		<u>%</u>
	tion D. Computation of Investmen			<u>· · · · · · · · · · · · · · · · · · · </u>		1 10 1		
17	Investment income percentage for 200			ed by line 13	column (fl)	17		%
18	Investment income percentage for 200					18		%
19a	33% % support tests - 2009. If the org	anization did r oox and <mark>stop h</mark>	not check the been the control of th	oox on line 14, nization qualifie	and line 15 is as as a publicly	supporte	ed orga	nization 🕨 L
b	331/2 % support tests - 2008. If the organine 18 is not more than 331/2 %, check this	nization did not is box and sto p	check a box o	n line 14 or line anization qualifi	e 19a, and line fes as a publicly	16 is more supporte	than (d orga	33%%, and nization ► [
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	b, check this b	ox and s	ee inst	ructions 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2009 Page 4									
Part IV	Supplemental Info Part II, line 17a or	formation. Complete r 17b; and Part III, line	this part to provide the 12. Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.				
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