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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public

Department of the Treasury

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.

Solid ses change Number and street (or PO box of mail is not delivered to street address) Room/suite	inter		iue Service	► Information about Form 990 and its ins	tructions is a	www.irs.ge	ov/torm990	<u></u>	mspection
Address change Name change Introduction Introduction Introduction Introduction Introduction Application pending Application p	<u>A</u> _	For the							 _
Number and street or P O box if mail is not delivered to street address) Room/suite E Telephone number	В		' '		FOUNDATION	, INC.			
Initial return	X	Address	change						
Real studies ministed AURORA, IL 60506 S. Gioss receipts \$ 713,895	╛	Name cl	nange	Number and street (or P O box if mail is not delivered to stre	et address)	Room/suite	1		
Amended return ARORA, IL 60506 Application perding Finame and address of principal officer Same as above Tax-exempt status Sisting(x) Tax-exempt status	╛					l		630.264	.4100
Application pending	╛	Final retu	rn/terminated		ostal code				
Same as above H(N) Are all subcordinates included? Ves No Tox-exempt status Soticitys Soticity 4 (insert no) 4947(a)(r) or Sozi If 'No,' attach a list (see instructions) Website. AURORAOFUBLICLIBRARY, ORC H(I) Group exemption number N/A	_								
Tax-exempt status Sorte(3)	J	Applicat	ion pending		_				
Website. ► AURORAOPUBLICLIBRARY.ORG				·	7				
Summary 1					4947(a)(1) or	527	1		
Bummary Briefly describe the organization's mission or most significant activities To support the Aurora Public Library					- 		H(c) Group	exemption n	umber ► N/A
Briefly describe the organization's mission or most significant activities To support the Aurora Public Library In their effort of supporting lifelong learning and access to information, knowledge and ideas 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total member of individuals employed in calendar year 2014 (Part V, line 2a) 6 Otal minute of individuals employed in calendar year 2014 (Part V, line 2a) 7 Total member of individuals employed in calendar year 2014 (Part V, line 2a) 8 Constitution of individuals employed in calendar year 2014 (Part V, line 2a) 8 Constitution of individuals employed in calendar year 2014 (Part V, line 2a) 9 Total minute of individuals employed in calendar year 2014 (Part V, line 2a) 10 Total minute of individuals employed in calendar year 2014 (Part V, line 2a) 11 Other revenue (Part VIII, column (A), line 12 12 Total revenue—add inants (Part VIII, line 1h) 9 Program (Part VIII, column (A), line 34, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-60) 16 Professional fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total assets (Part X, line 16) 21 Total assets (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Total assets or fund balances Subtract line 21 from line 20	_				L Yea	ar of formation	2002	M State o	f legal domicile IL
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By Contributions and grants (Fart VIII, line 1h). 10		1	Briefly de	escribe the organization's mission or most signific	ant activities	To supp	ort the	Aurora	Public Library
By Contributions and grants (Fart VIII, line 1h). 10	S		in thei	r effort of supporting lifelong learn	ning and a	ccess to	ınforma	tion, k	nowledge and
By Contributions and grants (Fart VIII, line 1h). 10	nan								
By Contributions and grants (Fart VIII, line 1h). 10	Ver.	2	Check th	is box ▶ ☐ if the organization discontinued its op	erations or di	sposed of	more than	25% of it	s net assets
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Sign lere Daisy Parter - Roundlds Executive Downson, Aurora Public	_								
Here Daisy Parter-Rounolds, Executive Omertar, Aurora Public	Un tru	der pena e, correc	ilties of perju t, and compl	ry, I declare that I have examined this return, including accomplete. Declaration of preparer (other than officer) is based on all in	anying schedule: formation of whi	s and stateme ch preparer ha	nts, and to th as any knowle	e best of my dge	y knowledge and belief, it is
Here Daisy Parter-Rounolds, Executive Omertar, Aurora Public	_			Ja Du IX			1-	1-22	0-15
Here Daisy Parter-Rounolds, Executive Omertar, Aurora Public	Sic	n	Sign	ature of officer			Date	<u>. 4</u> 2	<u> </u>
The stand stand of the little				Daisy Dater-Damaids	Yprak) w D	who	ر ۸. ۲	ma Public
Type of plint name and title	-		TVS	e or print name and title	- A C C CC	u V	1110	1	1 hair

Print/Type preparer's name Date Paid Check X If self-employed P00952985 Steve Baustian 07/10/15 **Preparer** Firm's name ► STEVE BAUSTIAN dba JMS ENTERPRISES Firm's EIN ▶ 36-4341627 **Use Only** Firm's address ▶ PO BOX 185 Sycamore, IL 60178 Phone no 630-710-2121May the IRS discuss this return with the preparer shown above? (see instructions) 🛚 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

t Form 99	(2014)				Pag
Part		gram Service Accomplisi			
			note to any line in this Part I		<u>. </u>
1	Briefly describe the orga			.t lifolong leavns	
		ion, knowledge and id	their effort of suppo	ring illefong learns	ing and
		ion, knowicage and ia			
_ 	Did the exercises are	Jantalia anno antigant anno		high was not listed on the	
2	prior Form 990 or 990-E	Ζ? .	am services during the year w	Which were not listed on the	☐ Yes ☒ N
3		new services on Schedule O ease conducting, or make	significant changes in how	it conducts, any program	☐ Yes ☒ N
	If "Yes," describe these	changes on Schedule O	•		ies it
4	Describe the organization expenses Section 501(on's program service accom	plishments for each of its three ons are required to report the gram service reported		
4a	(Code) (Exp	enses \$ 63,082 incl	uding grants of \$ 40), 772) (Revenue \$	
			r events to raise fund		
			palgn. Provided \$168,		
4b	(Code) (Exp	enses \$ incl	luding grants of \$) (Revenue \$)
-4c	(Code) (Exp	enses \$ incl	uding grants of \$) (Revenue \$)
	Other program services	(Describe in Schedule O)		<u> </u>	
- 70	(Expenses \$	including grants of \$) (Revenue \$)	
	(Expended #				

Part I	V	Checklist	of	Required	Sch	edules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
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? <i>If "Yes," complete Schedule C, Part II</i> .	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	-7	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	х	Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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	Х	- :-
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			n 990	(2014)

Part IV Checklist of Required Schedules (con	tinued)
--	---------

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	х	
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		Х
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? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		х
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)		Ŵ.	47
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		· · ·
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	36		<u> </u>
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	37	Х	X
		Forn	990	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance				Page 5				
dit	Check if Schedule O contains a response or note to any line in this Part V								
	enear in contourie a response of note to any line in this talk v			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5	**	. 52	`				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	w".		-				
С	Did the organization comply with backup withholding rules for reportable payments	o vendors and		, , , , , , , , , , , , , , , , , , ,					
	reportable gaming (gambling) winnings to prize winners?		1c	N/A	\				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		*	, , , , , , , , , , , , , , , , , , ,					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a N/A	شد	N/A					
b									
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst			`"					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b		ļ				
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				İ				
	over, a financial account in a foreign country (such as a bank account, securities account, account)?	or other financial							
L			4a	- · ·	X				
b	If "Yes," enter the name of the foreign country ► N/A		1 K		14				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fil (FBAR)	nancial Accounts	and the	-	e acceptance				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?	5a	G G	X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5b	ļ	X				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	i transaction.	5c		1				
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the		-					
	organization solicit any contributions that were not tax deductible as charitable contributions'		6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such				<u> </u>				
	gifts were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		2. 3	į ,					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods							
	and services provided to the payor?		7a	>>#X	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was							
	required to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year .	7d N/A							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f	12.72	Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	N/A					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h	N/A	1				
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	140	Ž.	N/A				
	sponsoring organization have excess business holdings at any time during the year?		8	- A N	IN/A				
)	Sponsoring organizations maintaining donor advised funds.			1.					
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		N/A				
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers Section 501(c)(7) organizations. Enter	son?	9b	5 4 h	IN/A				
)		140-1 37/2	100						
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a N/A		1					
b 	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	10b N/A							
a	Gross income from members or shareholders	11a N/A							
a b	Gross income from other sources (Do not net amounts due or paid to other sources	11a N/A	1 mg	199.					
	against amounts due or received from them)	11b N/A		* (\$*)					
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		N/A				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b N/A	- La	گلوديد ٢	*				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	N/A	1.3%		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	- us	N/A				
_	Note. See the instructions for additional information the organization must report on Schedul	e O	33.24	ال سؤيد ا	2 %				
b	Enter the amount of reserves the organization is required to maintain by the states in which	-			1;				
	the organization is licensed to issue qualified health plans	13b N/A	,5		1				
	Enter the amount of reserves on hand	13c N/A	1	33.4	,				
C		11711							
c 4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х				

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15	· V .	· 200	
	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			
L	·			
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	- 	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
0	stockholders, or persons other than the governing body?	7b	10.8%	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body?	9-	2.6	
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	X X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ž' sì	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u> _	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	Х
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	X	6 806
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	
а	The organization's CEO, Executive Director, or top management official	1 <u>5</u> a	N/Z	<u> </u>
b	Other officers or key employees of the organization	15b	N/A	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	\$		**
_	with a taxable entity during the year?	16a	V 0.20	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		L
	On C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► ILLINOIS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C/(3/2	Oplu)
10	available for public inspection. Indicate how you made these available. Check all that apply	1 50 1(C)(3)S	oniy)
	Own website Another's website Upon request Other (explain in Schedule O)		_	_
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re DAISY PORTER-REYNOLDS - 101 S RIVER ST, AURORA, IL 60506 - (630) 26			

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

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

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

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

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 (A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Ě	employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) TODD DRAFALL										
PRESIDENT	1	х		х				0	0	0
(2) KELLY MCCLEARY										
VICE-PRESIDENT	1	Х		Х				0	0	0
(3) JO FREDELL HIGGINS						1				-
SECRETARY	1	х		Х				0	0	0
(4) KEVEN SCHULHOF										
TREASURER	1	Х		Х		1		0	0	0
(5) ROBERT COTNER										
DIRECTOR EMERITUS	1	Х						0	0	0
(6) SHERMAN L. JENKINS										
DIRECTOR EMERITUS	1	Х			<u> </u>			0	0	0
(7) LANE ALLEN										
BOARD MEMBER	1	X		<u> </u>				0	0	0
(8) ANU BALOO										
BOARD MEMBER	1	Х						0	0	0
(9) DELIA NILA BASILE						İ				
BOARD MEMBER	1	X						0	0	0
(10) JUDITH DAWSON										
BOARD MEMBER	1	Х						0	0	0
(11) REBECCA KLINE										
BOARD MEMBER	1	Х						0	0	0
(12) DAVID LEWIS										
BOARD MEMBER	1	X						0	0	0
(13) SUSAN MERRIMAN										
BOARD MEMBER	1	X						0	0	0
(14) BRIGIT RUELAND										
BOARD MEMBER	1	Χ			L			0	0	0

(A) Name and title		(B) Average hours per week (list any	Position (do not check more than obox, unless person is both officer and a director/trust					an tee)	(D) Reportable compensation from	(E) Reportable compensation fron related	(F) Estimated amount of other
		hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation
32	ISY PORTER-REYNOLDS										
	ECUTIVE DIRECTOR URA STONEY	1	X		X				0		
(17)	VELOPMENT OFFICER	20							5,000	() (
(18)											
(19)											
(20)											
(21)			_	 			<u>-</u>				
(22)								_			
								_			
(23)		+									
(24)											
(25)											<u> </u>
1b	Sub-total .		<u> </u>			L		<u> </u>	5,000	(
c	Total from continuation sheets to Part	VII, Sectio	n A					>	5.000		
d 2	Total (add lines 1b and 1c) Total number of individuals (including but		to th	nose	e list	ed	above	e) w	ho received m		<u> </u>
	reportable compensation from the organ	ization ►	NC	NE							Yes No
3	Did the organization list any former o employee on line 1a? <i>If "Yes," complete</i>							emp	oloyee, or high	nest compensa	ted ' La la la la la la la la la la la la la la
4	For any individual listed on line 1a, is the							n a	and other comp	ensation from	3 X
	organization and related organizations individual	greater th	an \$	150,	,000)? [f "Ye	·S, "	complete Sch	nedule J for su	the uch 4 x
5	Did any person listed on line 1a receive									zation or individ	ual A STAN A STAN
Section	for services rendered to the organization B. Independent Contractors	ir ii res, c	сопір	iete	SCI	ieai	ile J	or .	such person		5 X
1	Complete this table for your five highest compensation from the organization Re year										
	(A) Name and business ad	dress					-		(B) Description of s	services	(C) Compensation
NONE								<u> </u>			
							 -	-			
								-			
2	Total number of independent contract received more than \$100,000 of comper							o th	nose listed ab	ove) who	*

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Part	VIII	Statement of Revenue										
		Check if Schedule C	contains	a res	ponse or note t	o any line in this		· · · · -				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaigns	s	1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b								
S, G	C	Fundraising events .		1c								
Gifts, ilar Ar	d	Related organizations	s	1d								
S, (е	Government grants (cor	ntributions)	1e								
i Si	f	All other contributions, g	ifts, grants,									
the the		and similar amounts not inc	cluded above	1f	688,707	1			11			
5 5	g	Noncash contributions include	ded in lines 1a	-1f: \$								
Contributions, and Other Sim	h	Total. Add lines 1a-1	f		, >	688,707						
					Business Code	Salar Salara		1.14				
Program Service Revenue	2a					** * *********************************						
8	b	***************************************										
ice/	С											
Sen.	đ											
Ē	е						1					
ge	f	All other program ser	vice revenu	ie .								
Ā	g	Total. Add lines 2a-2			>	0			4			
	3	Investment income	(including	divid	ends, interest,							
	1	and other similar amo	ounts) .		>	528		0	528			
	4	Income from investmen	it of tax-exer	npt b	ond proceeds ►							
	5	Royalties			>							
	}	·	(ı) Real		(ii) Personal							
	6a	Gross rents .							441			
	b	Less: rental expenses										
	С	Rental income or (loss)	<u></u>	0	0							
	d	Net rental income or	(loss)		•	0	Annah salat Madali Mada					
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other							
		assets other than inventory										
	b	Less: cost or other basis										
	}	and sales expenses										
	С	Gain or (loss) .		0	0		100					
	d	Net gain or (loss) .			•	0	Se land no Co 22 2 . moderalistica	5. J 7 K. 200 Marie 200 M. 4. 72 T. 70				
		, ,			[-2.17			
), Te	8a	Gross income from fu	undraising						111			
Š		events (not including \$	-									
Se Pe		of contributions reporte	ed on line 1	c).			10000		Fall Comment			
ē		See Part IV, line 18 .		. a	24,663				100			
Other Revenue	b	Less. direct expenses	8	b	7,013	1×2-20-000 200 200 200 200 200 200 200 200						
•	С	Net income or (loss) f		ising		17,650		O Tunkin hindindi Cale Salahini.	The state of the s			
	9a	Gross income from ga			<u> </u>	100		1.1	100000000000000000000000000000000000000			
	}	See Part IV, line 19 .	,	. a								
	b	Less: direct expenses	s	. b	<u> </u>							
	С	Net income or (loss) f			vities >	0						
	10a	Gross sales of in			[
		returns and allowance	es	. а					7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	b	Less: cost of goods s	sold	b	 							
	С	Net income or (loss) f		of inv	entory >	0	Canadata Santa	militar of the second s				
		Miscellaneous R			Business Code							
	11a					armeri _{ared} Burney Cont. " in the	2.200.00					
	b				 	 	 	 	 			
	C					 		 	 			
	d	All other revenue .			 	 	 	 	 			
	e	Total. Add lines 11a-	-11d	•	l	0						
	12	Total revenue See in				706 005			5.20			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir	e in this Part IX		
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	40,772	40,772		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	5,000		1,250	3,750
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			1,200	57.00
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11 a	Fees for services (non-employees) Management				
b	Legal	5,739	5,739		
С	Accounting .	9,987	2,896	7,091	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				·-·
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	7,769	6,992	777	
13	Office expenses	2,537	2,248	289	
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21 22	Payments to affiliates				
23	Depreciation, depletion, and amortization Insurance				
24	Other expenses Itemize expenses not covered			* * * * * * * *	
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		^		
а	BANK FEES	995	80	915	
b	LICENSES & PERMITS	2,549	2,549	313	
С			.,		
d					
е	All other expenses	8,898	1,806	500	6,592
25	Total functional expenses. Add lines 1 through 24e	84,246	63,082	10,822	10,342
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X .	_	
	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	83,164	1	417,368
	2	Savings and temporary cash investments	77,327	2	87,650
	3	Pledges and grants receivable, net .	2,680,783	3	2,666,871
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L .		5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	-
ĕ	8	Inventories for sale or use .		8	
	9	Prepaid expenses and deferred charges .		9	
	10a	Land, buildings, and equipment, cost or	, , , , , , , , , , , , , , , , , , , ,	reside.	
		other basis Complete Part VI of Schedule D 10a	· , , , , , , , , , , , , , , , , , , ,		
	b	Less accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities .		11	294,636
	12	Investments—other securities See Part IV, line 11		12	27,264
	13	Investments—program-related See Part IV, line 11		13	1
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,206	15	140,000
	16	Total assets. Add lines 1 through 15 (must equal line 34).	2,852,480	16	3,633,789
	17	Accounts payable and accrued expenses	3,179	17	21,849
	18	Grants payable .		18	
	19	Deferred revenue		19	1117
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	. WW. W	21	
ies	22	Loans and other payables to current and former officers, directors,	1,0	* ***	Î
iii		trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<u> </u>	
Liabilities	22			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties		24	
	23	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25	3,179	25 26	21 040
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and		20	21,849
Ses		complete lines 27 through 29, and lines 33 and 34.	<u> </u>	_	*
au	27	Unrestricted net assets	106,426	27	59,679
Ba	28	Temporarily restricted net assets	107,042	28	841,117
밀	29	Permanently restricted net assets	2,635,833	29	2,711,144
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	. «	,	
ts	30	Capital stock or trust principal, or current funds .		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا ۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
8	33	Total net assets or fund balances	2,849,301	33	3,611,940
	34	Total liabilities and net assets/fund balances	2,852,480	34	3,633,789

Form **990** (2014)

Page	1	2
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•	•	•
	• •	
Form 9	90 (2014)	

Part	XI Reconciliation of Net Assets				3
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		706	, 885
2	Total expenses (must equal Part IX, column (A), line 25)	2			,246
3	Revenue less expenses Subtract line 2 from line 1	3			,639
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		849	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6		140	,000
7	Investment expenses .	7			<u> </u>
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	3	611	,940
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No_
1	Accounting method used to prepare the Form 990 Cash Accrual Other MODIFIED CA		_ · }	1 1	; .
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın iı	ı "	* * * *	· ·
_	Schedule O			الأند	i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to a constant below to indicate whether the financial statements for the year were compared to a constant below to indicate whether the financial statements for the year were compared to the constant below to indicate whether the financial statements for the year were compared to t	olled o	r 🥂	3 - 4	
	reviewed on a separate basis, consolidated basis, or both		Garage.		*
	Separate basis Consolidated basis Both consolidated and separate basis		Ž.,		'
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	ed on a	а .		į
					:
c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	orolah			'
C	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex			X	
	Schedule O	piairi	' X	1.	j I
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ii	,		_ 1
	the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
		•	For	m 9 <mark>90</mark>	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name	of the organization					Employer identificatio	n number
	RA PUBLIC LIBRARY FOUNDAT					36-4439461	
Par							ons
ine o	rganization is not a private found:		, .		•	•	
2	A school described in section	· · · · · · · · · · · · · · · · · · ·		ibed in se	ection 17	U(b)(1)(A)(I).	
	☐ A school described in section☐ A hospital or a cooperative ho		•		- 470/L\/	1\/ A\/;;;\	
	A medical research organizati						(iii) Enter the
•	hospital's name, city, and stat		onjunction with a nos	pital desc	indea iii s		(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a governmen	tal unit described in
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in sectio	on 170(b))(1)(A)(v).	
	An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II)			
9							
	receipts from activities relate						
	support from gross investme acquired by the organization a						x) from businesses
10			-		-	•	
	☐ An organization organized and☐ An organization organized and						out the nurnees of
• •	one or more publicly supporter						
	the box in lines 11a through 11						
а	☐ Type I A supporting organiz			_			_
	the supported organization(sorganization You must con	s) the power to re	egularly appoint or ele				
b	☐ Type II A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having
	control or management of the			ne same p	ersons t	nat control or manag	ge the supported
	organization(s) You must c	-					
С	Type III functionally integral its supported organization(s) (see instruction:	s) You must comple	te Part I	/, Sectio	ns A, D, and E	
d		ated The organi	zation generally must	satisfy a	distributi	on requirement and	
е	☐ Check this box if the organiz	*	•		•		II. Type III
-	functionally integrated, or Ty						ii, rype iii
f	Enter the number of supported	-	,g		ga		
g	Provide the following information		oorted organization(s)				L
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
				165	140	<u> </u>	
(A)							
(B)							
(C)	- <u></u>						
	<u> </u>		,				
(D)							
(E)							
Total		I	I	j	1	1 0	l o

instructions

Part							
	(Complete only if you checked the Part III If the organization fails to						any under
Secti	on A. Public Support	quality unde	er the tests ha	sted below, p	nease comple	ite rait iii.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2010	(0) 2011	(0) 2012	(4) 2010	(6) 2314	(i) rotai
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						
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				<u> </u>		
	on B. Total Support		T	T	1		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 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 carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				3 *	· *	
12	Gross receipts from related activities, etc	(see instructi	ons)		•	12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
	on C. Computation of Public Suppor					T 44 T	
14	Public support percentage for 2014 (line 6	• • •	-	11, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2013 Sch 33 ¹ / ₁₃ % support test—2014. If the organization qua	zation did not	check the box		d line 14 is 33¹	15 /3% or more, c	heck this ► □
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 33 ¹ /3%	or more, . ► □
17a	10% -facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	id <mark>stop here</mark> . E	xplain in
b	10% -facts-and-circumstances test—26 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the	e "facts-and-c	ırcumstances"	test, check th	iis box and st	op here
18	Private foundation If the organization di	d not check a	hay on line 13	16a 16h 17	a or 17h chec	k this hov and	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Secti	on A. Public Support	under the te.	sts listed bei	ow, piease ce	inpiete i ait i	···/	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(2) 2011	(0) 2012	(4) 2010	- (0/=0.1.	(1) 10(4)
	received (Do not include any "unusual grants")	57,009	49,509	45,593	96,470	438,707	687,288
2	Gross receipts from admissions, merchandise	31,003	13,303	13,333	30,110	190,101	00//200
	sold or services performed, or facilities			İ			
	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	57,009	49,509	45,593	96,470	438,707	687,288
	Amounts included on lines 1, 2, and 3	317005	13,303	13,333	20,110	1307.01	0011200
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			1			
	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	4.0					
	line 6)	4.4					687,288
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	57,009	49,509	45,593	96,470	438,707	687 <u>,</u> 288
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	1,033	1,282	694	313	528	3,850
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b	1 000	1 000	604	212		2.050
С 11	Net income from unrelated business	1,033	1,282	694	313	528	3 , 850
''	activities not included in line 10b, whether	1	ı				
	or not the business is regularly carried on						
12	Other income Do not include gain or						
'-	loss from the sale of capital assets						
	(Explain in Part VI)	81			7,780	17,650	25,511
13	Total support. (Add lines 9, 10c, 11,	01			7,700	17,000	20,011
	and 12)						716,649
14	First five years. If the Form 990 is for the	he organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	
	organization, check this box and stop he	re					. ▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2014 (line	8, column (f) di	vided by line 1	3, column (f))		15	95.90 %
16	Public support percentage from 2013 Sc			<u> </u>	<u> </u>	16	95.67 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014			•	nn (f))	17	1 %
18	Investment income percentage from 201	· ·	•			18	2 %
19a	331/3% support tests—2014. If the organ						-
	17 is not more than 331/3%, check this box		-			-	
b	331/3% support tests—2013. If the organization 12						
	line 18 is not more than 331/3%, check this						
_20	Private foundation. If the organization d	id not check a	pox on line 14	, 19a, or 19b, c	neck this box	and see instruc	tions 🕨 🗌

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)

Section A	A. All Sı	pporting	Organizations
-----------	-----------	----------	---------------

	on A. All Supporting Organizations			
			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	🕺	*	***
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (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	بر 	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	، ال	
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		4.
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	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	·	ŧ
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	-	,
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	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	* -	***
ь с 6	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? Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5b 5c		-
•	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	* 1	*
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 I 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		*7
С	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		
l0a	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		!

Part	Supporting Organizations (continued)			-3
	<u> </u>		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		ļ
C Secti	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. on B. Type I Supporting Organizations	11c		
OCCL	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	4 7%		.,
	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		ļ.,
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 carned out the purposes of the supported organization(s) that operated,	,	` `	j
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
		I	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			
<u> </u>	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations	- 1		
1	Did the organization provide to each of its supported organizations, but the last day of the fifth month of the		Yes	No
•	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	4 ,	7.0	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		نـــــ
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			
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1			- 4 !	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	S)
a b	☐ The organization satisfied the Activities Test Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
c	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee ins	taictii	onel
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	* 2		E way.
	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,	. ~ 3	4	y, de annual de la constante d
	how the organization was responsive to those supported organizations, and how the organization determined		, ,	the space of the state of the s
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		4
	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.		Ī	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- <u>-</u>		j
p	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	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	3h		}

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	mpie	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	0	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a 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)			. · ·
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		**	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	3' '	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	`` <u>`</u>	<u> </u>
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	*,	
7 Check here if the current year is the organization's first as a non-functional	ים ו	tegrated Type III supporting	on organization (see

	art V Type III Non-Functionally Integrated 509(a section D - Distributions		(continued)	
	Amounts paid to supported organizations to accomplis Amounts paid to perform activity the delivery accomplishment.	h evempt purposes		Current Year
		evempt purposes		
	organizations, in excess of income from activity	welliby bulboses of supp	orted	1
	Administrative expenses half to accomplish exercit	ITDOSES of Supported or	Operations	
	Amounts paid to acquire exempt-use assets Ouglified set and acquire exempt-use assets	pooce of supported org	anizations	
	Qualified Set-aside amounts (prior IPS approval	d)		
	The distributions (describe in Part VI) Sociente	S		
	Total armual distributions. Add lines 1 through 6			
•	Distributions to attentive supported assessed	ich the organization is so	<u> </u>	
	(provide details in Part VI) See instructions	and organization is re	sponsive	
10	Section C line C			
	Line 8 amount divided by Line 9 amount			
1	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable
<u>.</u>	Distributable amount for 2014 from Section C, line 6			Amount for 2014
-	Oliderdistributions if any for years prosess and	* **/	<u>%</u>	
3	Vocations Cause required-see instructions			* Wes
- a	Excess distributions carryover, if any, to 2014	»	, ,,	
b	3	4 ,	ž ^ * '* o	78
C	* * *			
d	3		<u> </u>	<u>```\\</u>
e	From 2013			, ,
Ť	Total of lines 3a through e		*	
g	Applied to underdictable			. 30
h	Applied to underdistributions of prior years Applied to 2014 distributable amount	,		<u>`</u>
i	Carryover from 2000 net and an incident		,	<u> </u>
ī	Carryover from 2009 not applied (see instructions)		*	
<u></u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		****	
•	Distributions for 2014 from Section D, line 7.	,		
		. **		
b	Applied to underdistributions of prior years Applied to 2014 distributable amount	»,	,	· · · · · · · · · · · · · · · · · · ·
 ;	Remainder Subtract lines 4a and 4b from 4			<u> </u>
	Remaining underdictable 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			<i>₹</i> . %
	Remaining underdistributions (* **
	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see		*	
	instructions)	· i	*	
	Excess distributions carryover to 2015 Add lines 3j	* * *	` , ;	
	and 4c Add lines 3j		* 1. 34.	
	Breakdown of line 7		· , , , , , , , , , , , , , , , , , , ,	* 6 ,
	,		2 2	
, '			* * * * * * * * * * * * * * * * * * * *	
; ;	* ×			
	xcess from 2013		: * .	
	excess from 2014			

Schedule A (Fo	orm 990 or 990-EZ) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part III, line 12. Also complete this part for any additional information. (See instructions)	17b, and
PART III,	LINE 12 - MISCELLANEOUS INCOME, NET FUNDRAISING INCOME	
*		
		·
*		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Employer identification number Name of the organization 36-4439461 AURORA PUBLIC LIBRARY FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X . . .

_Part										
3	Using the organization's acquisition, collection items (check all that apply):		ner recor	ds, chec	k any of th	e follov	ving that are a si	gnificant i	ise o	of its
а	Public exhibition		d	Loan	or exchang	ae prog	rams			
b	☐ Scholarly research				_					
С	Preservation for future generations	s								-
4	Provide a description of the organiza		nd expla	un how th	nev further	the ord	anızation's exem	pt purpos	e in	Part
	XIII.				,		,			
5	During the year, did the organization	solicit or receive i	donation	s of art	historical ti	reasure	s, or other simila	r		
•	assets to be sold to raise funds rather									No
Part									<u> </u>	
	Complete if the organization 990, Part X, line 21.	answered "Yes"							:orm	
1a	Is the organization an agent, trustee									
	included on Form 990, Part X?							☐ Yes	; 🗌	No
þ	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	able.					
							Ar	nount		
С	Beginning balance					10				
d	Additions during the year					10	1			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou					ustodia	l account liability	? \(\text{Yes}		No
b	If "Yes," explain the arrangement in P									
Par		<u> </u>		10101101	11.00	protre	<u> </u>			
	Complete if the organization	n answered "Yes'	' to Forr	n 990. P	art IV. line	10.				
		(a) Current year		or year	(c) Two yea		(d) Three years back	(e) Four y	ears b	ack
1a	Beginning of year balance	2,635,833		, 0			·····	 ` 		
b	Contributions	75,311	2 6	35,833				 		
C	Net investment earnings, gains, and	73,311	2,0.	00,000	 .		<u> </u>	 		
•	losses									
d	Grants or scholarships	-						 -		
	Other expenditures for facilities and							 		
е	programs									
								 		
f	Administrative expenses						 			
g	End of year balance									
2	Provide the estimated percentage of			e (line 1g	, column (a	ı)) held :	as.			
а	Board designated or quasi-endowme	nt >	%							
b	Permanent endowment ▶ 1									
C	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in th	e possession of th	e organı:	zation tha	at are held	and ad	ministered for the	e		
	organization by:							Y	'es	No_
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(II), are the related organ	uzations listed as re	equired c	n Schedi	ule R? .			3b		
4	Describe in Part XIII the intended use	s of the organizatio	n's endo	wment fu	ınds.					
Part	VI Land, Buildings, and Equip	oment.								
	Complete if the organization	n answered "Yes'	to Forr	n 990. P	art IV, line	11a. S	See Form 990, I	Part X, lin	e 10).
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Book		
		(investme			ther)		epreciation	\-,		
1a	Land						A 30 - 5			
b	Buildings					1888 V	· ••••••••••••••••••••••••••••••••••••			
	Leasehold improvements	·								
c C	•	.		L		 				
đ	Equipment	.								
e Takal			20 6: (3		(0) / 1	2-1				
ı otal.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	,∪, Part)	k, column	(<i>B), line</i> 10	JC.) .	▶			

	Complete if the organization		rm 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
	(a) Description of security or cat (including name of security	egory	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	I derivatives			
(2) Closely-i	held equity interests			
(3) Other				
(/ 1)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col (B) line 12			
Part VIII	Investments - Program Rela		000 5 . 11/11	
				1c. See Form 990, Part X, line 13
	(a) Description of investmen	nt	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			 	2001 D. D. John Mariot Valdo
(2)			 	
(3)				
(4)				
(5)				
(6)				
(7)		····		
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col (B) line 13	>		v
Part IX	Other Assets.			
	Complete if the organization a		m 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
		(a) Description		(b) Book value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)		 		
(4)				
(5)		-	<u> </u>	
(6)				
<u>(7)</u>				
(8) (9)				
	mn (b) must equal Form 990, Part .	X col (R) line 15.)		
Part X	Other Liabilities.	1, coi. (b) line 10.)		•
· GI · X		answered "Yes" to For	m 990 Part IV line 1	1e or 11f. See Form 990, Part X,
	line 25.	2000000 100 to 10101	111 550, 1 411 14, 1116 1	TO OF THE OCCUPANT 990, T AREA,
i .	(a) Description of liability	(b) Book value		
(1) Federal ır	ncome taxes			
(2)		-		
(3)				
(4)				
(5)				
(6)				
(7)				2.4 28.34 - 36.4
(8)				
(9)				\$ 184 - 1
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25	>		,

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

Part	·	=	Return.	
1	Complete if the organization answered "Yes" to Form 990, F Total revenue, gains, and other support per audited financial statements	Part IV, line 12a.	1	981,228
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		36' .8	301,220
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b 267,330	7	
c	Recoveries of prior year grants	2c 201/330	4	
d	Other (Describe in Part XIII.)	2d 7,013	₹. •\$	
e			2e	274,343
3	Subtract line 2e from line 1		3	706,885
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	L	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	706,885
Part) .
	Complete if the organization answered "Yes" to Form 990, F			
1	Total expenses and losses per audited financial statements		1	218,589
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 127,330		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 7,013	3 4.4	
е	Add lines 2a through 2d		2e	134,343
3	Subtract line 2e from line 1		3	84,246
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	84,246
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	•		
	FOUNDATION HAS BEEN DETERMINED TO BE EXEMPT FROM I	NCOME TAXES UNDER	SECTION	1 501 (C) (3)
\п. ш	UP THERDNAI DEVENUE GODE BUDGUANE EO A DEEDMANAET	ON LEMMED TOOLING	TN: NEDTI	2002
JE T	HE INTERNAL REVENUE CODE PURSUANT TO A DETERMINATI	ON LETTER ISSUED	IN APRII	. 2002.
\ CCO	DDINGLY NO DECUTEION FOR INCOME WAVES IS INCLUDED		C OD A OTTAME	e NITE C
1000	RDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED	O IN THE FINANCIAL	STATEME	INTS.
าบธ	ENIMPARTON UNC EUNITHARED THE WAY DOCTRIONS FOR ALL	ODEN TAV VEADO	CHDDEN	עמיי שטיי עזי
	FOUNDATION HAS EVALUATED ITS TAX POSITIONS FOR ALI	J OPEN IAX IEARS.	CORKEN	LLI, IRE IAA
YFZR	S OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL	DEVENUE CEDUTCE AL	סב ידטד יו	ግሀር ጥልሃ
	O OTEN AND BODDECT TO EXAMINATION BY THE INTERNAL	REVENUE SERVICE A		IIID IAA
YEAR	S 2011, 2012, AND 2013. HOWEVER, THE FOUNDATION I	S NOT CURRENTLY III	NDER AIII	OTT NOR HAS
	5 ZOTI, ZOTZ, AND ZOTS. NOWEVER, THE TOURDATION I	IS NOT CORRENTED OF	NDER AUI	JII NON HAD
THE	FOUNDATION BEEN CONTACTED BY ANY JURISDICTION. BA	ASED ON THE EVALUA	TIONS OF	THE.
		TODO ON THE DVIDOR	11010 01	
FOUN	DATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL TA	X POSITIONS TAKEN	MOIII'D E	RE UPHELD
	District of the footilities of the footilities of the first	DY LOOITIONS THINDIN		
JNDE	R AN EXAMINATION. THEREFORE, NO PROVISION FOR THE	E EFFECTS OF UNCER	KAT NTAT	C POSITIONS
HAS	BEEN RECORDED FOR THE YEAR ENDING DECEMBER 31, 201	4.		

Schedule D (Form 990) 2014 P	Page 5
Part XIII Supplemental Information (continued)	
PART V, LINE 4	
GENERATION OF INCOME TO FUND THE LIBRARY'S NEED TO PROVIDE TECHNOLOGY AND SUPPORT	
EDUCATIONAL PROGRAMMING FOR SAID TECHNOLOGY FOR RESIDENTS OF AURORA.	
	- -
PART XI AND X11, LINE 2D	
FUNDRAISING EXPENSES DEDUCTED FROM INCOME ON THE 990	
	
	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

	or the organization					Employer identific	cation number
<u>AURC</u>	RA PUBLIC LIBRARY FOUR	NDATION, IN	c.			36-4439461	
Par	Fundraising Activities				vered "Yes" to F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are					de ale all that analy	
1	Indicate whether the organizati Mail solicitations	on raised funds			-		
a	Internet and email solicitations		e L		ion of non-govern	_	
b		ons	1 [ion of government	-	
C	☐ Phone solicitations		g Ŀ	Special '	fundraising events	3	
d	☐ In-person solicitations						
2a	Did the organization have a wr						
	or key employees listed in Form		•		•	=	
D	If "Yes," list the ten highest pai compensated at least \$5,000 b			draisers) p	ursuant to agreen	nents under which tr	ne fundraiser is to be
	compensated at least \$5,000 b	y trie Organizatio	ווע				
							
	(i) Name and address of individual	(II) Activity		draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		or control of outlons?	from activity	fundraiser listed in col (i)	organization
		-	Yes	No	-		-
1			103	110	-		
•							
2		- 		 	-		
_							
3		-		 			
-							
4		1					
5							
6							
7							
			ļ	ļ			
8							
9		+		 			
9							
10		-	 	 	 		
10		1		1			
			-l	1			
Total	<u> </u>			🕨	İ		
3	List all states in which the org	anization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.	•					•
					**********		·
							·

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		gross receipts greater tha	(a) Event #1 IMAGINE	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Φ		,	(event type)	(event type)	(total number)	<u> </u>
Revenue	1	Gross receipts	24,663			24,663
ш	2	Less: Contributions . Gross income (line 1 minus		· · · · · · · · · · · · · · · · · · ·		0
		line 2)	24,663			24,663
	4	Cash prizes				0
	5	Noncash prizes				0
enses	6	Rent/facility costs				0
Exp	7	Food and beverages				0
Direct Expenses	8	Entertainment				0
	9	Other direct expenses .	7,013			7,013
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	act line 10 from line 3, c e organization answer	olumn (d)		7,013 17,650 reported more
Revenue		unan w 10,000 on 1 on 1 3	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs .				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary Ad	ld lines 2 through 5 in c	olumn (d)	•	
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	.	
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain		s in each of these state		🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain	aming licenses revoked	·		

Schedu	,			Р	age 3
11 12	Does the organization conduct gaming activities with nonmembers?	ntity	☐ Ye		
13 a b	Indicate the percentage of gaming activity conducted in: The organization's facility	3a			% %
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records.				
	Name ►				
	Address ▶				
	Does the organization have a contract with a third party from whom the organization receives gamerevenue?		_ Ye	s 🗌	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
C	Nome b				
	Address >				
16	Gaming manager information.				·
	Name >				
	Gaming manager compensation ▶ \$				
	Description of services provided ►				.
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?		∐ Ye	s 🗀	Nο
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year > \$		•		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in instructions).)
		 			• • • • • • • • • • • • • • • • • • •
					

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Publ Inspection

Employer identification number

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, SUPPORT LIBRARARY **%**⊠ (h) Purpose of grant or assistance OPERATIONS □ Yes 36-4439461 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed SEE NOTE (e) Amount of non-cash assistance (book, FMV, appraisal, other) 127,330 EST FMV Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 40,772 grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance AURORA PUBLIC LIBRARY FOUNDATION, INC. (p) EIN (1) AURORA PUBLIC LIBRARY 1 (a) Name and address of organization AURORA, IL 60506 or government Part Part II 3 3 4 9 9 8 8 <u>6</u> 5 (12)

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	omestic Individua al space is needed	als. Complete of the	e organization answ	ered "Yes" to Form 990,	Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
9					
7					
IV Supplemental Informa	the information re	equired in Part I, lir	ie 2, Part III, columr	(b), and any other additi	onal information
ALL GRANTS PAID TO OR FOR THE BENEFIT	IT OF THE AURORA	PUBLIC	LIBRARY		
NON CASH ASSISTANCE WERE CONSULTING AND	OTHER	SERVICES PROVIDED IN	O IN THE PLANNI	THE PLANNING AND DEVELOPMENT OF	OF THE
NEW LIBRARY BUILDING					
	} } } } } } } } } } } } } } } } } } }	4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					Schedule I (Form 990) (2014)

* (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number
AURORA PUBLIC LIBRARY FOUNDATION, INC.	36-4439461
FORM 990, PART VI, LINE 11b	
EACH BOARD MEMBER IS PROVIDED A COPY OF THE 990 FO	OR REVIEW BEFORE IT IS FILED
SUBJECT TO FILING DATE TIMING	
FORM 990, PART VI, LINE 12c	
ANY BOARD MEMBER WITH A POTENTIAL CONFLICT OF INTE	REST ABSTAINS FROM VOTING ON THOSE
MATTERS. THIS IS RECORDED IN THE BOARD MINUTES OF	THE MEETING
FORM 990, PART VI, LINE 19	
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,	AND AUDITED FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST	
*** END OF FORM ***	
END OF FORM WW	
