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Fonth **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Dep	artment of	the Treasury Do not enter social security numbers on this form as it may			Inspe			
Inter		ue Service ► Information about Form 990 and its instructions is at www.				CHOH		
<u>A</u>	For the	2014 calendar year, or tax year beginning January 1 , 2014, and end	ling Decer	mber 31	, 20 14			
В	Check if	applicable C Name of organization Alexander Mitchell Library Foundation		D Employ	er identification	number		
Ц	Address	·			46-0428183			
Ш	Name ch	nange Number and street (or P O box if mail is not delivered to street address) Room.	suite	E Telephone number				
	Initial reti			605-626-7097				
	Final retur	n/terminated City or town, state or province, country, and ZIP or foreign postal code						
	Amended	d return Aberdeen, SD 57401		G Gross re				
	Applicati	on pending F Name and address of principal officer Lavonne Miller, Treasurer	H(a) Is this a o	group return for	subordinates? 🔲 Y	es 🗹 No		
		1010 S Penn St, Aberdeen, SD 57401			s included? 🔲 Y o			
<u></u>	Tax-exer	npt status	If "N	lo," attach a	list (see instruc	tions)		
<u>J</u>	Website		H(c) Group	exemption	number ▶	514539		
K		organization Corporation Trust Association Other ► L Year of form	nation 1994	M State	of legal domicile	SD		
Ŀ	art I	Summary			_ 			
	1	Briefly describe the organization's mission or most significant activities: Pro-				ıd		
Governance		development of the library. Ensuring the library can continue to provide literacy s	ervices for the	communi	ity			
ц			<u>-</u>					
Š	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more thai		its net assets	3		
		Number of voting members of the governing body (Part VI, line 1a)		3		5		
•ඊ ග	4	Number of independent voting members of the governing body (Part VI, line 1	b)	. 4		0		
Ħ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5		. 0		
Activities &	6	Total number of volunteers (estimate if necessary)		6		5		
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a		0		
	b	Net unrelated business taxable income from 99051 tipe 34,		. 7b		0		
ā			Pnor Y	ear	Current	Year		
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) AUG 3 6 2015		7951		2195		
en	9	Program service revenue (Part VIII, line 2g) N AUG 26 2015	ļ					
Revenue	10	investment income (Fart Viii, Column (A), lines 3, 4, and 70) [9].		(3597)		20333		
_	וון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total revenue add lines 8 through 11 (must equal Part VIII) column (A), (ine 12)	<u> </u>	4354		22528		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>				
ės	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)						
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	ļ					
ш	''	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	ļ	6006		14378		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	ļ	6006		14378		
_	19	Revenue less expenses. Subtract line 18 from line 12	ļ	(1652)		8150		
Net Assets or Fund Balances		T. I	Beginning of C	urrent Year	End of	Year		
Sset	20	Total assets (Part X, line 16)		813904		822054		
let A	21	Total liabilities (Part X, line 26)	ļ					
_		Net assets or fund balances Subtract line 21 from line 20	 _	813904	<u> </u>	822054		
_	art II	Signature Block	 	 				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge a	nd belief, it is		
_			т	8	15-15			
Sig	חר	Signature of officer	<u>~</u>	ate	15-15			
	ere			L (0				
- 110		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date		PTIN			
	aid		240	Check com	□			
	epare	1 ·		self-em	pioyeu			
Us	se Onl			m's EIN ▶	··			
Ma	ıv the IC	Firm's address > RS discuss this return with the preparer shown above? (see instructions)	<u> Ph</u>	one no.		ac Al-		
_	-			· · · ·		es No n 990 (2014)		
r 0	rapen	vork Reduction Act Notice, see the separate instructions. Ca	t No 11282Y		rom	1 JJU (2014)		

orm 99	0 (2014)												
Párt													
	Check if Schedule O contains a response or note to any line in this Part III												
1	THE PROMOTION OF THE LIBRARY AND TO PROMOTE THE CONTINUED GROWTH AND DEVELOPMENT OF THE ALEXANDER												
	MITCHELL LIBRARY. THE GENERAL WELFARE AND PUBLIC RELATIONS AS WELL AS INCREASING THE HOLDINGS OF THE												
	LIBRARY MATERIALS												
2	Did the organization undertake any significant program services during the year which were not listed on the												
	prior Form 990 or 990-EZ?												
	If "Yes," describe these new services on Schedule O.												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services?												
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by												
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,												
	the total expenses, and revenue, if any, for each program service reported.												
4a	(Code) (Expenses \$ including grants of \$ 1500) (Revenue \$ 1500)												
	The foundation received a tecnology grant from 3m to be used in the Children's department on a program related to techonology.												
	The Library hosted a Robotic Lego Program on January 24-25 for children ages 4-14 The foundation passed the grant through to												
	the library to help cover the cost of the library incurred to bring in the Robotic Lego Program.												
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)												
	······································												
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)												
	Other program convece (Decembe in Schodule C.)												
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)												
4e	Total program service expenses 1500												

art	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		✓
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	· 	1
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		1
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		1
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		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f	_	✓
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.	12a 12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Ь	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		1
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		1
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	_	<u>√</u>
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		√
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		√
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		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any demostic organization or	_	Yes	No
	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_		1
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		1
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		1
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		√
b c	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 24c		√ √
d 25a	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		√ √
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		✓
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		1
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		√
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):			,
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		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
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		▼
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		▼
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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.			
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	√	✓
		For	n 99 0	(2014)

art	Statements negaring Other ins rinings and rax compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	· ·	· ·	
4.	5 to the number of set of 5 to 4000 February 0 to the 1 to 1		Yes	No ·
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	.	l	
_	reportable gaming (gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .		-	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	- 1	✓
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources	·		
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	[✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	ļ	Į	ļ
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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			
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?			
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
9	Each committee with authority to act on behalf of the governing body?	8b		1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	\	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
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			
b	with a taxable entity during the year?	16a		1
•	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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply. 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 int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re SHIRLEY ARMENT, LIBRARY DIRECTOR, 519 S KLINE ST, ABERDEEN, SD 57401	cords	:▶	•

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Form 990 (2014)

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

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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos neck ss pe d a d	ition more rson irect	e than o is both or/trust	one n an tee)	(D) Reportable	(E) Reportable compensation from	(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 from the organization and related organizations
(1) TROY MCQUILLIN	5									
PRESIDENT	ļ		-	1				0	0	0
(2) MAEVE KING VICE PRESIDENT	11			/				o		•
(3) LAVONNE MILLER	1		├	 •					0	0
TREASURER		1		1			ĺ	0	0	0
(4) ELIZABETH BOLLINGER	.5			Ė						
SECRETARY		1		1			1	o	o	0
(5) KEN KRAUSE	5									<u>~</u>
BOARD MEMBER		1					,	0	0	0
(6) JESSICA FALKEN	5									
BOARD MEMBER		1		L.				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)	-									
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)								
	(A)	(B)	(do n	ot ch		ition more	than c	one	(D) (E)				(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable			mated	
		hours per week (list any					or/trust	<u> </u>	compensation from	compensation t related	i oi i i		ount of other	
		hours for	or di	nstr	Officer	₩ ey	취수	Former	the	organization			ensatio	าก
		related organizations	irec	릁	ĮΫ	employee	l oye	ner	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nization	n
		below dotted	or tr	nal	l	oloy	j a c		(2,,			and	related	. t
		line)	Individual trustee or director	Institutional trustee		ее	Pen					orgar	nization	ıs
			Ö	ee			Highest compensated employee							
14.5				<u> </u>	<u> </u>		ă	<u> </u>						
(15)		 					1							
(4.6)		-		_	_			_						
(10)														
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(10)		 												
(19)		 	-	╁			├─	 		<u> </u>				
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(21)		<u> </u>				-								
37.17		†	1	}	ł	l	}	ļ		l	1			
(22)						 	 			-				
3											1			
(23)				T -										
3		†	Į.	ļ		ļ	ļ	ĺ		Į.				
(24)								П						
2		1	1				İ							
(25)														
1b	Sub-total						,	>	0		0	_		0
С	Total from continuation sheets to Part			-	•			▶	0		0			0
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					<u> </u>	0	<u> </u>	0			0
2	Total number of individuals (including but		to th	ose	e list	ted .	above	e) w	ho received m	ore than \$10	0,000	of		
	reportable compensation from the organ	zation ► 0												
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	iest compen	sated	1		
	employee on line 1a? If "Yes," complete							•			•	3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$	150,	טטנ)? [r "Ye	s, "	complete Scr	neaule J for	such			
_				•				•				4	↓	/
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidua	F	ł	
Cookie		: 11 163, 6	- Ciripi	C16	30,	1600	ile o i	0/ 3	such person	· · · · ·	· · ·	5	<u> </u>	✓
1	on B. Independent Contractors Complete this table for your five highest		od in	don		ont	contr		oro that room	ad mara than	. # 1 OC	0000		
•	compensation from the organization. Rep													av
	year				· ··		u.o	ر	your criaing wi		.o Q. g	,a.n.zacı	511 0 0	u.
	(A)							Γ-	(B)			(C)		
	Name and business add	tress							Description of s	ervices		Compens		
NONE								\vdash						
			-					T						
-					_			1	 -					
								T						
								1						
2	Total number of independent contractor	ors (includii	ng bi	ut n	ot	lımı	ted to	th	nose listed ab	ove) who				
_	received more than \$100,000 of compensation								_ 0					

Part	VIII	Statement of Revenue										
		Check if Schedule O	contains	a resp	onse or note to			· · · · · ·	<u> </u>			
						(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	· .	1a								
our	b	Membership dues .		1b								
s, G	C	Fundraising events		1c		1						
Gift lar	d	Related organizations		1d								
ıs,	е	Government grants (con		1e								
ntro er S	f	All other contributions, gr	_]		Ĭ						
년 #		and similar amounts not inc		1f	2195	-						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ		-1f. \$								
	h	Total. Add lines 1a-1	<u> </u>	· ·	Business Code	2195			· · · · · · · · · · · · · · · · · · ·			
Program Service Revenue	0-				Busiliess Code							
ě	2a b							_				
8						 -			 			
eΖ	d											
Š	e											
gra	f	All other program ser	vice revenu	ле 								
Pro	g	Total. Add lines 2a-2			>				<u> </u>			
	3	Investment income										
		and other similar amo	ounts)	•	►	24566						
	4	Income from investmen	t of tax-exe	mpt bo	ond proceeds ►							
	5	Royalties			🕨							
			(i) Real		(ii) Personal							
	6a	Gross rents										
	b	Less' rental expenses						*	ľ			
	C.	Rental income or (loss)	<u></u>	_								
	d	Net rental income or or Gross amount from sales of	(IOSS) . (i) Securit		(ii) Other	··						
	7a	assets other than inventory		87778	(ii) Guiei							
	ь	Less cost or other basis	<u>_</u>	6///6								
		and sales expenses .	4.	42695								
	С	Gain or (loss)		45083								
	d	Net gain or (loss) .			•	45083						
venue	8a	Gross income from fu	ındraısıng									
Other Re		of contributions reported See Part IV, line 18 .										
₹		Less: direct expenses		b								
		Net income or (loss) f Gross income from ga See Part IV, line 19		ities.								
		Less: direct expenses										
		Net income or (loss) f										
		Gross sales of in						<u></u>	·			
		returns and allowance		а								
	Ь	Less: cost of goods s	sold	b								
		Net income or (loss) f						-				
	<u> </u>	Miscellaneous F			Business Code							
	11a					j j			†			
	ь											
	С											
	d	All other revenue .										
	е	Total. Add lines 11a-			🟲							
	12	Total revenue. See is	nstructions	š	▶	71944	İ	I	į.			

Form 9	90 (2014)				Page 10
	t IX Statement of Functional Expenses		 		(4)
Section	on 501(c)(3) and 501(c)(4) organizations must comp				umn (A).
	Check if Schedule O contains a respons	e or note to any lin	e in this Part IX .	(C)	<u> </u>
<i>Bo ne</i> 8 <i>b</i> , 9 <i>i</i>	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1500	1500		
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				•
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management	8500			8500
b	Legal	10		10	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	115		115	
13	Office expenses				
14	Information technology				

а	Management	8500			8500
b	Legal	10		10	
С	Accounting				
d	Lobbying . ,		_		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	115		115	
13	Office expenses				
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	Conferences, conventions, and meetings .	287		287	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		1		
	line 24e amount exceeds 10% of line 25, column		ľ		
	(A) amount, list line 24e expenses on Schedule O.)				
а	AUTHOR SPEAKING EVENT	1281		1281	
b	BANK CHARGES	3		3	
C	ADMINISTRATIVE FEES	2682		2682	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14378	1500	4378	8500
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		Ì		
	following SOP 98-2 (ASC 958-720)				
					Form 990 (2014)

Form 990 (2014) Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing . . . 6021 1 6520 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net . . . 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . 6 Notes and loans receivable, net . . 7 7 Inventories for sale or use . 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b þ Less: accumulated depreciation . . . 10c Investments—publicly traded securities . . . 11 11 807883 815534 12 Investments-other securities. See Part IV, line 11. 12 13 Investments - program-related. See Part IV, line 11. 13 14 Intangible assets 14 15 Other assets See Part IV. line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 813904 16 822054 17 17 18 Grants payable 18 19 Deferred revenue . 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 803859 27 812009 28 Temporarily restricted net assets . . . 28 45 45 29 10000 29 10000 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

ō

Net Assets

30

31

32

33

34

822054

30

31

32

33

34

813904

813904

Page	1	2

-	90 (2014)				Pa	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	1	• -	• •		<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	2				71844
2		3				14378
3	Revenue less expenses Subtract line 2 from line 1	4				48966
4		5				13904
5	Net unrealized gains (losses) on investments	6			(4	1 <u>9316)</u>
6	,	7				
7 8	Investment expenses	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_		
9 D	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-				
•	33, column (B))	10				22054
ar	XII Financial Statements and Reporting	10				22034
G)	Check if Schedule O contains a response or note to any line in this Part XII					П
	Order in deficience of containing a response of flote to arry line in this factorii.	• • •	• •	· · ·	Yes	No
_	Accounting method used to propage the Form 000. These Till Account		-			
1	Accounting method used to prepare the Form 990. Cash Accrual Other		- 1		ĺ	
1	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın iı	_			
1		olaın iı	n			
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp			2 a		1
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		✓
•	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp			2 a		✓
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	oiled o	or	2a 2b		1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	oiled o	or	7	×	1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	oiled o	or	7		1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	oiled o	or a	7	×	1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: 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 over	oiled o	or a	7	`	1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: 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 over of the audit, review, or compilation of its financial statements and selection of an independent accounts.	oiled o	or a	7	`	1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: 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 own 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, exp	oiled o	or a	2b		1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: 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 over of the audit, review, or compilation of its financial statements and selection of an independent accounts.	oiled o	or a	2b	`	1
2a b	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant?	oiled o	a	2b		1
2a b	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: 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 overous of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, exp. Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set if the Single Audit Act and OMB Circular A-133?	d on a	ea lit	2b		1
2a	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp. reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant?	d on a	ea lit	2b 2c		1

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **ALEXANDER MITCHELL LIBRARY FOUNDATION** 46-0428183 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (n) FIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 sted in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No ALEXANDER MITCHELL LIBRARY 46-6000010 2781 (B) (C) (D) (E)

عادا إحاد	10 X (1 Gill 330 G) 330 EZ) 2014						raye ∠
Part	Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support						
Calen	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 ")	5705	20	2355	7951	2195	18226
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.	5705	20	2355	7951	2195	18226
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)						0
6	Public support. Subtract line 5 from line 4.					2 **	18226
	on B. Total Support		I				10220
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	5705	20	2355	7951	2195	18226
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47009	92944	16624	27150	69649	253376
9	Net income from unrelated business activities, whether or not the business is regularly carried on	47000	72344	10024	27130	03049	253576
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						271602
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop her			<u> </u>		· · · · ·	<u> ▶.</u> □
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6					14	7 %
15	Public support percentage from 2013 Sch					15	22 %
16a	331/3% support test—2014. If the organization qual	lifies as a publi	cly supported	organizatıon			. ▶ 🗆
b	331/3% support test—2013. If the organic check this box and stop here. The organic					15 is 33½% (or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part VI how the organization meets the "forganization	ets the "facts-a	ınd-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the seets the "facts	"facts-and-cir	cumstances" : ances" test. Th	test, check th	is box and sto	and line p here. publicly
18	Private foundation. If the organization dispartments				, or 17b, checl	k this box and s	. ► ☑ see

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.)

	in the organization rails to quality	under the te	SIS IISIEU DEIC	W, please co	inpiete i art	<u>"''/</u>	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·	r 			
Calen	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		ļ ([
_	received (Do not include any "unusual grants")			<u> </u>			· ·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					j l	
	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	 	-		 	 	
5	furnished by a governmental unit to the			!			
	organization without charge						
^	•			 -	 		
6	Total. Add lines 1 through 5.						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	<u> </u>	-	<u> </u>	 		·
ь	Amounts included on lines 2 and 3	J	1		1		
	received from other than disqualified	(Į.			Į į	:
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year				<u> </u>		
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u></u>				
	on B. Total Support			,			
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6 .						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	ļ	[(ı
	royalties and income from similar sources .	L	<u>L</u>				
b	Unrelated business taxable income (less]				
	section 511 taxes) from businesses	Ì	ì		}		
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on		1	1		1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	l			l	į	
	(Explain in Part VI)		1				
13	Total support. (Add lines 9, 10c, 11,				 		
	and 12.)	1	1	1	1	<u>'</u>	
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d. third. fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo			 -			
15	Public support percentage for 2014 (line			3 column (fi)		15	
16	Public support percentage from 2013 Sc					16	
	on D. Computation of Investment In				:_: _:		
17	Investment income percentage for 2014			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 201			-		18	.%
19a	331/3% support tests—2014. If the organ						
134	17 is not more than 331/3%, check this box						
L						-	_
Ь	331/3% support tests—2013. If the organi line 18 is not more than 331/3%, check this						
00							
20	Private foundation. If the organization d	ти посспеск а	DOX ON line 14	, 19a, or 19b,	cneck this box	and see instru	ctions 🕨 🔲

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.	ΑII	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
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		-
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	,	
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.	3с	,	
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		
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	- 1-	-
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	ı	
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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 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.	5c		
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		
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		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part I	Supporting Organizations (continued)			
			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)	44.		
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	on B. Type I Supporting Organizations			
	7,4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ
	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			٠.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			}
2	Did the exampleation energic for the handlit of any supported example then the supported	1		 ,
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	~	
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<i>]</i> ,	-	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Cooti	on D. All Type III Supporting Organizations	1	L	<u> </u>
Secu	on D. Air Type iii Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	·,	162	140
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	`		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			'
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		 _
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			١.
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i		-41	-1:
		nstru	cuon	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	tructi	ons)
				·—
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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	Ì '		Ì
	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			
	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	L	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
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.	3b		

1 Total the College of the College o			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	g tru mol	st on Nov. 20, 1970 Sec	e instructions. All
Section A - Adjusted Net Income	mpi	(A) Pnor Year	(B) Current Year
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	<u> </u>	(A) Pnor Year	(B) Current Year (optional)
1 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 Mınımum 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>
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-functionall	y-ın	tegrated Type III support	ing organization (see

	le A (Form 990 or 990-EZ) 2014			Page 7	
Part		3) Supporting Organi	zations (continued)		
Sect	ion D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish	exempt purposes			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	sponsive		
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014			-	
а					
b					
C					
d					
е	From 2013			,	
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years			, 	
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2014 distributable amount				
С	Remainder Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)				
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c				
8	Breakdown of line 7 ⁻			 	
a					
b		 			
d	Excess from 2013			 	
e		 		 	
<u> </u>		1			

Pac	ie	ž

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
THE LIBRA	RY LISTS THE FOUNDATION WITHIN THEIR BROCHURE AND ON THEIR WEBSITE REQUSTING ALL DONATIONS BE SUBMITTED
TO THE FO	UNDATION THE FOUNDATION ALSO RECEIVES MEMORIALS FROM INDIVIDUALS IN REMEMBRANCE OF THE LOVED ONE
WHO USE	THE LIBRARY. THE FOUNDATION HAS ALSO RECEIVED DONATIONS FROM ESTATES OF INDIVIDUALS WHO FREQUENTED
THE LIBRA	RY THE FOUNDATION IS BASICALLY FUNDED BY DONATIONS AND THE INVESTMENTS EARNINGS FROM A PRIOR DONATION
OF COINS	THAT THE FOUNDATION SOLD AND INVESTED TO EARN MORE FUNDS TO PROMOTE THE LIBRARY AND TO ASSIST THE
LIBRARY II	N PROVIDING PROGRAMS FOR THE PARTICIPANTS THAT NORMALLY WOULD NOT BE AVAILABLE TO THE COMMUNITY.
	······································

SCHEDULE O (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.

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to E

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

ALEXANDER MITCHELL LIBRARY FOUNDATION	46-0428183
PART IV-11B - AT THIS TIME THE BOARD HAS NOT ADOPTED A PROCESS TO HAVE THE 990 REVIEWED. THE BOARD IS MADE UP OF	
PROFESSIONALS WHO VOLUNTEER THEIR TIME THE BOARD WILL CONTINUE TO DISCUSS THE NEED TO HAVE THE FORM REVIEWED	
BY ANOTHER CPA. THE FORM IS CURRENTLY COMPLETED BY A CPA. THE FORM IS AVAILABLE T	O ALL BOARD MEMBERS TO REVIEW.
PART VI-19 - WE CURRENTLY DO NOT HAVE A FORMAL CONFLICT OF INTEREST POLICY. ALL GOVERNING DOCUMENTS AND	
FINANCIAL STATEMENTS ARE HELD AT THE PUBLIC LIBRARY IN THE DIRECTORS OFFICE. THE FO	RMS ARE AVAILABLE TO THE PUBLIC
UPON THEIR REQUEST. THE BOARD WILL DISCUSS THE NEED TO DRAFT AND IMPLEMENT A CONFLICT OF INTEREST POLICY.	
PART XI-5 CHANGES IN NET ASSETS IS THE UNREALIZED LOSS, THE AMOUNT OF THE FMV OF INV	ESTMENTS THAT IS LESS THAN THE
COST OF THE INVESTMENTS	
	•••••