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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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

RIEN	IDS OF THE LIBRARY					81-05	15227			
Part										
	ganization is not a private founda			•		•				
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).									
4 _	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									
5	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)									
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	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)									
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9 [An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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).									
11 [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.										
b										
С										
d	d 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									
е	requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization									
f	Enter the number of supported		iny integrated supportin	ig organiz	alion			1		
g	Provide the following information		ed organization(s)				Ļ			
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)	_		
	<u>• </u>			Yes	No					
(A)	Public	81-6001286						_		
	ston Park County Library	Un-known	9		X	47,208		0		
(B)										
C)								_		
D)								_		
E)	·							_		
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FRIENDS OF THE LIBRARY PO BOX 2072 LIVINGSTON MT 59047



DECLARATION

025176

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

X Gres alle Q Dysant	X augli, 2015
Signature of officer or trustee	Date
X Treasurer	
Title	