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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

A	For the	2015 cale	ndar year, or tax year beginning , 2015, and e	nding			, 20		
В		f applicable	C Name of organization AURORA PUBLIC LIBRARY FOUNDATION	I, IN	C. D	Emplo	yer identification number		
		change	Doing business as		3	36-4439461			
\Box	Name c	_	Number and street (or P O box if mail is not delivered to street address) Roo	m/suite	E	Telepho	one number		
$\overline{\Box}$	Initial re	-	101 S RIVER ST		630.264.4100				
$\overline{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
$\overline{\Box}$		ed return	AURORA, IL 60506		G	Gross	receipts \$ 729,227		
\Box			F Name and address of principal officer			r subordinates? Yes No			
_	Applical	tion pending	Thamband address of principal street.				es included? Yes No		
_	Tay ava	mpt status	∑ 501(c)(3)				a list (see instructions)		
' -	Website		125 501(c)(3) □ 501(c) () 4 (insert 10) □ 4547(a)(1) 01 □ 52				n number ► N/A		
<u>к</u>			X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of fo				e of legal domicile IL		
_	art I			Jillation	2002	W State	e or regar dornicite 111		
L	_	Summ				71,12	yawa Dublia		
4	1		escribe the organization's mission or most significant activities: To						
Governance			y in their effort of supporting lifelong lear	ning	and acc	ess	to information,		
Ta a		knowle	dge, and ideas.						
Š	2		is box ▶☐ if the organization discontinued its operations or dispos						
ő	3		of voting members of the governing body (Part VI, line 1a)			3	13		
త ర	4		of independent voting members of the governing body (Part VI, line			4	12		
ite	5		nber of individuals employed in calendar year 2015 (Part V, line 2a)			5	0		
Activities &	6		nber of volunteers (estimate if necessary)			6	20		
ĕ	7a		elated business revenue from Part VIII, column (C), line 12			7a	0		
	b	Net unre	ated business taxable income from Form 990-T, line 34	<u> </u>		7b	N/A		
e e				Prior Year		Current Year			
	8	Contribu	tions and grants (Part VIII, line 1h)	688	<u>,707</u>	425,794			
z.	. 9	Program	service revenue (Part VIII, line 2g)		0				
Revenue	10	Investme		528	4,609				
<u> </u>	11	Other rev	17	,650	15,587				
	12	Total reve	enue—add lines 8 through 11-(must equal Part VIII, column (A), line 12	2)	706	,885	445,990		
	13	Grants a	nd similar amounts paid (Part-IX, column (A), lines 1-3)		40	, 772	642,935		
	14		paid to or for members (Part IX, column (A), line 4)		0	0			
S	14-	Salaries.	other compensation, employee benefits Par IX, column (A), lines 5–10	5	,000	0			
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 15(e)			0	0		
ē	b		draising expenses (Part IX;;column;(D); line:25) 🔻 44,84	4		,	3 . ** 3		
ŭ	17		penses (Part IX, column (A), lines 11 a 11 d 11 (-24e)	-	38	,474	72,684		
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			,246			
	19		less expenses Subtract line 18 from line 12			,639			
= 6	_	710101140		Beg	inning of Curre				
Net Assets or	20	Total ass	ets (Part X, line 16)		3,633				
ASS	21		illities (Part X, line 26)	·	21,				
Set .	22		ts or fund balances Subtract line 21 from line 20	· -	3,611				
	art II		ture Block	-	3, 311	, , , , ,	3/32//123		
			ry, I declare that I have examined this return, including accompanying schedules and	statemer	nts and to the	hest of	my knowledge, and helief it is		
			lete Declaration of preparer (other than officer) is based on all information of which pre				my knowledge and belief, it is		
		T.	^						
Sig	nn	Sign	artitive of officer		Date	11	31 114		
	ere	Cign				9-	-du-10		
110	.1 6	Type	For print name and little Daisy Poster - Rey noids, 8	CIER	uttue	1	mr trv		
_			pe preparer's name	Date		レル	PTIN		
	nid		1/1/3			Check self-em	X if P00952985		
	epare	71	e Baustian (VA)	1 3 5 4					
Us	se On	ly Firm's r					36-4341627		
N 4 -	v. +b = 11		address PO BOX 185 Sycamore, IL 60178		Phone	no bj	30-710-2121		
			s this return with the preparer shown above? (see instructions) .	<u>· · · · </u>		<u> </u>	Yes No		
Fo	Papen	work Redu	ction Act Notice, see the separate instructions.				Form 990 (2015)		

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	Support the Aurora Public Library in their effort of supporting lifelong learning and
	access to information, knowledge, and ideas.
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
•	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 \$ 672,093 including grants of \$ 642,935) (Revenue \$)
	Carried on the reading program and other events to raise funds to support the
	Aurora Public Library operations and new building campaign. Provided \$642,935 to
	the library.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1.0	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ Including grants of \$) (Revenue \$)
40	Total program conjuga evanges N 672 002

art	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,"	ا م		
_	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
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_		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? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		X
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, 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		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
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	Х	
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		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		v
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			X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		X
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
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		_X_

Part	Checkist of nequired Schedules (Continued)		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	200	162	X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
_ '	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		·
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		Х
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
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		<u>х</u> х
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		X
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		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	· .	, <u>.</u> _	
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		<u>х</u> х
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? 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	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
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		Х
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)?	35a		X
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 related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Forr	n 990	(2015)

Part V	Statements Regarding	Other IRS Filings and	Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	· · ·		<u> </u>
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	\$	
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 reportable gaming (gambling) winnings to prize winners?	- :	- *** NI / 7	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	N/A	<u> </u>
2a		**	://	
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] N/A If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ ∆\r N / A	~
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2D	-	7
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~ ~.	X
b	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		Χ
b	If "Yes," enter the name of the foreign country: ▶ N/A	* **.		
	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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	A I.		
_	gifts were not tax deductible?	6b		` .
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			İ
а	and services provided to the payor?	-≛ 7a		 X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,		
_	required to file Form 8282?	7c		Х
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
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		N/A
9	Sponsoring organizations maintaining donor advised funds.		-	****
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		N/A
_b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		N/A
10 a	Section 501(c)(7) organizations. Enter: 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 N/A	,		er d
11	Section 501(c)(12) organizations. Enter:	;		
·· a	Gross income from members or shareholders	`		. 1
b	Gross income from other sources (Do not net amounts due or paid to other sources	*		!
	against amounts due or received from them.)	` <u>`</u>		ner.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $12b$ N/A	\$: 7	
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		N/A
_	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	`	:	<u>.</u> '
_	the organization is licensed to issue qualified health plans	ļ		1
C	Enter the amount of reserves on hand	4.4 -		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	990	(2015)
		rom	マンフ	(2015)

Form 99	0 (2015)			ſ	Page 6	
Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes					
	Check if Schedule O contains a response or note to any line in this Part VI					
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 .	1a 13				
	If there are material differences in voting rights among members of the governing body, or		1		1	
	if the governing body delegated broad authority to an executive committee or similar				·	
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 12		j	:	
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	elationship with]		
	any other officer, director, trustee, or key employee?		2		X	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization		5		X	
6	Did the organization have members or stockholders?		6		X	
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		Χ	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	v « *			
	the year by the following:		* *			
а	The governing body?		8a	Х		
b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		X	
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode.)		
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a		Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х		
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	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Χ		
С	Did the organization regularly and consistently monitor and enforce compliance with the particle of the describe in Schedule O how this was done.	oolicy? If "Yes,"	12c	х		
13	Did the organization have a written whistleblower policy?		13	- 1	X	
14			14	x		
15	Did the process for determining compensation of the following persons include a review a					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	* *		,	
а	The organization's CEO, Executive Director, or top management official		15a	Ñ/A		
b	Other officers or key employees of the organization		15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil		*******		i i	
	with a taxable entity during the year?		16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps t					
	organization's exempt status with respect to such arrangements?		16b			
	on C. Disclosure					
17 10	List the states with which a copy of this Form 990 is required to be filed LILLINOIS Section 6104 requires an examination to make its Forms 1023 (or 1024 if applicable), 990, a	nd 000 T (Castis-	504/	0/(3/-	only A	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	in aan-i (26ction	5U1(U)(J)S	only)	
		andula Ol				
19	Own website Another's website Upon request Other (explain in Schedule O whether (and if so, how) the organization made its governing docume	•	rect.	anlını.	and	
19	financial statements available to the public during the tax year	nto, cominct of inte	ಾ ಆ ՏԼ	Julicy	, and	
20	State the name, address, and telephone number of the person who possesses the organization	n'e hooke and re-	,			
20	DATEY PORTER-REVIOLOS - 101 S RIVER ST ALIRORA II. 60506 -					

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 nor any related organization compensated any current officer, director, or trustee.

Officer this box in Heither the organization	Their diriy relates	0.9	ui iizi		C)	ompe	,, 100	l diry darrer		, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	ot ch unles er anc	eck s pe l a d	rson Irect	than of the the than of the the the than of the the than of the	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	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) KELLY McCLEARY	1									
PRESIDENT		X		Χ				0	0	0
(2) DELIA NILA BASILE VP / SECRETARY	1	Х		X				0	0	0
(3) KEVEN SCHULHOF	1									
TREASURER		X		Χ				0	0	0
(4) ROBERT COTNER DIRECTOR EMERITUS	1	Х						0	0	0
(5) SHERMAN L JENKINS DIRECTOR EMERITUS	1	Х						0	0	0
(6) TODD DRAFALL IMMEDIATE PAST PRESIDENT	1	Х						0	0	0
(7) DAISY PORTER-REYNOLDS LIBRARY EXEC DIRECTOR	1	Х						0	0	0
(8) LANE ALLEN BOARD MEMBER	1	Х				_		0	0	0
(9) ANU BALOO BOARD MEMBER	1	Х				-		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	Х						0	0	0
(13) BRIGIT REULAND BOARD MEMBER	1	Х						0	0	0
(14)										
			ıl		l	!				

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (conti	nued)		
	(A) Name and title	(B) Average hours per week (list any	box, i	unles	Pos neck ss pe d a d	more rson	than on the thick that the thick the	an	(D) Reportable compensation from	(E) Reportable compensation from related			
		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)	compe from organ and	ensation in the nization related izations	
(15)													
(16)		-											
(17)											<u></u>		
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)					-			-					
(25)													
1b c	Sub-total		n A					>	0	0			0
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including bur reportable compensation from the organic			ose	list	ed :	above	▶ ∋) w	ho received me	0 ore than \$100,00	00 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compensate	ed 3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ole (com	nper	nsatio				ne 🗎	<u>.</u>	X
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individu	<u> </u>	,	X
Section	on B. Independent Contractors	, , , , ,	. در ۱۰۰۰		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						L	
1	Complete this table for your five highest compensation from the organization. Repyear.											n's tax	(
	(A) Name and business add	lress							(B) Description of se	ervices	(C) Compensa	ation	
NONE								ļ <u></u>				-	
					-	. -							
	Total available of indopped and analysis		10 E		<u> </u>		od 1.	٨٠	one listed at	240) 4450			
2	Total number of independent contractor	*	-					τn	ose listed abo	ove) who		*	1

Pan	VIII	Statement of Reversible Check if Schedule C		nonse or noto t	o any line in thu	s Part VIII		_
		,	, contains a res	, since of flote t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s 1a	1		<u> </u>	,	
ra C	b	Membership dues .		-	1	,	ļ	*
ë,ë	C	Fundraising events .					, ,	* *
ar /	d	Related organizations			1	1	18488	, š
s, G	е	Government grants (con					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * * *
ioi	f	All other contributions, g	ufts, grants,		. ;	, ,		*
bet the		and similar amounts not inc	luded above 1f	425,794			* * * * * * * * * * * * * * * * * * * *	*
E O	g	Noncash contributions include	ded in lines 1a-1f: \$		¥ x 1 2 5 6	1	, , , , ,	
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1			425,794	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, ,
		·		Business Code		~	*******	,
Program Service Revenue	2a				1			* ** ***
æ	ь							
ဦ	C							
ě	d							
E	е							
gra	f	All other program ser					·	
F.	g	Total. Add lines 2a-2	f		0	* * * *		(
	3	Investment income	(including divid	ends, interest,				
		and other similar amo	ounts)	▶	11,477	0	0	11,47
	4	Income from investmen	it of tax-exempt be	ond proceeds >				
	5	Royalties		<u>, , , , ▶</u>				
			(ı) Real	(II) Personal				* * * * *
	6a	Gross rents .				į,	1.00 to \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less: rental expenses] ,,	-, '**		* *
	С	Rental income or (loss)	0	0]			, 1°.
	d	Net rental income or	`- · · · ·	<u> ▶</u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	4 4 4 7 7		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	ļ	assets other than inventory	261,598		ås 4 ,	\$ ~ *		
	b	Less cost or other basis	Ì		* ,	, , , ,		
		and sales expenses	268,466		_		* * *	, , , ,
	С	Gain or (loss)	(6,868) 0			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	12 An n n noma ne me
	d	Net gain or (loss) .		<u> ▶</u>	(6,868]		
ne	8a	Gross income from fu	ındraising			* * *		
en		events (not including \$				* 2 7	, ^ & · ·	
ě	3	of contributions reporte	ed on line 1c).		* * * * *			, * *
-		See Part IV, line 18	· a	30,358			, % , ' '	
Other Revenue	b	Less direct expenses	s b		1 ,		.*	
O	С	Net income or (loss) f			15,587	1 338		
	9a	Gross income from ga				1	* ,	, .
		See Part IV, line 19 .	a					
	b	Less: direct expenses	s b		1 .	* * *		
	С	Net income or (loss) f	from gaming acti	vities ►	O		- Annual Control of the Control of t	
	10a	Gross sales of in				*		
		returns and allowance	es a		* * * * * * * * * * * * * * * * * * * *	* ;		*
	b	Less: cost of goods s	sold b]			, , , , , , , , , , , , , , , , , , , ,
	С	Net income or (loss) f			0			
		Miscellaneous R	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-	-11d	. •	0	, ,		
		Takal managara Caali		_	1 445 000	. ^	. ^	. 11.5

	oo (2015) Statement of Functional Expenses				Page 10
	n 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A).
	Check if Schedule O contains a respon				<u> </u>
8b, 9b	t include amounts reported on lines 6b, 7b, , 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.	642,935	642,935		
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)		J		
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	110 6,565		6,565	110
d e	Lobbying		* * * * * *		
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)	5,440		1,360	4,080
12 13	Advertising and promotion	27,562 3,884	2,756 1,486	2,398	24,806
14 15	Information technology				
16 17 18	Occupancy				
19	Conferences, conventions, and meetings .				
20 21 22	Interest				
23	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	* *			
а	(A) amount, list line 24e expenses on Schedule O.) BANK FEES	4,248		4,248	** ***
b c	PRINTING LICENSES & PERMITS	5,673 3,354	5,673 3,354		
d e	All other expenses	15,848	656.00:	1 4 5 7 1	15,848
25 26	Total functional expenses. Add lines 1 through 24e 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)	715,619	656,204	14,571	44,844

24

25

Form 990 (2015) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 417,368 1 104,138 87,650 2 2 Savings and temporary cash investments 123,544 _ 2,486,986 3 Pledges and grants receivable, net . . . 2,666,871 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10c 10b b Less: accumulated depreciation 11 Investments—publicly traded securities 294,636 11 595,504 12 Investments—other securities See Part IV, line 11 . . . 27,264 12 26,348 13 Investments - program-related. See Part IV, line 11 . . . 13 14 14 Other assets See Part IV, line 11 15 140,000 15 16 3,633,789 16 3,336,520 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 21,849 17 8,804 18 18 Grants payable 19 19 Deferred revenue . 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, 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

	1	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
_	26	Total liabilities. Add lines 17 through 25		21,849	26	8,804
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.	2005 5			
aŭ	27	Unrestricted net assets		59,679	27	154,988
Bal	28	Temporarily restricted net assets		841,117	28	382,977
힏	29	Permanently restricted net assets		2,711,144	29	2,789,751
Assets or Fun	:	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	*			
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-ın or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds .			32	
Š	33	Total net assets or fund balances		3,611,940	33	3,327,716
	1					

Unsecured notes and loans payable to unrelated third parties . . .

Total liabilities and net assets/fund balances

Other liabilities (including federal income tax, payables to related third

3,336,520 Form 990 (2015)

24

34

3,633,789

Page	1	2
rage	•	-

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			145,	, 990
2	Total expenses (must equal Part IX, column (A), line 25)			715,	,619
3	Revenue less expenses Subtract line 2 from line 1		(2	269,	, 629
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		3,6	511,	940
5	Net unrealized gains (losses) on investments			(14,	, 595
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))		3,3	327,	716
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_	\perp	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIED CASH	_	^ >	*	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ו	* * *	>	
	Schedule O.		`.	~ ·	
2a	The state of the s		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	r].		ا ب ا ا
	reviewed on a separate basis, consolidated basis, or both:	.	ļ	ه د سه	ا. ب ا. ب
	Separate basis Consolidated basis Both consolidated and separate basis	×		~ ~ ~ 3	
b	Were the organization's financial statements audited by an independent accountant?	—	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		 	- [
	separate basis, consolidated basis, or both:	2,3	*	_	
		ļ			1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh		ļ	İ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				~ !
	Schedule O	<u></u>	4		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	2005	
			Form	990	(2015)

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.

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.

OMB No 1545-0047

2015

Open to Public Inspection

	of the organization					Employer identification	n number
	DRA PUBLIC LIBRARY FOUN					36-4439461	
Par							ons
The c	organization is not a private founda		•		-	•	
1	A church, convention of church						
2	A school described in section		• •			• •	
3	A hospital or a cooperative ho						(iii) Entortho
4	A medical research organization hospital's name, city, and state		onjunction with a nos	pital desc	inbea in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a government	al unit described in
6	☐ A federal, state, or local gover	•	nmental unit described	ın secti	on 170(b)(1)(A)(v).	
7	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	n section 170(b)(1)(A)(vi). (Complete	Part II)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	o certain taxable i	exceptio ncome (l	ns, and (2) no more less section 511 ta	than 331/3% of its
10	☐ An organization organized and	d operated exclu	isively to test for publi	c safety	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations o	described in section 5	09(a)(1) c	r section	509(a)(2). See sect	i on 509(a)(3) . Check
а	☐ Type I A supporting organize the supported organization (so organization You must con	s) the power to re	egularly appoint or ele	-		_ ,,,,	
b		zation supervise ne supporting or	ed or controlled in con ganization vested in th				
С		ated A supporti	ng organizatıon opera				y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated The organ	ization generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following informatio	n about the supp	ported organization(s)				
	(i) Name of supported organization	ion (ii) EIN (iii) Type of organization (described on lines 1–9 above (see instructions)) (iv) Is the organization (lix) Is the organization (described on lines 1–9 above (see instructions))		ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							y. 10
Total		, , , ,	***	, selfer .	-1 75 mgr	0	0

Part							
	(Complete only if you checked the						alify under
Soct	Part III If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III)	
	ion A. Public Support idar year (or fiscal year beginning in) ▶	(a) 2011	(h) 2012	(-) 2012	(4) 2014	(a) 201 <i>5</i>	(O T)
1	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 .			,			
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).	*					
Section 6	Public support. Subtract line 5 from line 4.		, , , , ,		****	: : 4	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(4) 2011	(6) 2012	(0) 2013	(d) 2014	(e) 2013	(I) IOIAI
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly 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				N. 2	*	
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organization	n's first, secon				1 501(c)(3)
Secti	organization, check this box and stop her on C. Computation of Public Suppor		· ·	•	• • •	•	
14	Public support percentage for 2015 (line 6			1. column (f))		14	
15 16a	Public support percentage from 2014 Sch 33 ¹ / ₃ % support test—2015. If the organization qual	nedule A, Part zation did not	II, line 14 check the box	on line 13, and	l line 14 is 33½	15	%
b	33 ¹ / ₃ % support test—2014. If the organicheck this box and stop here. The organi	nization did no ization qualifie	t check a box s as a publicly	on line 13 or supported org	16a, and line anization	15 is 33 ¹ / ₃ % o	or more, ▶ □
17a	10% -facts-and-circumstances test—20 10% or more, and if the organization meets Part VI how the organization meets the "factorganization"	ets the "facts-a	and-circumstai	nces" test, che	eck this box an	d stop here. E	ine 14 is xplain in
b	10% -facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization me supported organization	ion meets the	"facts-and-cii	rcumstances"	test, check th	is box and sto	p here
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	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)

Secti	on A. Public Support	under the tes	sts listed bei	ow, please co	inplete Fait I		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2011	(5) 2012	(0) 2010	(4) 2011	(6) 2010	(i) iotai
	received (Do not include any "unusual grants")	49,509	45,593	96,470	438,707	175,794	806,073
2	Gross receipts from admissions, merchandise		10/033	337173		2,0,731	000,073
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513						
4	Tax revenues levied for the				-		
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 .	49,509	45,593	96,470	438,707	175,794	806,073
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		*	(. ;	2 5 5 7		
	line 6).		*	* {			806,073
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	49,509	45,593	96,470	438,707	175,794	806,073
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents,]		
	royalties and income from similar sources	1,282	694	313	528	11,477	14,294
b	Unrelated business taxable income (less					f	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1,282	694	313	528	11,477	14,294
11	Net income from unrelated business						
	activities not included in line 10b, whether	ļ					
	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)			7,780	17,650	15,587	41,017
13	Total support. (Add lines 9, 10c, 11, and 12)						861,384
14	First five years. If the Form 990 is for th		's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Canti	organization, check this box and stop her		• •			· · ·	
	on C. Computation of Public Suppor			0 (0)		145	02.50.0/
15	Public support percentage for 2015 (line 8		•	3, column (t))	•	15	93.58 %
16 Secti	Public support percentage from 2014 Sch on D. Computation of Investment Inc			· ·	·	16	95.90 %
				u lino 12 politim	(f)	47	2.0/
17 18	Investment income percentage for 2015 (Investment income percentage from 2014			y interio, colum	шт (I <i>))</i> .	17	2 % 1 %
19a	33 ¹ / ₃ % support tests—2015. If the organi			on line 14 an	d line 15 is mo		
ıJd	17 is not more than 33½%, check this box a						
b	33 ¹ / ₁₃ % support tests—2014. If the organiza		-			•	<u> </u>
b	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did		-				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

0000	ion 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	*	163	NO
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	3	
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		
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	*	,
b	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		ا ا
С	Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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)

Dow	Currenting Out in the control of the			age
Part	Supporting Organizations (continued)		Vac	LNa
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
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	<u> </u>	
b	A family member of a person described in (a) above?	11b		
C	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>
Secti	on B. Type I Supporting Organizations			
4	Did the disease to the control of th		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		^	
	controlled the organization's activities If the organization had more than one supported organization,	, ,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			, ,
	supervised, or controlled the supporting organization	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
1	More a majority of the arganization's directors of trustoes during the tay year also a majority of the directors		Yes	No
•	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		4 4 ×	`~
	or management of the supporting organization was vested in the same persons that controlled or managed		* *	·,
	the supported organization(s)	" 🐪		1
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	* * *		3 4
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	* *	*	ļ , ,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			4 .
2		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			ا
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	_ !	ľ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	» 3		
	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	,		, i
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ctions	s)
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	tructio	ons)
2	Activities Test Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		7	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	*		į
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			t
I	· · · · · · · · · · · · · · · · · · ·	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			Í
	activities but for the organization's involvement.	2b	· [7
3	Parent of Supported Organizations Answer (a) and (b) below.	- ZD		
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		٠. ـــ .
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			,
	of its supported erganizations? If "Vos." describe in Part VI the role played by the erganization in this regard	26		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	ust on Nov. 20, 1970 See i	nstructions. All
other Type III non-functionally integrated supporting organizations must co	mp	lete Sections A through E	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		1	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
instructions for short tax year or assets held for part of year)	7.		
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)		* * *	٠ ٠٠
2 Acquisition indebtedness applicable to non-exempt-use assets	2	T	
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	<u> </u>	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	<u> </u>	* 2 *	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	10 10 parts 12 10 10 10	
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	***	
5 Income tax imposed in prior year	5	* * **	
6 Distributable Amount Subtract line 5 from line 4, unless subject to	Ĺ	* · · · · · · · · · · · · · · · · · · ·	
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 supporting	organization (see
instructions)			,g

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	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			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	sponsive	_
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6	*		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)	ž. *		
3	Excess distributions carryover, if any, to 2015.	` *		
а	^,	3 . `	·	
b			×	
c	* * * * * * * * * * * * * * * * * * * *	, ;	, > , *	
d	From 2013	*		,
<u>e</u>	From 2014			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years	*		
<u>h</u>	Applied to 2015 distributable amount	,,,		
<u>i</u>	Carryover from 2010 not applied (see instructions)		* ``	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			*
4	Distributions for 2015 from Section D, line 7 \$	\$r	* ,:	
a_	Applied to underdistributions of prior years			* * * ,
b	Applied to 2015 distributable amount	* > -	2	
C	Remainder Subtract lines 4a and 4b from 4		, , , , , , , , , , , , , , , , , , , ,	*
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			*
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016 Add lines 3j and 4c.			, , , , , , , , , , , , , , , , , , ,
	Breakdown of line 7			<u> </u>
_ a	A STOCKGOALL OLINIO !			* * *
a	. }			
	Excess from 2013	,		* * *
d	Excess from 2014	, , , , , , , , , , , , , , , , , , ,	***	y y
— с	Excess from 2015			
~	2.0000 1.0111 2010		·	<u></u>

Page	٤

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ,

Open to Public Inspection

	of the organization		Employer identification number
	RA PUBLIC LIBRARY FOUNDATION, INC.		36-4439461
Pai	Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered '	p	
		(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		<u> </u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
_		-	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the beneficonferring impermissible private benefit?	int of the donor of donor advisor, or it	
Par		·	· · · · Yes No
гаі		'Voe" on Form 900 Part IV line 7	
1	Complete if the organization answered ' Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recreation)		f a historically important land area
	Protection of natural habitat	•	f a certified historic structure
	Preservation of open space	Freservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in	` , ,	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		pection, handling of
	violations, and enforcement of the conservation ea		· · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing o	conservation easements during the year
_	·		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
_	> \$	0(1) 1	4704.747/070
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
_			· · · □ Yes □ No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		ancial statements that describes the
Part	<u></u>		Other Similar Assets
	Complete if the organization answered "		other ollimat Addets.
1a	If the organization elected, as permitted under SF		revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the for		
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	
	public service, provide the following amounts relati	ng to these items	
	(i) Revenue included on Form 990, Part VIII, line 1		. ▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art,	•	> \$
2	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 S	FAS 116 (ASC 958) relating to these it	ems
	Revenue included on Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990. Part X		• •

Par	Gill Organizations Maintaining	Collections of A	Art, Hisi	corical I	reasures	, or Ut	ner Similar	Assets	(continued	(t
3	Using the organization's acquisition, collection items (check all that apply).		her recor	ds, chec	k any of th	e follov	ving that are	a signific	ant use of	its
а	Public exhibition		d	☐ Loan	or exchang	ge prog	rams			
b	Scholarly research		e	Other						
C	☐ Preservation for future generation									
4	Provide a description of the organiza XIII.	tion's collections a	and expla	in how tl	hey further	the org	janization's e	xempt pu	irpose in Pa	ar
5	During the year, did the organization assets to be sold to raise funds rather							ımılar 	Yes 🗌 N	lo
Par	Complete If the organization 990, Part X, line 21	_	on For	m 990, F	Part IV, line	e 9, or	reported an	amount	on Form	
1a	Is the organization an agent, trustee	, custodian or oth	er interm	ediary fo	r contribut	ions or	other assets	s not		_
	included on Form 990, Part X? .	•		•					Yes 🗌 N	0
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able					
								Amount		
C	Beginning balance			•	•	1c				
d	Additions during the year			:		1d				
е	Distributions during the year .					1e				
f	Ending balance					1f				
2a	Did the organization include an amount								Yes N	0
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planation	n has been	provide	d on Part XII	<u>l . </u>		
Par	t V Endowment Funds.									
	Complete if the organization									
		(a) Current year	(b) Pric	r year	(c) Two year	s back	(d) Three years	back (e) F	our years back	Κ.
1a	Beginning of year balance	2,711,144	2,63	5,833						
b	Contributions .	78,607	7	5,311	2,635	,833	_			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									_
е	Other expenditures for facilities and programs									_
f	Administrative expenses				-		. 45			_
g	End of year balance	2,789,751	2,71	1,144	2,635	,833				_
2	Provide the estimated percentage of t						ns			_
а	Board designated or quasi-endowmen	nt ▶	%	- (**** - 3	,	,,				
b		00%	· -							
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and		00%							
3a	Are there endowment funds not in the			ation tha	it are held a	and adr	ministered for	r the		
	organization by								Yes No	 >
	(i) unrelated organizations .							3a(_
	(ii) related organizations							3a(_
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as requir	ed on Sc	hedule R?			3t		
4	Describe in Part XIII the intended uses									_
Part	VI Land, Buildings, and Equip	ment.								_
	Complete if the organization		on Forr	n 990. P	art IV. line	11a S	See Form 99	90 Part)	Cline 10	
	Description of property	(a) Cost or oth			other basis		ccumulated		Book value	_
		(investme		` '	her)		preciation			
1a	Land					w .	v 1340			_
b	Buildings									
С	Leasehold improvements									_
d	Equipment									_
е	Other		1		1			1		_
Total	Add lines 1a through 1e (Column (d) m	aust oqual Form 00	O Port V	oolumn	(P) Ino 10	a)		1		_

Part VII	Investments—Other Securitie		000 Dort IV/ line	11h Soo Form 000 Bod V line	- 40
	Complete if the organization ar (a) Description of security or category		(b) Book value	(c) Method of valuation	<i>:</i> 12
	(including name of security)		(b) Book value	Cost or end-of-year market value	
(1) Financial					
· ·	neld equity interests	• •			
(3) Other					
(A) (B)					
(C)					
(D)			-		
(E)					
(F)			-		
(G)					
(H)			-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	·		_ ^
Part VIII	Investments—Program Relat	ed.			
	Complete if the organization ar	swered "Yes" on Fo	rm 990, Part IV, line	11c See Form 990, Part X, line	: 13
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(6)			·		
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13) 🕨				
Part IX	Other Assets.				
	Complete if the organization ar	swered "Yes" on Fo (a) Description	rm 990, Part IV, line	11d See Form 990, Part X, line (b) Book value	
(1)		(a) Description		(b) Book value	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			·		
(9)	4				
	mn (b) must equal Form 990, Part X,	coi (B) line 15)		<u> ▶ </u>	
Part X	Other Liabilities. Complete if the organization an	swored "Vec" on Fo	rm 000 Part IV line	110 or 11f Soo Form 000 Port	v
	line 25	isweled les oillo	illi 990, Fait IV, lille	THE OF THE GEET OF 1990, Fait	Λ,
1.	(a) Description of liability	(b) Book value	5.2	* * *	
(1) Federal in	ncome taxes				
(2)					
(3)			. (PARTY AND THE	
(4)					
(5)					
(6)					
(7)		<u> </u>			
(8)					,
(9)	b) must equal Form 990, Part X, col (B) line 25)				. "
	uncertain tax positions. In Part XIII, pro		note to the organization's	financial statements that reports the	
≖. ∟ιανπιτ y 101	anostan tax positions in Fall Aill, pic	THE HOLLON OF THE HOULE	ioto to the organization s	manorar 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.	
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements	s	1 -	605,056
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.0 1 /34 505		
а	Net unrealized gains (losses) on investments	2a (14,595	4	
b	Donated services and use of facilities	2b 158,890	1, 1	
C	Recoveries of prior year grants	2c 14 771	\ <u>\</u>	
d	Other (Describe in Part XIII)	2d 14,771		150 066
e	Add lines 2a through 2d	•	2e	159,066
3	Subtract line 2e from line 1	1 1	3	445,990
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	∤	
b	Other (Describe in Part XIII.)	40	1 4-	
с 5	Add lines 4a and 4b		4c 5	445 000
Part				445,990
raft	Complete if the organization answered "Yes" on Form 990		ei Ketuiii.	•
1	Total expenses and losses per audited financial statements .	, 1 art 14, mrc 12a	1	889,280
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	
a	Donated services and use of facilities	2a 158,890		
b	Prior year adjustments	2b	1	
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d 14,771		
e	Add lines 2a through 2d	23///2	2e	173,661
3	Subtract line 2e from line 1		3	715,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	* *	
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18)	5	715,619
Part	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			e 4, Part X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa	rt to provide any additional in	formation	
PART	V, LINE 4 - GENERATION OF INCOME TO FUND THE LI	IBRARY'S NEED TO PRO	VIDE	
	TECHNOLOGY AND SUPPORT EDUCATIONAL	PROGRAMMING FOR SAI	D TECHN	OLOGY
	FOR RESIDENTS OF AURORA.	*****		
-				
PART	XI AND XII, LINE 2D - FUNDRAISING EXPENSED DEDUC	CTED FROM INCOME ON	THE 990	

	END OF FORM +++			
	END OF FORM ***			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

	of the organization					Employer identifi	
AUR	ORA PUBLIC LIBRARY FOUR					36-4439461	
Pai	Fundraising Activities Form 990-EZ filers are				wered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organizati				owing activities. C	heck all that apply	
а	☐ Mail solicitations		e [□ Solicitat	ion of non-govern	ment grants	
b	Internet and email solicitation	ons	f [ion of government	_	
С	☐ Phone solicitations		g [fundraising events	-	
d	In-person solicitations		_	·	•		
2a	Did the organization have a wr	itten or oral agre	eement with	any indivi	dual (including off	icers, directors, trus	tees
	or key employees listed in Forn	n 990, Part VII) c	or entity in c	onnection	with professional f	undraising services	? 🔲 Yes 🗌 No
b	,			idraisers) p	ursuant to agreem	nents under which th	ne fundraiser is to b
	compensated at least \$5,000 b	y the organization	on				
							
	(i) Name and address of individual		(iii) Did fur	ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		or control of butions?	from activity	fundraiser listed in	(or retained by) organization
						col (1)	
			Yes	No	- !		
1							
		-					
3							
4				 			
				ļ	<u> </u>		
5							
6							
7			1				
8		-					
9							
10			 				
Total							
Total	List all states in which the orga	anization is regi	torod or lic	oncod to s	colort contribution	s or has been notific	ad it is exempt from
Ū	registration or licensing	anization is regis	stered or ne	enseu to s	Solicit Contributions	s of flas been floting	ed it is exempt hon
	· · · · · · · · · · · · · · · · · · ·						
		,					
				_			

		gross receipts greater tha	···· + - 1			
		•	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		•	GALA (event type)	(event type)	(total number)	(add col (a) through col (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	30,358			30,358
ш	2	Less. Contributions .				0
	3	Gross income (line 1 minus				
		line 2) .	30,358			30,358
	4	Cash prizes .			:	0
	5	Noncash prizes				0
nses	6	Rent/facility costs				0
Direct Expenses	7	Food and beverages				0
Direct	8	Entertainment				0
	9	Other direct expenses	14,771			14,771
	40	Direct own and a summer. As	ld lines 4 there in 0 in a	alaa.a. (d)	_	14 771
	10 11	Direct expense summary Ac Net income summary Subtr				14,771 15,587
Pa	rt III				00. Part IV. line 19. or	
		than \$15,000 on Form 9				•
ē						
en			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenu	_		(a) Bingo		(c) Other gaming	
Revenue	1_	Gross revenue	(a) Bingo		(c) Other gaming	
		· · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
	2	Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
		· · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Revenu	2	Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes Noncash prizes		bingo/progressive bingo		
	3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming Yes % No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	☐ Yes%	bingo/progressive bingo Yes % No	☐ Yes%	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ac	☐ Yes %☐ No	□ Yes % □ No	☐ Yes%	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	☐ Yes %☐ No	□ Yes % □ No	☐ Yes%	
	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ac	☐ Yes% ☐ No Id lines 2 through 5 in cong.	□ Yes% □ No □ lumn (d) ne 1, column (d)	☐ Yes% ☐ No	col (a) through col (c))
Orrect Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Aconst gaming income summar	Yes % No Id lines 2 through 5 in co	Dingo/progressive bingo Yes % No Dlumn (d)	☐ Yes% ☐ No	col (a) through col (c))
Orrect Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Active gaming income summare anter the state(s) in which the organization licensed to contact the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization l	Yes % No Id lines 2 through 5 in conjugation conducts gain activities and activities	bingo/progressive bingo Yes % No No blumn (d) . ne 1, column (d) ming activities s in each of these states	☐ Yes %	col (a) through col (c))
Orrect Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Active gaming income summare anter the state(s) in which the organization licensed to contact the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization licensed the organization l	Yes % No Id lines 2 through 5 in co	bingo/progressive bingo Yes % No No blumn (d) . ne 1, column (d) ming activities s in each of these states	☐ Yes %	col (a) through col (c))
Orrect Expenses	2 3 4 5 6 7 8 a Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Active gaming income summare anter the state(s) in which the orest the organization licensed to come the organization licensed to come the state of the organization licensed to come the organization	Yes % No Id lines 2 through 5 in conjugation conducts gain activities	bingo/progressive bingo Yes % No Dlumn (d) . ne 1, column (d) ming activities s in each of these states	☐ Yes % No	col (a) through col (c))
Orrect Expenses	2 3 4 5 6 7 8 a Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Active gaming income summare anter the state(s) in which the orea the organization licensed to come in the organization licensed to come in the organization licensed to come in the organization licensed to come in the organization licensed to come in the organization licensed to come in the organization is given by the organization is given by the organization in the organization is given by t	Yes % No Id lines 2 through 5 in conjugation conducts gain activities	bingo/progressive bingo Yes % No Dlumn (d) . ne 1, column (d) ming activities s in each of these states	☐ Yes % No	col (a) through col (c))
Oirect Expenses	2 3 4 5 6 7 8 a Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Act Net gaming income summar other the state(s) in which the ore the organization licensed to come the organization licensed to c	Yes % No Id lines 2 through 5 in conjugation conducts gain activities	Dingo/progressive bingo Yes % No Dlumn (d) . ne 1, column (d) ming activities s in each of these states , suspended or termina	☐ Yes %☐ No	Col (a) through col (c)) Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming? Ye 13 Indicate the percentage of gaming activity conducted in 14 The organization's facility 13a 13b 15 An outside facility 13a 13b 15 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► Address ► 15 Does the organization have a contract with a third party from whom the organization receives gaming revenue? Ye 16 If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ 16 Gaming manager information Name ►	Ciledui	- G (1 OIII 990 01 990-L2) 2013		Pa	ige J
Indicate the percentage of gaming activity conducted in The organization's facility 13a 13a 15b 15a 17b 17b 17b 17b 17b 17b 17b 17b 17b 17b		Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	☐ Yes		
a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If 'Yes,' enter name and address of the third party Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 211 V Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	13	· ·		· Ш	
Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □Director/officer □Employee □Independent contractor 17 Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, line 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	а				%
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Ye □ If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ □ If "Yes," enter name and address of the third party Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? □ Tenter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ □ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16c, and 17b, as applicable Also provide any additional information	b	An outside facility			%
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14			-	
Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □Director/officer □Employee □Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Ye Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		Name ►			
revenue?		Address ►			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? □ Ye b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	15a		☐ Yes		No
Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Ye b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 2art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		Name ▶			
Saming manager compensation ► \$ Description of services provided ► Director/officer		Address►			
Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Ye b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	16	Gaming manager information			
Director/officer		Name ►			
Director/officer		Gaming manager compensation ► \$			
 Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Ye Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information 		Description of services provided ►			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Ye b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		□ Director/officer □ Employee □ Independent contractor			
spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes		No
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b				
	Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional infori			

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

80

OMB No 1545-0047

Open to Public Inspection

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

Name of the organization	Employer identification number	tion number
AURORA PUBLIC LIBRARY FOUNDATION, INC.	36-4439461	•
Part General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and	
the selection criteria used to award the grants or assistance?		☐ Yes ⊠ No

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

~

SUPPORT LIBRARY Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of non-cash assistance SEE NOTE (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisa, other) EST FMV 63,000 642,935 (d) Amount of cash grant (c) IRC section if applicable (p) EIN (1) AURORA PUBLIC LIBRARY AURORA, IL 60506 1 (a) Name and address of organization or government Part 2 9 **£** 3 (7) 8 6 (10) ල

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 2 6

3

(12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Schedule I (F	Schedule I (Form 990) (2015)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	mestic Individua space is needed	als. Complete if the	organization answ	ered "Yes" on 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
-						
2						
3						
4						
5						
ဖ						!
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	he information re	equired in Part I, lin	e 2, Part III, columr	(b), and any other additi	onal information.
ALL GRA	GRANTS PAID TO OR FOR THE BENEFIT	r of the aurora)RA PUBLIC LIBRARY	чаку		
NON CASH	H ASSISTANCE WERE CONSULTING AND OTHER		VICES PROVIDED	IN THE PLANNI	SERVICES PROVIDED IN THE PLANNING AND DEVELOPMENT OF	ОЕ ТНЕ
NEW LIB	LIBRARY BUILDING.					
] 1 1 1 1 1 1 1 1 1 1 1 1 1						
				:		Schedule I (Form 990) (2015)

SCHEDULE 0 (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 2015

Open to Public

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.

Inspection

AURORA PUBLIC LIBRARY FOUNDATION, INC.	36-4439461
notore, robbie Biblenti roombii ron, inc.	30 1133101
FORM 990, PART VI, LINE 11b	
EACH BOARD MEMBER IS PROVIDED A COPY OF THE 990 FOR REVIEW	BEFORE IT IS FILED.
FORM 990, PART VI, LINE 12c	
ANY BOARD MEMBER WITH A POTENTIAL CONFLICT OF INTEREST ABST	
ON THOSE MATTERS. THIS IS RECORDED IN THE MINUTES OF THAT	MEETING.
FORM 990, PART VI, LINE 19	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDI	TED FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST	
*** END OF FORM ***	