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_{50m} 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning 2015, and ending C Name of organization D Employer identification number B Check if applicable LIBRARY OF CONGRESS MILLENNIUM Address change FOUNDATION, INC C/O ANDREW LAW OFFICES SC 39-1785354 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return (920) 921-6000 1325 SOUTH MAIN ST Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Group Exemption Amended return Number > FOND DU LAC, WI 54935 Application pending X Cash H Check ► X If the organization is not Accounting Method 'Accrual Other (specify) Website: ►N/A required to attach Schedule B Tax-exempt status (check only one) - X | 501(c)(3) (Form 990, 990-EZ, or 990-PF).) < (insert no) 4947(a)(1) or K Form of organization | X | Corporation | Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 61 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I... 1 2 2 3 3 Gross amount from sale of assets other than inventory 5a 2 3 آ -ر ،` Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than of contributions Gross income from fundraising events (not including \$ _ بدير from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O). ATCH . 2 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7e, and 8 10 10 11 11 12 12 13 13 3,380 Occupancy, rentautities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 359 16 16 3,739 17 17 18 18 -3,678. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 69,922 20 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 66,244. 21 Form **990-EZ** (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

22 Casth, sawings, and investments ATTACHMENT 4 69,922 22 66,244		Check if the organization used Schedule O to re	spond to dify questi	Ullillulis Faltit		X
33						
24	22 Ca	ash, savings, and investments \dots ATTACHMENT $.4$		69,922.	22	66,244.
69,922 3 65,244	2 3 La	and and buildings		0.	23	0
1.5 Total labilities (describe in Schedule 0) 2 8 0.	24 Ot	her assets (describe in Schedule O)			_+_	-
## 187 Net saests or fund balances (line 27 of column (B) must agree with line 21) ## 187						
Check if the organization used Schedule O to respond to any question in this Part III) Check if the organization specification used Schedule O to respond to any question in this Part III X Check if the organization's program service accomplishments for each of the three largest program services of (Caputed forescents in seneauced by expenses in a clear and concern among describe the services provided, the number of services benefited, and other relevant information for each program title 8. ATTACHMENT 6 Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a Grants \$ If this amount includes foreign grants, check here 29a 41 Other program service expenses field lines 28a through 31a) The program service expenses foreign grants, check here 29a 42a Grants \$ If this amount includes foreign grants, check here 29a 42a Grants \$ If this amount includes foreign grants, check here 29a 42a 42b 42c 42c 42c 42c 42c 42c 42c						
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Grants \$) If this amount includes foreign grants, check here	Describ as mea:	the organization's primary exempt purpose? <u>ATTACHME</u> e the organization's program service accomplishments sured by expenses In a clear and concise manner, de	NT 5 for each of its three lar scribe the services pr	gest program service	501(d organ	uired for section c)(3) and 501(c)(4) nizations; optional for
(Grants \$) If this amount includes foreign grants, check here	28 <u>A</u>]	FTACHMENT 6		~		
Corants \$ If this amount includes foreign grants, check here 30a		nts\$) If this amount include	es foreign grants, check h	ere	28a	
31 Other program services (describe in Schedule O). (Grants \$ (1 this amount includes foreign grants, check here.		nts \$) If this amount include	es foreign grants, check h	ere >	29a	
31 Other program services (describe in Schedule O). (Grants \$ (1 this amount includes foreign grants, check here.	(Gra	nts\$) If this amount include	es foreign grants, check h	ere >	30a	
State Program service expenses (add lines 28a through 31a) State Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to part IV Check if the organization used Sch					.	
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (c) Reportable compensation (incompensation (incompensation (incompensation)) (c) Reportable compensation (incompensation) (d) Health benefits, compensation (incompensation)	(Gга	nts\$) If this amount include	es foreign grants, check h	ere ▶ 「		
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (c) Reportable compensation (incompensation (incompensation (incompensation)) (c) Reportable compensation (incompensation) (d) Health benefits, compensation (incompensation)	32 Tota	al program service expenses (add lines 28a through 31a)			▶ 32	
(a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2)/1098-MISC) (first paid, enter -0-) (d) Result benefit plans, and deferred compensation eletered compensation (a) Result benefit plans, and deferred compensation eletered ele	Part I\	List of Officers, Directors, Trustees, and Key Empl	oyees (list each one e	ven if not compensat	ed - see th	ne instructions for Part [V]
(a) Name and title hours per week devoted to position forms "Per week devoted to position" (if not paid, enter-0-) (if not pai		Check if the organization used Schedule O to response	and to any question in the			
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to benefit plar	o employee (e) Estimated amount other compensation
	3 (TI ITI	A CHMPAIR 7		1 1		
	ATT		7			
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	more designation and origination according to the respond to any question in time	· uit	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the			
	change on Schedule O (see Instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	25-		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		<u> </u>
00	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ļ
h	section 4911 ►			
U	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			ļ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			.,
44	transaction? If "Yes," complete Form 8886-T	40e		X
41 42a	List the states with which a copy of this return is filed ►NONE The organization's books are in care of ►LOUIS J ANDREW, JR Telephone no ► 920-92	1-600	20	
724	Located at ▶1325 SOUTH MAIN ST FOND DU LAC, WI ZIP+4 ▶ 54935			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	er	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
42	If "Yes," enter the name of the foreign country		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• • •	▶	Ш
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	AEL		X
		45b		^_

orm 99	90-E2 (2015)			Page
46	 Did the organization engage, directly or indirectly, in political campa 	ion activities on hehalf o	of or in apposition	Yes No
	to candidates for public office? If "Yes," complete Schedule C, Part I.	-		x
Part \		ns 47-49b and 52, and	complete the tables f	or lines
47	Did the organization engage in lobbying activities or have a section	n 501(h) election in effe	ect during the tax	Yes No
	year? If "Yes," complete Schedule C, Part II	 .	<i>.</i> <u>47</u>	X
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If Did the organization make any transfers to an exempt non-charitable	•		X
				
	Complete this table for the organization's five highest compensated			
	employees) who each received more than \$100,000 of compensatio		If there is none, enter "N (d) Health benefits,	one "
	(a) Name and title of each employee (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	ntributions to employee (e) Estim	ated amount of ompensation
NO	ONIE			
1401	ONE			
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensate \$100,000 of compensation from the organization if there is none, er (a) Name and business address of each independent contractor	ed independent contract	tors who each received	
NON	NE			
•				
ď	Total number of other independent contractors each receiving over	S100,000 ▶		
	Did the organization complete Schedule A? Note: All section completed Schedule A			es 🗆 No
	penalties of perjury, I declare that I have examined this retum, including accompanying so prect, and complete Declaration of preparer (other than officer) is based on all information of			belief, it is
Sign Here	Signification of ANDREW, JR, ATTORNEY AT LAW Type or print name and title	GEF	ate 4/25/14	
Paid	Print/Type preparer's name Preparer's signature	Phy Date 1/22 1/1	Check If PTIN	
Prepai		UVV 1 4/204/1	self-employed P0055	*
Jse O	Only Firm's name GRANT THORNTON LLP Firm's address 100 E WISCONSIN AVE		m's EIN ► 36-605555 hone no 414-289-8	
	MILWAUKEE, WI 53202		none no	
May the	he IRS discuss this return with the preparer shown above? See instruct	ions		
			Form 99	0-EZ (2015

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	n LIBRARY	OF CONGRESS N	MILLENNIUM			Employer ider	tification number
FOUNDATION, INC	C/O AND	REW LAW OFFIC	CES SC			39	-1785354
			organizations must o		<u>-</u>).
The organization is no	-		•	-	-	,	
			ition of churches desc				
_). (Attach Schedule E	•		, ,	
			organization described				
			conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)(iii). Enter the
	me, city, and s					-to-	
		for the benefit of Complete Part II)	a college or universi	ty owner	d or ope	erated by a governme	ental unit described in
6 A federal, st	ate, or local g	overnment or gove	rnmental unit describe	ed in sect	ion 170(b)(1)(A)(v).	
7 An organiza	tion that norm	nally receives a sul	bstantial part of its su	apport fro	om a go	vernmental unit or fr	om the general publi
		o)(1)(A)(vi). (Comp	· · · · · · · · · · · · · · · · · · ·				
			b)(1)(A)(vi). (Complete				
9 An organizat	tion that norm	nally receives (1) r	nore than 331/3 % of	its suppo	ort from	contributions, memb	ership fees, and gros
receipts from	n activities re	lated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	re than 331/3 % of it
support from	n gross inves	stment income an	d unrelated business	s taxable	ncome	e (less section 511	tax) from businesse
acquired by	the organization	on after June 30, 1	975 See section 509	(a)(2). (C	Complete	Part III.)	
10 An organizat	ion organized	and operated excl	usively to test for publ	ıc safety	See sec	tion 509(a)(4).	
			usively for the benefit (
			described in section				
the box in lin	es 11a throug	gh 11d that describe	es the type of support	ing orga	nızatıon	and complete lines 11	e, 11f, and 11g
			l, supervised, or contr				
the suppor	ted organizatı	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting
1 1 -		complete Part IV, S					
			ed or controlled in co			• •	•
control or	management	of the supporting of	organization vested in	the sam	e persor	ns that control or mar	age the supported
1 1 '			, Sections A and C.				
			ing organization opera				lly integrated with,
1 1	_		ns) You must comple				
			porting organization of				
			nization generally mus			· ·	d an attentiveness
			omplete Part IV, Sect				
			a written determination				I, Type III
			tionally integrated sup		organizai	lion	
			orted organization(s)				
(i) Name of supported		(ii) EIN	orted organization(s)	T			(4)
(i) Name of supported	organization	(11) 2.114	(iii) Type of organization (described on lines 1-9	(iv) is the	_	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docur	ment?	instructions)	instructions)
ATTACHMENT 1				Yes	No		
ATTACHEDIT I				163			
(A)							
•							
(B)							
				<u> </u>			
(C)							
		+		 			
(D)							
	N						
(E)							
		<u> </u>	_				
Total							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar 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 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)					,	
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			···			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4					ļ	
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	<u> </u>	L		<u> </u>		
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	.					
	tion C. Computation of Public Sup	*				T I	
14	Public support percentage for 2015 (li	•					<u>%</u>
15	Public support percentage from 2014 331/3% support test - 2015. If the o						%
IVa	this box and stop here. The organization	3			•		
h	33 1/3 % support test - 2014. If the or			-			
-	check this box and stop here. The orga	_					
17a	10%-facts-and-circumstances test - 2			-			
	10% or more, and if the organization		-				
	Part VI how the organization meets t	the "facts-and-d	circumstances" t	est The organ	zation qualifies	as a publicly s	supported
	organization		. 		·		▶ □
b	10%-facts-and-circumstances test - 2	2014. If the or	ganization did n	ot check a box	on line 13, 16	Sa, 16b, or 17a	, and line
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	s" test, check t	this box and st	op here.
	Explain in Part VI how the organizati	on meets the '	facts-and-circur	nstances" test.	The organization	on qualifies as a	a publicly
	supported organization						
18	Private foundation. If the organization						. 🗀
	Instructions	<u> </u>	. <u></u>	<u> </u>			
						Schedule A (Form 9	000 000 EZ\ 204E

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.)

Sec	tion A. Public Support		·				
Cale	ndar 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						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			}			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid			}			
	to or expended on its behalf			}			
5	The value of services or facilities		 			 	
Э							
	furnished by a governmental unit to the						
•	organization without charge					 	
	Total. Add lines 1 through 5						· · · · · · · · · · · · · · · · · · ·
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3			 		-	
~	received from other than disqualified			1			
	persons that exceed the greater of \$5,000		ļ				
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)					1	
	tion B. Total Support	(-) 2011	/b) 2012	(-) 2012	(4) 2014	(-) 2045	(0 T-1-l
_	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					ł	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether 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.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12)						
14	First five years. If the Form 990 is for	or the organiza	ition's first seco	and third fourth	or fifth tax v	vear as a section	501(c)(3)
	organization, check this box and stop here .				-		
Sec	tion C. Computation of Public Sup				,	-	<u></u> -
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2014 Sche						%
	tion D. Computation of Investmen			<u> </u>	<u></u>	<u> </u>	
17	Investment income percentage for 2015 (lin			13, column (f))		17	%
18	Investment income percentage from 2014					18	%
	33 1/3 % support tests - 2015. If the org					L	
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2014. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•	•		

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

, e c i	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	1	х	110
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	Х	
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		х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		Х
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		x
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	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.	6		x
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		x
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		х
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		х
Ь	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		Х
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.	9с		X
10 a	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		х
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.)	106		

Scheau	Die A (Form 990 or 990-EZ) 2015			Page J
Part	Supporting Organizations (continued)		126	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			Ì
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		Х
с	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		Х
Secti	ion B. Type I Supporting Organizations			
			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			l
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_		- '-		
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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	_	1	
<u> </u>		2	L	L
Secti	ion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		ļ	
	the supported organization(s).	1		
Secti	ion 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?	1		Х
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	х	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	х	
Secti	ion 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 in:	ctructi	ione)	
	The organization satisfied the Activities Test. Complete line 2 below	su uca	ulis)	
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru		NI.
2	Activities Test. Answer (a) and (b) below.	$\overline{}$	res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l		
	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	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		<u> </u>		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2015			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
· · · · · · · · · · · · · · · · · · ·			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	_ 5		ļ
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	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			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		1
e Discount claimed for blockage or other			1
factors (explain in detail in Part VI).	}		1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4 Enter greater of line 2 or line 3	4		1
5 Income tax imposed in prior year	5		1
6 Distributable Amount Subtract line 5 from line 4, unless subject to		·	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		ated Type III supporting	organization (see
instructions)	, integri	stee . Jpo iii oapporting	1 5. 35. m24.to. 1 (500

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		-
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
,	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	,		_
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
a				
b	·			
С		f		
d	From 2013			
е			·	·
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount		······································	
C	Remaining underdistributions for years prior to 2015. if			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount	,		
	, ,			
6	greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h		-	
U	-			
	and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7			
	Distriction into 7			
<u>u</u>				
	Excess from 2013		····	·
_	Excess from 2014			
e	Excess from 2015			
				l

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

SUPPORTED ORGANIZATION WITHOUT AN IRS DETERMINATION

SCHEDULE A, PART IV, SECTION A, LINE 2

PER IRC SECTION 509(A)(1) UNDER SECTION 170(B)(1)(A)(V) AS DEFINED IN SECTION 170(C)(1), GOVERNMENTAL ENTITIES LIKE THE LIBRARY OF CONGRESS ARE DEEMED TO BE PUBLIC CHARITIES.

MAINTAINING A CLOSE AND CONTINUOUS WORKING RELATIONSHIP

SCHEDULE A, PART IV, SECTION D, LINE 2

THE INITIAL BOARD OF DIRECTORS WAS NAMED BY THE LIBRARIAN OF CONGRESS TO

FORM THIS ORGANIZATION. VACANCIES SHALL BE FILLED PROMPTLY UPON

RECOMMENDATION OF A MAJORITY OF THE BOARD AFTER CONSULTATION WITH THE

LIBRARIAN OF THE LIBRARY OF CONGRESS OF THE UNITED STATES

SUPPORTED ORGANIZATION'S SIGNIFICANT VOICE

SCHEDULE A, PART IV, SECTION D, LINE 3

EACH OF THE MEMBERS OF THE BOARD OF DIRECTORS INDIVIDUALLY MEET WITH
PEOPLE AT THE LIBRARY OF CONGRESS ("LIBRARY") ON AT LEAST A ONCE A YEAR
BASIS, AND USUALLY TWO OR THREE TIMES THESE PEOPLE ARE INVITED TO
FUNDRAISING MEETINGS AT THE LIBRARY. THE PURPOSE OF THIS ORGANIZATION IS
TO HELP RAISE MONEY FOR THE LIBRARY AND MORE EFFICIENTLY ALLOW THE MONEY
THAT IS DESIGNATED FOR THE LIBRARY TO BE PAID OUT OF THE U.S TREASURY
AND INTO THIS ORGANIZATION

ORGANIZATION SUPPORTED A GOVERNMENTAL ENTITY

SCHEDULE A, PART IV, SECTION E, LINE 1C

THE ORGANIZATION WORKED WITH THE LIBRARY OF CONGRESS TO MAKE ITS
UNPARALLELED COLLECTIONS AND STAFF MORE READILY AVAILABLE TO THE NATIONAL

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

AND INTERNATIONAL COMMUNITIES IT ALSO SUPPORTED THE LIBRARY OF CONGRESS
TO PROVIDE GREATER AWARENESS OF ITS UNIQUE PLACE IN THE INFORMATION
NETWORK BY REACHING OUT WITH A SERIES OF NEW EDUCATIONAL AND SCHOLARLY
PROGRAMS THAT FOSTER BETTER UNDERSTANDING OF THE LIBRARY AND GREATER USE
OF ITS COLLECTIONS

COMEDINE & DADE I TYPODMATION ADOME				ATTACHMENT	1
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
THE LIBRARY OF CONGRESS	53-6002532	06	х	0	0
TOTAL AMOUNT OF SUPPORT					0

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2015 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LIBRARY OF CONGRESS MILLENNIUM

Employer identification number

FOUNDATION, INC C/O ANDREW LAW OFFICES SC	39-1	1785354
	ATTACHME	ENT 1
FORM 990EZ, PART I - INVESTMENT INCOME		
DESCRIPTION		AMOUNT
		_
DIVIDEND INCOME		7.
TOTAL	=	7.
FORM 990EZ, PART I - OTHER REVENUE	ATTACHME	ENT 2
		5.4
ROYALTY REVENUE		54
TOTALS		54_
FORM 990EZ, PART I - OTHER EXPENSES	ATTACHME	ENT 3
REGISTRATION		284
ACCOUNT MAINTENANCE FEES		50
FRANCHISE TAX REPORT		25
TOTAL		359
	ATTACHME	ENT 4
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
CASH	1,648	1,413.
SAVINGS	68,274.	64,831
TOTALS	69,922	66,244

Schedule	o	(Form	990	or	990-EZ	2015	
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Page 2

Name of the organization LIBRARY OF CONGRESS MILLENNIUM FOUNDATION, INC C/O ANDREW LAW OFFICES SC

Employer identification number

ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO WORK WITH THE LIBRARY OF CONGRESS TO MAKE ITS UNPARALLELED COLLECTIONS AND STAFF MORE READILY AVAILABLE TO THE NATIONAL AND INTERNATIONAL COMMUNITIES. ALSO, TO SUPPORT THE LIBRARY TO PROVIDE GREATER AWARENESS OF ITS UNIQUE PLACE IN THE INFORMATION NETWORK BY REACHING OUT WITH A SERIES OF NEW EDUCATIONAL AND SCHOLARLY PROGRAMS THAT FOSTER BETTER UNDERSTANDING OF THE LIBRARY AND GREATER USE OF ITS COLLECTIONS

ATTACHMENT 6

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

SUPPORT THE LIBRARY OF CONGRESS'S NATIONAL BOOK FESTIVAL AND "LEGISLATIVE ISSUES AND PROCEDURES: THE CRS SEMINAR FOR NEW MEMBERS" ALSO HELP TO MAKE THE LIBRARY OF CONGRESS'S COLLECTIONS AVAILABLE TO THE PUBLIC AS WELL AS PROVIDE AWARENESS OF ITS INFORMATION NETWORK THROUGH A SERIES OF EDUCATIONAL AND SCHOLARLY PROGRAMS