**Return of Organization Exempt From Income Tax**

**Form 990**

**Department of the Treasury**

**Internal Revenue Service**

**2014**

**Open to Public Inspection**

**B** Name of organization:

ST. CHARLES CITY COUNTY LIBRARY FOUNDATION

**D** Employer identification number:

43-1860793

**E** Telephone number:

636-441-2300

**G** Gross receipts $:

350,967.

**H(a)** Is this a group return for subsidiaries?:

[ ] Yes [ ] No

**H(b)** Are all subsidiaries included?:

[ ] Yes [ ] No

**J** Website:

 WWW.STCHARLESLIBRARYFOUNDATION.ORG

**K** Form of organization:

[ ] Corporation [ ] Trust [ ] Association [ ] Other

**L** Year of formation:

1999

**M** State of legal domicile:

MO

**Part I  Summary**

1. Briefly describe the organization's mission or most significant activities: TO ENSURE EXCELLENT LIBRARY PROGRAMS, SERVICES, AND FACILITIES FOR ALL PEOPLE BY DEVELOPING AND

2. Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2014 (Part V, line 2a)

6. Total number of volunteers estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>84,511.</td>
<td>180,301.</td>
</tr>
<tr>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>21,924.</td>
<td>63,939.</td>
</tr>
<tr>
<td>31,162.</td>
<td>-3,165.</td>
</tr>
<tr>
<td>137,597.</td>
<td>211,375.</td>
</tr>
<tr>
<td>40,032.</td>
<td>34,524.</td>
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<tr>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>109,416.</td>
<td>123,453.</td>
</tr>
<tr>
<td>149,448.</td>
<td>158,777.</td>
</tr>
<tr>
<td>-11,851.</td>
<td>52,998.</td>
</tr>
</tbody>
</table>

**Part II  Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Kris Weidenbenner, Board President

**Preparer's Name**

Michele Graham

**Preparer's EIN**

43-1064657

**PTIN**

001171070

May the IRS discuss this return with the preparer shown above? [ ] Yes [ ] No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION