## Form

Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning

May the IRS discuss this return with the preparer shown above? (see instruction For Privacy Act and Paperwork Reduction Act Notice, see the separate inst DAA

**Return of Organization Exempt From Income Tax** 

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

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements and ending

09/30/10

10/01/09

07182 05/09/2011 3 54 PM OMB No 1545-0047

2009

Open to Public Inspection

В	Check if applic Address change	use IRS	3	GRAND ISLAND PUBLE FOUNDATION	IC LIBRARY		D Empl	oyer identification number
$\bar{\sqcap}$	Name change	label of print of	h nn				47-	-6032693
	Initial return	type. See	Number and street (or I	P O box if mail is not delivered to street addre	ss)	Room/suite		hone number
$\Box$	Termination	Specifi	c Ct	HINGTON ST	<u> </u>	1		3-385-5333
$\exists$	Amended retu	Instruc im tions.	GRAND ISL	or country, and ZIP + 4  AND NE 6	8801		<b>G</b> Gross rec	elpts\$ 615,100
님		E No.	ne and address of princip		9901	<del>-</del>	11/a) I- A	
Ш	Application pe	anding	JANE BURNS	oai onicei			n(a) is uns affilia	s a group return for tes? Yes X No
		l l	08 N LOCUST	ST			H(b) Are a	llaffiliates 🗂
		1	RAND ISLAND		801		includ	, attach a list. (see instructions)
T	Tax-exemp		3	◀ (insert no.) 4947(a)(1) or	527		" '"	, automatica (see insulacions)
J	Website:	► HTTP	://WWW.GIL	IBRARY.ORG/			H(c) Group	p exemption number
<u>K</u>	Type of organ	nization X C	orporation Trust	Association Other	L	Year of formation 1	961	M State of legal domicile NE
F	art I	Summa	ary					
			-	ssion or most significant activitie	es .			
8	P 2	ASSIST C	CITY LIBRARY					
34		•						
Activities & Governance			, <u>m</u>					
ું	2 Che	eck this box		tion discontinued its operations of	or disposed of more than	25% of its net as:		· -
∌જ	3 Nur			verning body (Part VI, line 1a)			3	7
Eis S	4 Nur			pers of the governing body (Part	VI, line 1b)		4	7
Š≅	5 Tota		f employees (Part V, I	· · ·			_ 5	2
Ä			f volunteers (estimate	• •			6	190
	1	-		ue from Part VIII, column (C), Iir	ne 12		7a	
	b Net	t unrelated b	usiness taxable incon	ne from Form 990-T, line 34		1 - 2:	7b	0
		otobutiono oi	nd aranta (Bart \/III II	no 4h)		Prior Yea	o,094	Current Year
9	1		nd grants (Part VIII, III	•		4,	0,094	421,308
Revenue			e revenue (Part VIII, I		·	<u> </u>	1 (41	06.020
æ	10 Inve	estment inco	me (Part VIII, column	(A), lines 3, 4 and 7d)	1		1,641	26,830
				lines 5, 6d, 8c, 9c, 10c, and 11c			9,646	6,518
	12 Tota	ai revenue -	add lines 8 through	11 (must equal Part VIII, column	(A) (ling 12)	6.	1,381	454,656
	13 Gra	ints and sim	liar amounts paid (Pa	rt IX, catumn (A)Alines 18-32011	Õ			
				t IX, column (A), line 4)	<b>Ω</b>	ļ	C 110	15 005
ses	15 Sala	anes, other	compensation, emplo	yee benefits (Part IX, column (A	<del>), lines:</del> 5–10)		6,119	15,095
Expenses				(, column (A) line Her V.		3	2,919	
꼾				column (D), line 25) ▶		<u> </u>	4 400	00 600
_	1			lines 11a-11d, 11f-24f)			4,409	89,632
	l .		•	ust equal Part IX, column (A), line	e 25)		3,447	104,727
- s	19 Rev	venue less e	xpenses Subtract line	e 18 from line 12		Beginning of Cur	2,066	349,929 End of Year
ets	20 Tot	al accete (Pa	art X, line 16)				5,7 <b>4</b> 7	1,235,676
Ass	21 Tota	=	Part X, line 26)				<del>5,141</del>	1,233,070
Net Assets or Fund Balances	22 Net	-	ind balances. Subtrac	t line 21 from line 20		88	5,747	1,235,676
	art II		re Block	time 21 nom me 20			3, 1 <del>3</del> 1	1,233,010
				that I have examined this return, inclu	iding accompanying schedule	e and statements a	and to the he	est of my knowledge
		and belief.	it is true, correct, and cor	pplete Declaration of preparer (other	than officer) is based on all in	nformation of which i	preparer has	s any knowledge
Sig	n	\ \ \( \lambda \)	sucere.	Surm 1				
He	-	Signat	ure of officer					
		. *	JANE BURNS					
			or print name and title					
-			<u> </u>					
Pa	id	Preparer's signature	MEDDY C	TEN ODS				
Pre	eparer's	Signature	TERRY SHI					
	e Only	Firm's name		TRYMAN ASSOCIATE				
	•	if self-emple		BOX 700				
		address, ar	WZIP+4 GRA	ND ISLAND, NE (				

	RAND ISLAND			47-603269	3	Page 2
	tement of Program		nplishments			
	e the organization's miss	ion:				
ASSIST C.	ITY LIBRARY					
•••						
••					••	
2 Did the organiz	zation undertake any sigr	nificant program serv	ices during the year whic	h were not listed on		
	990 or 990-EZ?					Yes X No
	ibe these new services of					
	zation cease conducting,	or make significant	changes in how it conduc	ts, any program		
services?		<u>.</u>				Yes X No
	be these changes on Sc				h	
	exempt purpose achievent (3) and 501(c)(4) organiz					
	others, the total expenses			·	unt or grants and	
		,,,,	,, .o. oaon prog.am oom			
4a (Code:	) (Expenses \$	43,140	including grants of \$		) (Revenue \$	)
THE GRANI			Y FOUNDATION			
RESOURCES			THE CITY'S			
BENEFITS	THE RESIDEN	rs of the	CITY AND SURI	ROUNDING AF	Œ <b>А.</b>	
• •	•			•		
•	•				• ••	
			•	•	••	
					• •	
41. (0)						
4b (Code	) (Expenses \$		including grants of \$	•	) (Revenue \$	)
•	•	•	•			
	•		•			
				•		•
			•			•
4c (Code	) (Expenses \$		including grants of \$		) (Revenue \$	)
	services (Describe in S	•			-	
(Expenses \$	oondee ever	including grants of		) (Revenue \$	<del> </del>	
∔e iotai program	service expenses	43,	140			Form <b>990</b> (2009)
						Form 990 (2009

Part IV Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
	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			
•	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.			
•	Did the organization report an amount for other assets related 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			
	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-:-		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ' '		<del></del> -
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
10		10		
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		х
20	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
20_	Did the diganization operate one of more hospitals? If Tes, complete sofiedule if		990	(2009)

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Checklist of Required Schedules (continued) Yes Nο 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 X 24b through 24d and complete Schedule K. If "No," go to line 25 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .... X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes." complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O X

	Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 2  1b 0	-		ĺ
b		-		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			х
2a	gaming (gambling) winnings to prize winners?	1c		^
24	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 2			ĺ
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	1	х
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	2b		<u> </u>
	instructions)			Ė
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
-	this return?	3a	1	x
ь	If "Yes," has it filed a Form 990-T for this year? If "No," 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	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<del>,</del> .	
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	1
	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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	- 1		Ė
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_	1	х
f	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	19		
••	required?	7 <sub>h</sub>		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ĺ
	organization, have excess business holdings at any time during the year?	8	Ì	ĺ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	] [		
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ŀ
	amounts due or received from them )	] ]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> 5ec</u>	tion A. Governing Body and Management						
		1 .		-	E	Yes	No.
1a	Enter the number of voting members of the governing body	1a	╁	7			
b	Enter the number of voting members that are independent	1b		<del>'</del>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						х
3	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customanly performed by or under the direct	•	•	• • • •	2		
•	supervision of officers, directors or trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		••••	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	ineu:		•	5		X
6	Does the organization have members or stockholders?	••			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	•					
	of the governing body?				7a		x
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			•	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•	•	•	1		
	the year by the following:						
а	The governing body?				8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?	• •	•	•	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		•				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inter	nal	İ			
Rev	renue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	-			12a		X
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?				12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done				40-		
13	Does the organization have a written whistleblower policy?				12c		х
14	Does the organization have a written document retention and destruction policy?				13		X
15	Did the process for determining compensation of the following persons include a review and approval by				14		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,					
а	The organization's CEO, Executive Director, or top management official	•			15a		х
b	Other officers or key employees of the organization				15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )				100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?				16a		x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						
_	the organization's exempt status with respect to such arrangements?				16b		1
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	s only	)				
	available for public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of ir	terest			-		
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the					
	organization ▶ GI PUBLIC LIBRARY FOUNDATION 211 N WASHINGTON						
GI	RAND ISLAND NE 688	01			308-38	<u>5-5</u>	<u>333</u>

# 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. Use Schedule J-2 if additional space is needed
- 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.
- 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.

(A) Name and Title	(B) Average	Pos	ition (	chec	C) k all	that a			(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DUANE BURNS								_		
PRESIDENT	2.00	_					_	0	0	(
LURIS CALERO SECRETARY	2.00							o	o	(
BILLIE MARVEL	2.00	+	├	┢		<u> </u>			0	
BOARD MEMBER	1.00							o	0	
VERN THROOP				-		<u> </u>				· · · · · · · · · · · · · · · · · · ·
TREASURER	1.00		ł					o	o	C
MIKE KNEALE									<del>-</del>	
BOARD MEMBER	1.00							0	0	
JOE COOK										
VICE PRESIDENT	1.00							0	0	
LORI HOCK		1				}				
BOARD MEMBER	1.00					-		0	0	<u> </u>
								-		
					-					

47	7 —	6	Λ	3	2	6	a	3
-		u	u	_	~	u	"	

Doo	_	¢
Pag	e ·	¢

(A) Name and Title	(B) Average hours per			(chec		,		(D) Reportable compensation	(E) Reportable compensation		(F) stimate nount o	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f org an	other appensation the particular the	tion e on ed
											-	
								-				
1b Total			<u></u>	<u> </u>	<u> </u>		<u> </u>					
2 Total number of individuals (in reportable compensation from	-			thos	e lis	ted a	abov	re) who received more than	1 \$100,000 in			
3 Did the organization list any fo	ormer officer. du	ecto	rort	ruste	e. k	ev e	mplo	ovee, or highest compensa	ted		_ Y	es No
employee on line 1a? If "Yes," 4 For any individual listed on lin	" complete Sche	dule	J for	suc	h inc	lividi	Jal				3	X
the organization and related of individual	organizations gre	ater	than	\$15	0,00	0े२ If	"Ye	s," complete Schedule J fo	or such		4	x
5 Did any person listed on line services rendered to the orga									or		5	x
Section B. Independent Contract  Complete this table for your fi		onco	tod i	ındor	aond	lont (	conti	ractors that recoved more	than \$100,000 of			
compensation from the organ	ızatıon	C1130					T					(C)
Name and	(A) d business address						+-	Descrip	(B) otion of services		Comp	(C) ensation
							-					
							_					
<del></del>							_					
								<u></u>				
2 Total number of independent more than \$100,000 in competent		_				ed to	tho	se listed above) who receive	ved		0	
DAA	A SOCIOTION OF THE	, vigi	ع ۱۱۱۲	JUUIT	_	-		·	·			990 (200

Pa	<u>rt V</u>	III Stater	nent of Reve	nue						
							<b>(A)</b> Total revenu <b>e</b>	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated car	moaions	1a				<u>IC</u> VOIIGO		012, 010, 0, 014
ran	b	Membership d	. •	1b						
g,	G	Fundraising ev	•	1c	-					
ar	d	Related organ		1d						
s, c		Government grants		1e	-	7,300				
ion	f	All other contribution	•	i i		.,				
the	_		not included above	1f		414,008				
dr	g	Noncash contributio	ns included in lines 1a-		\$	,				
ပြွန်	h	Total. Add line			•	. ▶	421,308			
Program Service Revenue   Contributions, gifts, grants and other similar amounts		-				Busn. Code				
ven	2a									
Re	þ	•			•		-			
Ş	С			••	•					
Ser	d	•	• •	•	•				·	
a	е		-							
og	f	All other progr	am service reve	nue	•					
P.	g	Total. Add line	es 2a-2f			<b>•</b>				
	3	Investment inc	come (including	divıder	nds, intere	est, and				
		other similar a	mounts)			▶	29,328			29,328
	4	Income from in	nvestment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties		<u> </u>		<b>&gt;</b>				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	þ	Less rental exps								
	_	Rental inc or (loss)								
	d 7a	Net rental inco				D11				
		sales of assets	(r) Securiue:		(11)	Other				
		other than inventory	152,	020		5,290				
	b	Less cost or other	160,	444	ŀ					
	_	basis & sales exps		788		5,290				
		Gain or (loss) Net gain or (lo	·	, 100		3,290	-2,498	-7,788		5,290
	d 8a		om fundraising eve	nte I			2,430	7,700		3,230
a l	0a	(not including \$	-	1113						
Ýe			reported on line 1c)	,						
8		See Part IV, line		a						
Other Rever	b	Less direct ex		b						
ō			(loss) from fund	1	events	<b></b>			,	
			om gaming activitie	1		-				
		See Part IV, line		а						
	b	Less direct ex	penses	b						
	С	Net income or	(loss) from gam	ing ac	tivities	<b>•</b>				
	10a	Gross sales of	f inventory, less							
		returns and all	lowances	а				-		
	b	Less cost of g	goods sold	b						
	С	Net income or	(loss) from sale	s of in	ventory	<b>•</b>				
		Misc	ellaneous Revenue	•		Busn. Code				
	11a	MISCELLAN	EOUS INCOME				6,518	6,518		
	b									
	c									
		All other reven								
		Total. Add line				<b>•</b>	6,518			<b>.</b>
	12	Total Revenue	e. See instructio	ns		<b>&gt;</b>	454,656	-1,270	0	34,618

### Part IX Statement of Functional Expenses

Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o				
	not include amounts reported on lines 6b, , 8b, 9b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S. See Part IV, line 22				
3	Grants and other assistance to governments,		"		······································
·	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	•				
_	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)	14 000		14 000	
7	Other salanes and wages	14,022		14,022	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,073		1,073	
11	Fees for services (non-employees)				
а	Management .				
b	Legal .				
С	Accounting	<u></u>			
d	Lobbying				· <u>·</u>
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	44,409	31,966	12,443	
12	Advertising and promotion	1,539	1,539		
13	Office expenses	102		102	-
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				-
23	Insurance				
					······································
24	Other expenses Itemize expenses not		· ·		
	covered above (Expenses grouped together		l		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	PROGRAMMING & SUPPLIES	34,889	7,942	26,947	
b	ANNUITY PAYMENTS	7,000	,,,,,,	7,000	·
c	MISCELLANEOUS	932	932	.,	
d	BOOKS, CASSETTES, ETC	761	761		······································
e	,,				
	All other expenses		-		
25	· · · · · · · · · · · · · · · · · · ·	104,727	43,140	61,587	
	Joint costs. Check here ▶ If following			01,007	·
_0	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	iditaraising solicitation			. 1	Form <b>990</b> (2000)

Form 990 (2009) GRAND ISLAND PUBLIC LIBRARY 47-6032693

Page 11

		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	4,188	1	4,871
2	Savings and temporary cash investments	96,659	2	84,733
3	Pledges and grants receivable, net	. 307033	3	017700
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	-	-	
ľ	employees, and highest compensated employees. Complete Part II of			
Ì	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		<u> </u>	
١	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	Į.		
1	Part II of Schedule L	Ī	6	
<b>\$</b>   7	Notes and loans receivable, net		7	<del>-</del>
Assets 8 8	Inventories for sale or use		8	
و الم	Prepaid expenses and deferred charges		9	
1	Land, buildings, and equipment: cost or	•	-	
''	other basis. Complete Part VI of Schedule D			
,	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	784,900	11	1,146,072
12	Investments—other securities. See Part IV, line 11	704,500	12	1,140,012
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	-	14	
15	Other assets. See Part IV. line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	885,747	16	1,235,676
17	Accounts payable and accrued expenses	337,11	17	2,200,0.0
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22	· · · · ·			
ਛ	employees, highest compensated employees, and disqualified			
· <u>a</u>	persons Complete Part II of Schedule L	-	22	
<b>-</b>   <sub>23</sub>			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
Sa	Organizations that follow SFAS 117, check here ▶ X and			
Fund Balances	complete lines 27 through 29, and lines 33 and 34.			
<u>rg</u>   27	Unrestricted net assets	885,747	27	1,235,676
mi   <sub>28</sub>	Temporanly restricted net assets	-	28	
[ 29	Permanently restricted net assets	_	29	
ᇎᅵ	Organizations that do not follow SFAS 117, check here ▶			
ᡖ	and complete lines 30 through 34.			
<u>v</u> 30	Capital stock or trust principal, or current funds		30	
<b>8</b> 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ø 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or 30 31 32 33 34	Total net assets or fund balances	885,747	33	1,235,676
Ž   34	Total liabilities and net assets/fund balances	885,747	34	1,235,676

Form **990** (2009)

om	1 990 (2009) GRAND ISLAND PUBLIC LIBRARY 47-6032693	_	Pag	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			,
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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 Cırcular A-133?	3a		
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		
		Form	990	(2009)

#### SCHEDULE À (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

## **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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization GRAND ISLAND PUBLIC LIBRARY

FOUNDATION

Employer identification number 47–6032693

he	orga	nızatıon is not	a private fo	oundation beca	use it is: (Fo	r lines 1 through 11,	check on	y one box	:)				
1		A church, co	nvention of	churches, or a	ssociation of	churches described	ın sectio	n 170(b)(1	)(A)(i).				
2	Ш	A school des	cribed in s	ection 170(b)(1	)(A)(ii). (Atta	ich Schedule E.)							
3		A hospital or	a cooperat	tive hospital ser	vice organiz	ation described in se	ection 170	(b)(1)(A)(	iii).				
4		A medical re	search orga	anızatıon opera	ted in conjur	ction with a hospital	described	l in sectio	n 170(b	)(1)(A)(ii	ii). Ente	r the ho	spital's name,
		city, and stat	e:										
5		An organizat	ion operate	ed for the benefi	t of a college	e or university owned	d or opera	ted by a g	ovemme	ental uni	t descn	bed in	,
	_	-		). (Complete Pa	·=·	·							
6					•	tal unit described in	section 1	70(b)(1)(A	)(v).				
7				=	_	I part of its support f				from the	genera	al public	
	سا	-		'0(b)(1)(A)(vi). (			<b>.</b>					•	
8						\)(vi). (Complete Par	t II.)						
9	Ħ					an 33 1/3 % of its su	-	contribut	ions. me	embersh	io fees.	and gro	ss
•	لبا	·-		-		ns—subject to certai							
						ed business taxable i							
		• •	-			ee section 509(a)(2				,	/u3ii103	303	
10	$\Box$		_			to test for public sa			•				
11	X	•	•	•	•	for the benefit of, to	•				out the	۵.	
• •	41	_	_			ations described in							
					_	supporting organiza						30011011	
		क्रिको <u> </u>			т.	¬:·		•	_	, _	e IIIOI	·ho=	
_	X			··	_ c	Type III-Function is not controlled direct			d				
е				-	_		-				•		
		-		_	is and other	than one or more pu	ibliciy Sup	ported org	jai lizatio	iis desc	nbeu in	Section	
		509(a)(1) or s			tamination	from the IDC that it i	T	Tunall	or Tuno	III oumne	netin a		
f		-			etermination	from the IRS that it i	salype	, Type II,	or type	iii suppo	orung		[
		organization,			.:								📙
g		_		has the organi	zation accep	ted any gift or contri	bution froi	n any of th	ne				
		following per											
						ner alone or together	r with pers	ons descr	nbed in (	11)			Yes No
						orted organization?							11g(i) X
				f a person desc									11g(II) X
		(iii) A 35% c	ontrolled e	entity of a person	n described i	ın (ı) or (ıı) above?							11g(iii) X
h		Provide the	following in	formation abou	t the suppor	ted organization(s)					_		
(i)		e of supported		(ii) EIN	, ,	ype of organization	1	organization		ou notify		ls the	(vii) Amount of
	org	rganization		,	(described on lines 1–9 above or IRC section	in col (i) listed in you governing document?		(1)		organization in col (i) organized in the		support	
					li .	e instructions))	governing	y document		port?		S?	
							Yes	No	Yes	No	Yes	No	
C	[TY	OF GRA			ьрвгіс	LIBRARY						]	
			47-6	5006205		6	X		X		X		16,609
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			-	······································		.,,,,,		1	<b></b>	<b> </b>	<b> </b>		
ota	1												16,609
Via	-		<del> </del>					1	<u> </u>	<u> </u>	ь	<del>1</del>	

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.)

Sec	ction A. Public Support	scked the box	on line 9 of P	art i.)								
_	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
		(a) 2000	(5) 2000	(0, 200)	(4) 2000	(6) 2003	(i) rotal					
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 furnished by a governmental unit to the organization without charge											
6	Total. Add lines 1 through 5											
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<u>, , , , , , , , , , , , , , , , , , , </u>					
b	Amounts included on lines 2 and 3 received			ľ								
	from other than disqualified persons that						ı					
	exceed the greater of \$5,000 or 1% of the											
	amount on line 13 for the year											
C	Add lines 7a and 7b		1									
8	Public support (Subtract line 7c from line 6)		<u> </u>									
	ction B. Total Support		1	T		T						
	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
9	Amounts from line 6											
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources											
b	Unrelated business taxable income (less section 511 taxes) from businesses 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 IV)											
13	Total support. (Add lines 9, 10c, 11,											
	and 12 )											
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	<b>&gt;</b> [					
Sec	ction C. Computation of Public Su	pport Percer	ntage									
15	Public support percentage for 2009 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	%					
16	Public support percentage from 2008 Sche	edule A, Part III, lii	ne 15			16_	%					
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				<u> </u>					
17	Investment income percentage for 2009 (In	ne 10c, column (f	) divided by line 13	3, column (f))		17	%					
18	Investment income percentage from 2008	Schedule A, Part	III, line 17			18	%					
19a	33 1/3 % support tests—2009. If the orga	nization did not ch	neck the box on lin	e 14, and line 15 i	s more than 33 1/3	3 %, and line						
	17 is not more than 33 1/3 %, check this b	ox and stop here	. The organization	qualifies as a pub	licly supported org	anızatıon	▶					
b	33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and											
	line 18 is not more than 33 1/3 %, check the	•	=			-	<b>&gt;</b>					
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	▶					

	orm 990 or 990-E	Z) 2009 <b>GRA</b> I	ND I	SLAND	PUBLI	LIBR	ARY	47-	-6032693	Page
Part IV	Supplement	al Informatio 7a or 17b; an	n. Col	mplete thi	s part to	provide ti	he explanat	tions require	d by Part II, I	ine 10;
	rait ii, iiile i	<u>7a 01 170, an</u>	<u>iu rai</u>	t III, IIIIe I	Z. PIOVIC	de arry ou	ier addition	ai iniormatic	n. see msuu	ictions.
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								•	•	•• •
•										

#### **SCHEDULE O**

(Form 990)

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GRAND ISLAND PUBLIC LIBRARY FOUNDATION

Employer identification number 47-6032693

FORM 990, PART VI, LI	NE 11A - ORO	GANIZATION'	S PROCESS I	O REVIEW	FORM 990
THE FORM 990 IS REVIE	MED BA THE I	BOARD PRIOR	TO FILING.		
	<u>,</u>				
FORM 990, PART VI, LI	NE 19 - GOVI	ERNING DOÇU	MENTS DISCI	OSURE EX	PLANATION
ORGANIZATION MAKES TH	E FORM 990 1	AVAILABLE U	PON REQUEST		
• •	•			•	