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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung bed finds and controlled on the controlled on

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public

Inspection

Α	For the	2009 calend	ar year,	<u>or tax year beginning</u>	g , and	i ending							
В			Please use IRS	C Name of organization	on					D E	mployer identification numb	ber	
Н	Address Name ch	change	label or	COLUMBUS I	IBRARY FOUNDA	TION				23-7135275			
H	Initial ret	-	print or type.		O box, if mail is not delivered to		:s)		Room/suite		elephone number	_	
H	Terminal	1	See	2504 14TH		o otroot address	,				02-564-7116		
Ħ	Amende		Specific	City or town, state or cou							Froup Exemption		
H			Instruc- tions.	COLUMBUS	•	NE 686	01				lumber •		
) nonexempt charitable tre			_	G Accounting				
	• 560				Form 990 or 990-EZ).	2010 111001 01			Other (specify)		ODIFIED CASH		
	Websit	te: N/	•	ipieted ochedule A (i	1 01111 330 01 030 22/.							_	
<u>J</u>		empt status (che) – X 501(c) (3) ∢ (insert no)	4947(a)(1) or	r \square	527	required to 990-EZ, or	attach S 990-PF	the organization is not Schedule B (Form 990,		
K	Check				on 509(a)(3) supporting org						nore than \$25,000. A		
					if the organization chooses						430 00	-	
					pts, if \$500,000 or more, file Fo						\$ 438,89	<u>, 0</u>	
	art I	Reven	ue, Ex	penses, and Ch	anges in Net Assets	or Fund	Balar	nces (See the ins		ons for Part I.)		
	1	Contributions,	gıfts, graı	its, and similar amounts r	eceived					1		<u>) 4</u>	
	2	Program serv	nce reve	nue including governm	ent fees and contracts					2		_	
	3	Membership	dues an	d assessments	•					3			
	4	Investment in	come							4	34,56	<u> </u>	
	5a	Gross amoun	nt from s	ale of assets other thar	n inventory		5a		401,00				
	ь	Less cost or	other ba	isis and sales expense	s	Į	5b		458,94	<u>17</u>			
	С	Gain or (loss) f	from sale	of assets other than inver	ntory (Subtract line 5b from line	5a)		SEE	STMT 1	5	c -57,88	<u> 32</u>	
ne	6	Special events	and activ	rities (complete applicable									
Revenue	a	Gross revenu	ue (not ır	cluding \$	of contri	butions							
Re		reported on li	ne 1)	••			6a			_			
_	Ь	Less: direct e	expense	other than fundraising	g expenses	Į	6b						
2010	С	Net income o	r (loss)	from special events and	d activities (Subtract line 6b	from line 6a)				6	С		
7	7a	Gross sales	of invent	ory, less returns and al	llowances .	.	7a			_			
6	1 -	Less cost of	goods s	old		.	7b						
e	c	Gross profit of	or (loss)	from sales of inventory	(Subtract line 7b from line	7a)		5		7.	С		
=	8	Other revenu	e (descr	ibe 🕨					<u>ان</u>) 8			
	9	Total revenu	ue. Add	lines 1, 2, 3, 4, 5c, 6c,	7c, and 8				S	▶ 9	·		
BEGANNED	10	Grants and s	imılar ar	nounts paid (attach sch	nedule)		,	70 10		_1	0 4,25	<u>57</u>	
#	11	Benefits paid	to or for	members						1	1		
2	12	Salaries, other	er comp	ensation, and employee	e benefits			7	ن ا بعد هد	1:	2		
se	13	Professional	fees and	dother payments to ind	lependent contractors					1	3		
<u> </u>	14	Occupancy,	rent, utili	ties, and maintenance						1.	4		
<u> </u>	15	Printing, publ	lications	, postage, and shipping	3					1			
	16	Other expens	ses (des	cribe ▶ <u>SEE S</u> '	TATEMENT 2) 1	6 8,91		
	17	Total expens	ses. Ad	d lines 10 through 16						<u>▶ 1</u>	7 13,17		
	18	Excess or (de	eficit) fo	the year (Subtract line	e 17 from line 9)					1	8 -33,22	<u> 26</u>	
Net Assets	19	Net assets or	r fund ba	ilances at beginning of	year (from line 27, column (A)) (must ag	ree with	h					
Ass	1	end-of-year fi	igure rep	orted on prior year's re	eturn)				_	1	9 956,54		
É	20	Other change	es in net	assets or fund balance	es (attach explanation)	ŞE	E S	TATE	MENT 3	2	199,22		
	21				Combine lines 18 through 2					2		44	
	art II	Balanc	ce She	ets. If Total assets of	n line 25, column (B) are \$1	,250,000 or n	nore, fil	le Form	990 instead of	Form 99			
				(See the instructions	for Part II.)		ļ	(A)	Beginning of year		(B) End of year		
22	Cash,	savings, and in	vestmer	nts					<u>956,5</u>	48 2	1,122,54	<u>44</u>	
23	Land a	nd buildings			•		. 1			\rightarrow	23		
24	Other a	assets (describ	oe 🕨)				24	 -	
	Total a						ļ		956,5		1,122,54	<u>44</u>	
		iabilities (desc		·)				26	0	
_					must agree with line 21)				<u>956,5</u>	48 2	1,122,54	_	
Fo	r Privac	y Act and Par	perwork	Reduction Act Notic	e, see the separate instru	ctions.					Form 990-EZ (20	009)	

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Form 990-EZ (2009)

Form	990-EZ (2009) COLUMBUS LIBRARY FOUNDATION 23-7135275		Р	age 3
	ort V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		_	
	the changes	34	,	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	35a		х
_	6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
ь 36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000		
30	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	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 period covered by this return?	. 38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			ĺ
а	Initiation fees and capital contributions included on line 9			ĺ
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
_	section 4911 , section 4912 , section 4955 , sectio			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1 1		ĺ
	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	40ь		x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	_		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	rembursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		-	7
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE The organization's books are in care of JILL OWENS Telephone no. 40	2-56	4-7	116
42a	The organization's books are in care of ▶ JILL OWENS 2504 14TH STREET Telephone no. ▶ 40	, 2 30	~ . ′	110
		3601		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S.?	42c		X
	If "Yes," enter the name of the foreign country	-		
43	Section 4947(a)(1) nonexempt chantable 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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
-	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		, ,	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
		Form 99	0-EZ	' (2009)

Form **990-EZ** (2009)

Pa	rt VI	Section 501(c)(3) organizations and section 4947(a						
		501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.	xempt charitab	le trusts must	answer question	ons 4	6-491	b
46	Did the d	organization engage in direct or indirect political campaign activities on be	half of or in oppositi	on to			Yes	No
	candidat	tes for public office? If "Yes," complete Schedule C, Part I				46		X
47	Did the d	organization engage in lobbying activities? If "Yes," complete Schedule C	, Part II			47		X
48	Is the org	ganization operating a school as described in section 170(b)(1)(A)(ii)? If	"Yes," complete Sch	nedule E		48		X
49a		organization make any transfers to an exempt non-chantable related organ	•	•		49a		X
ь		was the related organization a section 527 organization?			•	49b		
50	Complet	te this table for the organization's five highest compensated employees (o	ther than officers, d	rectors, trustees ar	nd key			
	employe	es) who each received more than \$100,000 of compensation from the org	ganızatıon. If there is	none, enter "None) <u>"</u>			
		(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount an allowar	nd
NON								
		·						
		· · · · · · · · · · · · · · · · · · ·						<u>-</u>
f	Total nui	mber of other employees paid over \$100,000	. •		_			
		0 of compensation from the organization. If there is none, enter "None." Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompens	ation	
		· · · · · · · · · · · · · · · · · · ·						
	· 	· · · · · · · · · · · · · · · · · · ·						
		· · ·						
	· ———	· · ·						
	·							
ď	Total nui	mber of other independent contractors each receiving over \$100,000	<u> </u>					
Sig Her		Under penalties of penury, I declare that I have examined this return, including at and belief, it is true, correct, and complete. Declaration of preparer (other) than off Signature of officer Type or print name and title	icer) is based on all info					
Paid	,	Preparer's signature Podrodi	Date 5/3/			2693	3	
	oarer's Only	505177 7777 60500 0	27TH STRE		Phone	7-0 -56		
May	the IRS d	address, and ZIP+4 COLUMBUS, NE 686U2-U			402	-36 Ye		No
7							- 1	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

COLUMBUS LIBRARY FOUNDATION

Employer identification number 23-7135275

organ	A church, conv A school description A hospital or a A medical reservity, and state: An organization A federal, state An organization described in set A community to An organization receipts from a support from g acquired by the An organization An organization purposes of or 509(a)(3). Che a X Type By checking the	vention of churches, or associated in section 170(b)(1)(A) cooperative hospital service parch organization operated in operated for the benefit of a (1)(A)(iv). (Complete Part II e., or local government or govern that normally receives a subsection 170(b)(1)(A)(vi). (Contrust described in section 170 in that normally receives: (1) in that normally receives and ectivities related to its exempt ross investment income and eleganization after June 30, in organized and operated excite or more publicly supported excite the box that describes the base of the organized in the organized in section 170 in the organized and operated excite or more publicly supported excite the box that describes the section 170 in that the organized in the organized and operated excite or more publicly supported excite the box that describes the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excite the section 170 in the organized and operated excited the section 170 in the organized and operated excited the section 170 in the organized and operated excited the section 170 in the organized and operated excited the section 170 in the organized and operated excited the section 170 in the organized and operated excited the section 170 in the organized and operated excited the organized a	organization described in section conjunction with a hospital des	section 17 on 170(b)(1 conbed in scoperated by tion 170(b) a governm I.) ort from con exceptions, a me (less si Complete P See section from the fution 509(a)(a) and complially integral or indirectly	(1)(A)(v). ection 17 a governing (1)(A)(v). ental unit tributions, ent (2) no ection 511 eart III) on 509(a) notions of 1) or sect lete lines ded by by one one	or from to member more that tax) from to cate to 509(1) through the form the tax of the following th	nit desc the gene rship fee an 33 1/2 the busine arry out to a)(2). Se a)(2). Se a)(1). Typi isqualifie	ral publiss, and gasses the section of the section	gross ts	s name,		
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			nination from the IRS that it is a	Type I, Typ	e II, or Ty	pe III su _l	pporting					
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	Since August	17, 2006, has the organizatio	on accepted any gift or contributi	on from an	y of the	•					•	_
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	٠.		trols, either alone or together wit	th persons	described	ın (ıı)					Yes	No
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Provide the following information about the supported organization(s) Name of supported organization (described on lines 1–9 above or IRC section (see instructions))	If the organization received a written determination from the IRS that it is a Type I, Type organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any following persons? (i) A person who directly or indirectly controls, either alone or together with persons and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (described on lines 1–9 above or IRC section (see instructions)) Ves PLUMBUS PUBLIC LIBRARY	If the organization received a written determination from the IRS that it is a Type I, Type II, or Ty organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) Name of supported organization (described on lines 1–9 above or IRC section (see instructions)) Yes No DLUMBUS PUBLIC LIBRARY	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supergranization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) isted in your governing document? (v) Did y the organization (iii) EIN (see instructions)) Yes No Yes	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization or col. (i) of your governing document? 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(i) organi	If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization on col. (i) of your support? (vi) Is the organization on col. (ii) organization in col. (ii) organization the US? Yes No Yes No Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II 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.)

Sec	tion A. Public Support							
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	工	(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				i			
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				<u> </u>			
	tion B. Total Support	(-) coor	(1) 0000	(-) 0007	1 (4) 2000	(-) 0000		(D. T)
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7 8	Amounts from line 4 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							<u></u>
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10				<u> </u>			
12	Gross recepts from related activities, etc. (s	see instructions)	<u> </u>	······································	I		12	
13	First five years. If the Form 990 is for the	•	second, third, fourth	n, or fifth tax year a	as a section 501(c)(3)		
	organization, check this box and stop here			·		<u> </u>		▶「
Sec	tion C. Computation of Public S	upport Percer	ntage					
14	Public support percentage for 2009 (line 6,	column (f) divided b	y line 11, column (1	f))			14	%
15	Public support percentage from 2008 Scheen	dule A, Part II, line	14			. Li	15	%
16a	33 1/3 % support test—2009. If the organiz			and line 14 is 33	1/3 % or more, che	ck this box		
	and stop here. The organization qualifies a							▶ _
b	33 1/3 % support test—2008. If the organic	zation did not checi	k a box on line 13 or	16a, and line 15 is	s 33 1/3 % or more	check this		_
	box and stop here. The organization qualification		. •		•			▶ ∟
17a	10%-facts-and-circumstances test—2009							
	more, and if the organization meets the "fac					how the		, _
	organization meets the "facts-and-circumsta	_			=	A		▶ _
ь	10%-facts-and-circumstances test—2008	=						
	more, and if the organization meets the "fac		•	•	•	how the		. ┌
	organization meets the "facts-and-circumsta	_			-	- t t		· • •
18	Private foundation. If the organization did	not check a box on	iine 13, 16a, 16b, 1	/a, or 1/b, check	this box and see in:	structions		▶ ∟

COLUMBUS LIBRARY FOUNDATION

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 (f) Total (b) 2006 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on rts behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 % Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 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 this box and stop here. The organization qualifies as a publicly supported organization

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Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
EXPENSES	\$
MISCELLANEOUS	31
PROFESSIONAL FEES	2,385
MANAGEMENT FEES	6,394
POSTAGE AND SHIPPING	44
SUPPLIES	 64
TOTAL	\$ 8,918

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
UNRECOGNIZED GAIN ON INVESTMENTS	\$ 199,222
TOTAL	\$ 199,222