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. Form 990

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)

OMB No 1545 0047 2009

Inter	nal Rev	venue Service		► The organizati	on may have to	use a copy of this	return to sati	sfy state repor	ting require	ments.	Ot	en to Publ	ic Inspection
	For t	he 2009 calend	iar year,	or tax year begii	nning Jul	1	, 2009	, and endir	ıg Jun	30		, 2010	
В	Check	ıf applicable		C Name of organi	ization					D Emp	loyer Ide	ntification Nun	iber
	A	ddress change	Please use IRS label	SIOUX CIT	Y PUBLIC	LIBRARY	FOUND	MOIT		42	-126	1668	
	\square_{N}	lame change	or print or type.			if mail is not deliv			suite	E Tele	phone nu	mber	
		nitial return	See specific	PO BOX 14	7					(7	12)	277-658	6
	T	ermination	Instruc- tions.	City, town or co	ountry		State	ZIP code +	4				
	ΠA	mended return		SIOUX CIT	Y		IA	51102		G Gros	s receipts	\$ 785,	629.
	\prod_{A}	pplication pending	F Name a	and address of princip	pal officer				H(a) Is this	a group re	turn for a	ffiliates?	Yes X No
	_		TIMOTHY	BOTTARO 1915 1	HEIGHTS A	VE SIOUX	CITY I	A 51104	H(b) Are al				Yes No
1	Ťα	x-exempt statu	s X 501	I(c) (3)	(insert no)	4947	(a)(1) or	527] IT NO,	allach a i	ist (see i	nstructions)	
J	We	bsite: > N/	A						H(c) Group	exemption	number	►	
K	Forr	m of organization	X Corpora	ation Trust	Association	Other >	L	Year of Forma	ition 198	5 N	State o	f legal domicile	IA
Pa	ırt I	Summa											
	1	Briefly descrit	be the org	ganization's miss	sion or most	significant act	ıvıtıes _S	ioux Ci	ty Pul	olic 1	Libra	ry	
يە	l	enhancem	ent ar	nd support									
anc													
Activities & Governance]			- 								- -	
ģ	2			if the organizati				osed of mo	re than 25	% of its			
প্	3 4			nbers of the gove nt voting member				1h)			3	9	
ties	5		· ·	yees (Part V, Iin	_	iring booy (i	at vi mic	15)			5	-	
ťķ	6			eers (estimate if	•						6	0	
¥	7 a	Total gross u	nrelated t	ousiness revenue	e from Part V	III, Icolumn (C	c), ine 12				7 8	3	41,527.
	b	Net unrelated	business	taxable income	from Form 9	990-T, line 34					71)	
										Prior Ye	ar	Curr	ent Year
o.	8	Contributions	and gran	nts (Part VIII, line	e 1h)					15	,295		30,729.
Revenue	9	-		nue (Part VIII, Im	•							ļ	
e,	10			art VIII, column (ļ	-166	<u>,934.</u>	 	41,527.
_	11			III, column (A), li				no 12\		-151	630	 	72,256.
	12			nes 8 through 11			umn (A), III	le 12)	+		,312.		71,038.
	13			ounts paid (Part members (Part I						70	, , , , , ,	-	71,030.
	15			nsation, employe			n (Δ) lines	5-10)					
ea				ng fees (Part IX,				7	-			 	
Expenses								1			40	1	·
ŭ			-	nses (Part IX, co			<u> </u>	0.	-	···		+	
				IX, column (A), I					-		,431.		16,088.
	18	Total expense	es Add III	nes 13-17 (must	equal Part I	X, column (A)	, line 2003		<u> </u>		,743		87,126.
	19	Revenue less	<u>expense</u>	s Subtract line	18 from line	CDFN	17		- 		<u>,382</u>	· 	-14,870.
is o										inning o			of Year
Aese Bala	20	Total assets (•					-	1,234			354,564.
Net Assets or Fund Balancos	21	Total liabilitie	•	•					-		,245	· · · · · · · · · · · · · · · · · · ·	89,378.
_	<u>22</u> 		fund bala ure Blo	ances Subtract	line 21 from	line 20				1,152	,441	1,	265,186.
Га	11 (11												
		Under penaltie true, correct, a	es of perjury, and complete	, I declare that I have Declaration of prep	examined this re arer (other than o	iturn, including acc officer) is based or	companying sc all informatio	hedules and str in of which prep	atements, an parer has any	d to the be knowledge	st of my k e	nowledge and	belief, it is
Sig	n	► Ro	$T_{i} \cap C_{i}$	Thomas a	1200				1	9-3	2/1-	17)	
He	re	Signature	of office	morrise	<u> </u>					ate		<u> </u>	
		>	0 "										
		Type or pr	rint name an	nd title									
	-							Date		Check if		Preparer's ider	ntifying number
Pa		Proporaria		~··					1:	self- employed	▶ □	(000 1110100101	,
Pre		Preparer's signature	► Se	DB B Ri	ber C.	PA		8-25-	10	-			
pa: Us	rer's	Firm's name (or Nic	hols, Rise									
On On		yours if self- employed),		0 W 29th S			3			EIN ►			
-	<i>y</i>	address, and ZIP + 4		th Sioux (NE 687	76		Phone no	▶ (4)	02) 494	-5320
May	y the	IRS discuss th		with the prepare		/e [?] (see instru	uctions)					X Ye	s No
_				rwork Reduction				tions.		TEEA01	101 07/	20/09 Fo	rm 990 (2009)

Form	1 990 (2009) SIOUX CITY PUBLIC LIBRARY FOUNDATION	42-1261668	Page 2
Par	t III ' Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	Sioux City Public Library		
	enhancement and support		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? . Tyes X	No
	If 'Yes,' describe these changes on Schedule O.		-
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expenses. Section 501(c)(allocations to others, the total	(3) al
4 a	(Code:) (Expenses \$ 71,038. including grants of \$0.)	(Revenue \$ 30,	729.)
	Providing funds to enhance the services and literary		
	collection of the Sioux City Public Library; an endowment has been established to provide funds for these purposes.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	~		
4 t	O (Code) (Expenses \$ including grants of \$)	(Revenue \$	)
	~		
	~		
		<del> </del>	
40	C(Code) (Expenses \$ including grants of \$)	(Revenue \$	)
	_		
	~		
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	~		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		- <i></i> -
	~		
	~		
1.	d Other program services. (Describe in Schedule O)		
40		٠ ,	
A -		?	
<u> 4 e</u>	Total program service expenses ► 71,038.		

		-	Yes	No
			162	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_	_ <u>x</u> _	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_x_
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		х_
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, 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	A. W.	\$	5.1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	1 4. 3	, ,	
•	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		<u> </u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	_ x
14 a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		X
t	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		х
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 Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x_
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	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	<u>x</u> _

Form 990 (2009) SIOUX CITY PUBLIC LIBRARY FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		<u> </u>
23	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 employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
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	-	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28 a	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
29	•	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33_		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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, Part VI	37		х
38	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	38	x	
RΔΛ		Forn	n 990	(2009)

Form **990** (2009)

Tark V Statements regarding other mornings and rax compliance			
		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1 a 0		٠.	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ļ	- 1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a 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 2 a	-		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	. دعم		4
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5Ь		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?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business belongs at any time during the year?	 8		x
holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.		·-	
a Did the organization make any taxable distributions under section 4966?	9 a		x
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter		3.	
a Initiation fees and capital contributions included on Part VIII, line 12	-		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-	, .
11 Section 501(c)(12) organizations. Enter		- -, `	
a Gross income from other members or shareholders	`رد الاتالا	4	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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.

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 9			- 1
b	Enter the	number of voting members that are independent	169			
2	Did any o officer, di	ifficer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	ationship with any other	2		<u>x</u>
3	Did the or of officers	rganization delegate control over management duties customarily performed by or ur s, directors or trustees, or key employees to a management company or other persor	der the direct supervision	3		x
4		rganization make any significant changes to its organizational documents		4		х
_		prior Form 990 was filed?		_		
5		rganization become aware during the year of a material diversion of the organization	's assets ⁷	5		X
6		organization have members or stockholders?		6		<u>x</u>
7 a	Does the governing	organization have members, stockholders, or other persons who may elect one or m g body?	ore members of the	7 a		x
b	Are any o	fecisions of the governing body subject to approval by members, stockholders, or oth	er persons? .	7b		X
8	Did the oil the follow	rganization contemporaneously document the meetings held or written actions underlying	taken during the year by		, . سدست	1 - 1
а	The gove	rning body?		8a	_X	
ь	Each con	nmittee with authority to act on behalf of the governing body?		8ъ	X	
	organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cani ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		х
		Policies (This Section B requests information about policies not	required by the Interna	1		
Reve	enue Code)		-		
10-				10 a	Yes	No_X
	If 'Yes,' d	organization have local chapters, branches, or affiliates? loes the organization have written policies and procedures governing the activities of	such chapters, affiliates,			^-
		ches to ensure their operations are consistent with those of the organization?	((I · · · II · · · · · · · · · · · · ·	10b	37	
		organization provided a copy of this Form 990 to all members of its governing body b	etore filing the form?		_X	L
		in Schedule O the process if any used by the organization to review this Form 990 organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>		12a		x
		ers, directors or trustees, and key employees required to disclose annually interests t	hat could give rise	12.0		
	to conflic	ts?	•	12b		
C	: Does the S <i>chedule</i>	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12 c		
13		organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the pipersons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?	TTE A -	· ·	
a	The organ	nization's CEO, Executive Director, or top management official		15 a		X
t	Other offi	cers of key employees of the organization		15b		X
		line 15a or 15b, describe the process in Schedule O (See instructions)		-		
16 a	Did the or entity dur	rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16a		X
t	If 'Yes,' h	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt	16 b		
Sec		th respect to such arrangements? Disclosures		100	<u> </u>	Ь
17		tates with which a copy of this Form 990 is required to be filed		-	-	
18		i104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar in Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) ava	alable	for pu	aplic
		website Another's website Don request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docum ts available to the public	ents, conflict of interest policy	, and	financ	cial
20		name, physical address, and telephone number of the person who possesses the bo		ization		6586
,	PPCOK	LII MALLOWAL BANK BULFIERCE BI, BIOUK CIII,		<u>'-</u> '		

BAA

Form 990 (2009)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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
 See instructions for definition of '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)	(B)			((-			(D)	(E)	(F)
Name and Title	Average hours		tion (all t	hat appi	_	Reportable	Reportable	Estimated amount of other
	per week	advict of trasses	institutional trustee	Offi el	Key amphyee	Hig) est contrensated employee	roimei	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
TIMOTHY BOTTARO	- 1 00			v					0.	0
PRESIDENT	1.00			X			-	0.	0.7	0.
SCOTT BIEBER VICE PRESIDENT	0.00			X				0.	0.	0.
KAREN CLARK SECRETARY	0.00			x				0.	0.	0.
AMY CHASE TREASURER	0.00			х				0.	0.	0.
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Total number of independent contractors (including but not limited to those instead above) who received more than \$100,000 of compensation for services Possible Possible											
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(A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization	ea inaep	enae	ent (conti	racti	ors 1	ınat	received more tha	וח שוטט,טטט סז	
2 Total number of independent contractors (including but not limited to those listed above) who received more than								•	/B	,	(C)
	Name and business addres	s						_	Description	of Services	Compensation
									 		
									 		
											
	O Table and a find a second and a second a secon		*					ا - ا		I mare than	
BURGARAN ALTEROPEISAURA DOUGUE DE DICIARIZANO!	·	out not I	imite	ea to	י נחס	ise i	iste	u ao	ovej wno received	i more man	*-

Pai	t viii Statement of Revenue				
· }	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
FTS, GRANTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d				\ \ \ \
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f	- - - -		المراجعة ال المراجعة المراجعة ال	
양취	h Total. Add lines 1a-1f	30,729.]		
E REVENUE	Business Code 2 a b		Commence of the American		
SERVIC	c				
OGRAM	f All other program service revenue				
<u>a</u>	g Total. Add lines 2a-2f	<u> </u>	·		
	Investment income (including dividends, interest and other similar amounts)	36,429.	0.	36,429.	0.
	4 Income from investment of tax-exempt bond proceeds			<u> </u>	
	5 Royalties (i) Real (ii) Personal			 	
	6a Gross Rents	1			
	b Less rental expenses	┥.	,		' د
		-{····································			
	c Rental income or (loss) d Net rental income or (loss)				
	(i) Securities (ii) Other	 	 	<u> </u>	
	7a Gross amount from sales of assets other than inventory 718,471.	 		.5	}
	b Less cost or other basis and sales expenses 713,373.				
	c Gain or (loss) 5,098.			"all " and "un	
	d Net gain or (loss)	5,098.	0.	5,098.	0.
ENUE	8a Gross income from fundraising events (not including \$				
REV			= -		
OTHER REVEN	b Less direct expenses b	-{	1	1 -	-
10	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 . a	 	-		2.5
	b Less direct expenses b	7		ŀ	
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b			,	
	c Net income or (loss) from sales of inventory	<u> </u>	L		
	Miscellaneous Revenue Business Code				
	11a		ļ		
	b	<u> </u>	ļ	<u> </u>	
	c	<u> </u>		<u> </u>	<u> </u>
	d All other revenue		ļ		
	e Total. Add lines 11a-11d		ļ	ļ	
	12 Total revenue. See instructions	72,256.	0.	41,527.	0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but ar	e not required to comp	lete columns (B), (C), an	d (D).
	(5)	(0)	

1 Grants and other assistance to governments and organizations in the US-See Part IV, I 12 2 2 3 Grants and other assistance to individuals in the U.S. See Part IV, I 12 2 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, in the IV.S. See Part IV, in IV.S. See Part IV.S. See P	1	and organizations in the U.S. See Part IV.	71.038.	71.038	,	, , ,
organizations, and individuals distated the U.S. See Part IV, lines 15 and 16 to U.S. See Part IV, lines 15 and 16 to U.S. See Part IV, lines 15 and 16 to U.S. See Part IV, lines 15 and 16 to U.S. See Part IV, lines 15 and 16 to U.S. See Part IV, lines 15 and 16 to U.S. See Part IV, lines 17 to U.S. See Part IV, lines 18 to U.S. See Part IV, lines 19 to U.S. See P	2	Grants and other assistance to individuals in	71,030.		4	
5 Compensation of current officers, directors, trustees, and key employes 6 Compensation not included above, to dissualistic persons described under section 4958(0)(3)(3) 7 Other salaries and wages 8 Pension plan contributions (include section contributions) 10 Payroll taxes 11 Fiess for services (non-employees) 12 Payroll taxes 13 Fiess for services (non-employees) 13 Management 14 Legal 15 Caccounting 16 Accounting 17 Filmestment management fees 18 Quiter among the services of the servic	3	organizations, and individuals outside the				
disqualified persons (as defined under section 4950((1)3(d)) 7 Other salaries and wages 8 Pension plan contributions (include section 4010(4) and section 430(0) employer contributions) 9 Other employee benefits 10 Payroll taxes 1 Fees for serwices (non-employees) a Management b Legal C Accounting 5 90. 0 . 5 90. 0 . 5 90. 0 . 5 90. 0 . 5 90. 0 . 5 90. 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .		Compensation of current officers, directors,				
8 Pension plan contributions (include section 401(k) and section 403(t) employer contributions)	6	disqualified persons (as defined under section 4958(f)(1) and persons described in				
401(k) and section 403(t) employer contributions) 9 Olther employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 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 of affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 3 Partinership Allocations 4 Total other expenses 5 Joint costs, Check here > 1 of following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	7	Other salaries and wages				
10 Payroll laxes	8	401(k) and section 403(b) employer				
a Management b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14,817. 0. 14,817. 0. 14,817. 0. 14,817. 0. 14,817. 0. 14,817. 0. 99. 0. 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 Interest 21 Payments to faffiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses shown on line 25 below) a Partnerehip Allocations 57 So	9	Other employee benefits				
a Management b Legal c Accounting c Accounting for Individual State of the Company e Prof fundrasing svos See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 99. 0. 999. 0. 999. 0. 999. 0. 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 4 Other expenses Itemize expenses not covered above (Expenses grouped together and fabeled miscellaneous may not exceed 5% of total expenses shown on time 25 below? 3 Partnership Allocations 5 Occupancy 4 Other expenses shown on time 25 below? 5 Foreign Taxes 5 Total functional expenses. Add lines 1 through 24f 6 All other expenses 5 Total functional expenses. Add lines 1 through 24f 6 Joint costs. Check here *	10	Payroll taxes				
b Legal c Accounting	11	Fees for services (non-employees)				
C Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees 14,817. 0. 14,817. 0. 14,817. 0. 14,817. 0. 12 Advertising and promotion 13 Office expenses 99. 0. 99. 0. 99. 0. 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 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses grouped together covered above Expenses grouped together on the exceed 5% of total expenses shown on line 25 below) 2 Payments to affiliates 2 Depreciation, depletion, and amortization 2 Insurance 3 Office expenses shown on line 25 below) 2 Payments of travel or entertainment expenses to affiliates 2 Depreciation, depletion, and amortization 2 Insurance 3 Office expenses shown on line 25 below) 3 Partnership Allocations 4 Office expenses shown on line 25 below) 5 Foreign Taxes 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Add lines 1 through 241 5 Total functional expenses. Ad	â	Management				
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SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			Ţ., <u></u>	<u></u> -		
	•	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	:			
	BAA					Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	104,566.	2	56,456.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	4	ئۇد ئامىيە ئا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
Š	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use .		8	
Š	9	Prepaid expenses and deferred charges .		9	
	10 a	Land, buildings, and equipment cost or other basis 10a	日がいまなり		经生活性的
		Complete Part VI of Schedule D		2 agr.	Andread St. Martin.
	ь	Less accumulated depreciation 10b		10 c	
	11	Investments — publicly-traded securities	1,130,120.	11	1,298,108.
	12	Investments – other securities See Part IV, line 11		12	
	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)	1,234,686.	16	1,354,564.
	17	Accounts payable and accrued expenses	82,245.	17	89,378.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
À	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	سرمر باز از ا	an g	the same that the same transmit
Ţ	j	of Schedule L		22	l
E S	23	Secured mortgages and notes payable to unrelated third parties		23	ļ
	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	82,245.	26	89,378.
N E T		Organizations that follow SFAS 117, check here ► and complete lines	1	١.	
Ť		27 through 29 and lines 33 and 34.	, , , , , , , , , , , , , , , , , , , ,	1	5. 15
ĄSSE	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets .		29	
R		Organizations that do not follow SFAS 117, check here X and complete	,		المراجع المراج
E		lines 30 through 34.	Andreas a successive and and	7	TIM THE TOTAL
かってい	30	Capital stock or trust principal, or current funds	L	30	<u> </u>
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ê	32	Retained earnings, endowment, accumulated income, or other funds	1,152,441.	32	1,265,186.
BALAZCES	33	Total net assets or fund balances	1,152,441.	33	1,265,186.
5	34	Total liabilities and net assets/fund balances	1,234,686.	34	1,354,564.

TEEA0111 01/30/10

orm 990 (2009) SIOUX CITY PUBLIC LIBRARY FOUNDATION	42-1261668	. Pa	ige 12
Part XI Financial Statements and Reporting		_	
		Yes	No
1 Accounting method used to prepare the Form 990 🔲 Cash 🕱 Accrual 🔲 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?	. <u>2</u> a		Х
b Were the organization's financial statements audited by an independent accountant?	. <u>2b</u>		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,		
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 consolidated basis, separate basis, or both:	issued on a		
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 Audit Act and OMB Circular A-133?	the Single		x

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization Employer identification number SIOUX CITY PUBLIC LIBRARY FOUNDATION 42-1261668 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III- Other Type III - Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that 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? Yes olf a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) a family member of a person described in (i) above? a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (v) Did you notify the organization in col (i) of your support? (vii) Amount of Support (i) Name of Supported (ii) EIN (III) Type of organization (iv) Is the (described on lines 1-9 above or IRC section (see instructions)) organization in col organization in col Organization (i) fisted in your governing document? (i) organized in the Yes-No -Yes No Yes - No

BAA 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

Sec	(Complete only if you checke tion A. Public Support	d the box on line	5, 7, or 8 of Part I	~			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	21,505.	18,007.	17,868.	15,295.	30,729.	103,404.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3	21,505.	18,007.	17,868.	15,295.	30,729.	103,404.
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)			Nego -			
	Public support. Subtract line 5 from line 4	\$6°			115		103,404.
Sec	tion B. Total Support						
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	21,505.	18,007.	17,868.	15,295.	30,729.	103,404.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	85,436.	250,682.	89,651.	-166,934.	26,472.	285,307.
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 IV)						
11	Total support. Add lines 7 through 10		·				388,711.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3) <u>►</u> [
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20			e 11, column (f)		14	26.60%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			[15	23.69%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported org	on line 13, and figanization .	the line 14 is 33-1	/3 % or more, che	eck this box
b	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported org	n line 13, or 16a, janization	and line 15 is 33-	1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more and if the organization is the organization meets the 'facts'	meets the 'facts-ai	nď-circumstances'	test, check this b	ox and stop here.	. Explain in Part I'	√how
	10%-facts-and-circumstances te or more, and if the organization is organization meets the 'facts-and	meets the 'facts-aid-circumstances'	nd-circumstances' test. The organiza	test, check this bation qualifies as	ox and stop here. a publicly support	. Explain in Part I' ed organization.	V how the ►
	Private foundation. If the organiz	zation did not ched	k a box on line, 1	3, 16a, 16b, 17a,			
BAA					Se	chedule A (Form 9	990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SIOUX CITY PUBLIC LIBRARY FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I)				
Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')		(5) 2330	(0) 200.	(4) 2000	(0,200	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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			<u></u>			
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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2						
_	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line					2	
	7c from line 6)	,		.]			
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		•		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(u) 2003	(5) 2000	(0) 200.	(4) 2000	1 (0) 2000	(7) 10121
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines-10a-and-10b					ļ	-
	Net income from unrelated business activities not included inline 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)						
	Total support. (add Ins 9, 10c, 11, and 12.)	\ , .	- /-	er to Tr	<u> </u>	. Landy by the	·
14	First five years. If the Form 990	s for the organiza	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
	organization, check this box and		Yanaantan:				
	tion C. Computation of Pu						<u></u>
	Public support percentage for 200			e 13, column (f))		_	5 %
	Public support percentage from 2						6 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9			
17	Investment income percentage for	or 2009 (line 10c,	column (f) divided	by line 13, colun	nn (f))	_ 1	7 %
18	Investment income percentage fr	om 2008 Schedul	e A, Part III, line 1	7		<u>_1</u>	8 %
	33-1/3 support tests - 2009. If the more than 33-1/3%, check this both						
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppo	rted organization	on H
	Private foundation. If the organiz	ation did not che	ck a box on line 14	4, 19a, or 19b, ch	eck this box and	see instructions	<u> </u>

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Pt II Line 17a: PURPOSE OF ORGANIZATION IS SUPPORT OF PUBLIC LIBRARY ACTIVITIES.
All income is from donations or investment income.
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SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

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Open to Public And Inspection Public Employer Identification number 42-1261668 SIOUX CITY PUBLIC LIBRARY FOUNDATION
Part 13 General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	ds to substantiate the he grants or assistance procedures for monite	amount of the grant	s or assistance, the grant funds in the United Si	the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States	grants or assistance,	and	X Yes No
[Partills] Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	ance to Governme ny recipient that re (Form 990) if addi		zations in the Unit lan \$5,000. Check heeded	Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	e if the organizate ecipient received	tion answered 'Y more than \$5,00	es' to Form 0. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SIOUX CITY 405 6TH ST SIOUX CITY IN 51101	42-6005220		71,038.	0	FMV	N/A	LIBRARY ASSIST
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	(3) and government orguious	ganizations				A A	
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instru	luction Act Notice, see	the Instructions fo	ctions for Form 990.	TEEA3901	02/10/10	Sched	Schedule I (Form 990) 2009

42-1261668 'Yes' to Form 990, Part IV, line 22.	(f) Description of non-cash assistance			er additional information.								Schedule I (Form 990) 2009
42 zation answered 'Yes'	(e) Method of valuation (book, FMV, appraisal, other)			t I, line 2, and any other	DISTRIBUTIONS	 	 					
mplete if the organi:	(d) Amount of non-cash assistance			ation required in Part	ALL TIOI		 	 		! ! ! ! ! ! !		
FOUNDATION United States. Co	(c) Amount of cash grant			orovide the information	RD OF TRUSTEES AE					[
SIOUX CITY PUBLIC LIBRARY r Assistance to Individuals in the Schedule I-1 (Form 990) if addition	(b) Number of recipients			nplete this part to p	THE LIBRARY FOUNDATION BOARD OF TE	E USED FOR.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	 	t 	
Schedule I (Form 990) 2009 SIOUX CITY PUBLIC LIBRARY FOUNDATION Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required						;		BĄA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

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

Pepartment of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization	Employer identification number
SIOUX CITY PUBLIC LIBRARY FOUNDATION	42-1261668
Pt VI-B, Line 11A board member reviews draft	
Pt VI-C, Line 19 available at library office	
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Supporting Statement of:

Form 990 p 11/Line 11, column (A)

Description	Amount
MUTUAL FUNDS-DOMESTIC	474,734.
US GOVERNMENT SECURITIES	300,573.
MUTUAL FUNDS-INTERNATIONAL	195,573.
SNB COMMON FUNDS	132,025.
CORPORATE SECURITIES	27,215.
Total	1,130,120.