

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION		D Employer identification number 23-7292786
	Doing business as		E Telephone number 319-739-0411
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	450 5TH AVE SE		G Gross receipts \$ 6,136,693.
	City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS, IA 52401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
F Name and address of principal officer: BRITTANY SCANLON SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ HTTP://WWW.CRLIBRARY.ORG/FOUNDATION		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1974		M State of legal domicile: IA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION MOBILIZES RESOURCES AND RELATIONSHIPS THAT EMPOWER OUR LIBRARY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	16
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 345,417.	Current Year 2,172,363.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,771.	271,615.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,000.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	458,188.	2,443,978.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	217,358.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		132,486.	141,079.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,161.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		102,863.	109,406.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	452,707.	500,858.	
19 Revenue less expenses. Subtract line 18 from line 12	5,481.	1,943,120.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,928,106.	End of Year 10,656,905.
	21 Total liabilities (Part X, line 26)	26,633.	25,454.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,901,473.	10,631,451.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ SALMA IGRAM, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRIAN ARONSON, CPA	Preparer's signature BRIAN ARONSON, CPA	Date 11/09/21	Check if self-employed <input type="checkbox"/>	PTIN P01425251
	Firm's name ▶ BERGANKDV, LTD.	Firm's EIN ▶ 41-1431613		Phone no. 319-294-8000	
Firm's address ▶ 417 FIRST AVE SE, SUITE 300 CEDAR RAPIDS, IA 52401					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FOUNDATION MOBILIZES RESOURCES AND RELATIONSHIPS THAT EMPOWER OUR LIBRARY TO DELIVER INNOVATIVE PROGRAMS AND SERVICES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 172,132. including grants of \$ 139,651.) (Revenue \$) THE CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION SUPPORTED OUR LIBRARY'S EFFORTS TO PROMOTE ACCESS, LITERACY, AND INCLUSION FOR ALL AGES. DOLLY PARTON'S IMAGINATION LIBRARY ENTERED ITS FOURTH YEAR OF SENDING FREE, AGE-APPROPRIATE BOOKS TO CHILDREN UNDER 5 IN CEDAR RAPIDS. AS OF JUNE 30, 2021, WE HAVE MAILED MORE THAN 194,000 BOOKS TO CHILDREN IN CEDAR RAPIDS, AND ENROLLMENT IS OVER 5,500 CHILDREN UNDER FIVE.

OUR LIBRARY'S PARTNERSHIP WITH CARGILL ENTERED ITS 30TH YEAR AND CONTINUES TO FUND OUTREACH PROGRAMS FOR PRESCHOOLS SERVING AT-RISK CHILDREN. WHILE THE COVID PROTOCOLS HAMPERED IN-PERSON INTERACTIONS, OUR LIBRARY WENT ABOVE AND BEYOND BY PROVIDING 12 VIDEO STORY TIMES AND 1,170 BOOKS FOR 130 PRESCHOOLERS DURING THE 2020-21 SCHOOL YEAR.

4b (Code:) (Expenses \$ 104,436. including grants of \$ 84,729.) (Revenue \$) THE CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION CONTINUES TO SUPPORT OUR LIBRARY'S EFFORTS TO PROVIDE ACCESS TO ROBUST MATERIALS THROUGH THEIR PRINT AND ONLINE COLLECTIONS. TWO YEARS AGO, THE LIBRARY FOUNDATION BEGAN FUNDING AN ONLINE RESOURCE FOR DIGITAL MATERIALS CALLED HOOPLA. THIS PLATFORM INCREASED OUR DIGITAL COLLECTION OFFERINGS TO INCLUDE COMIC BOOKS, POPULAR MOVIES, SOUNDTRACKS, AND MORE. MORE IMPORTANTLY, HOOPLA ALLOWS IMMEDIATE STREAMING OF (OR INSTANT ACCESS TO) THE DESIRED CONTENT, RATHER THAN REQUIRING A HOLDS LIST FOR POPULAR TITLES. WHEN THE PANDEMIC CLOSED LIBRARY DOORS, ITS ONLINE COLLECTIONS SAW A GREAT JUMP IN USE. IN ITS THIRD YEAR, HOOPLA USAGE INCREASED TO 2,000 CHECKOUTS A MONTH TOTALING 24,111 CHECKED OUT IN FY21.

4c (Code:) (Expenses \$ 24,652. including grants of \$ 20,000.) (Revenue \$) OUR LIBRARY'S INTERGENERATIONAL READING PROGRAM KNOWN AS THE SUMMER DARE CONTINUED ITS VIRTUAL PROGRAM PATH FOR A SECOND YEAR. THERE WERE 1,747 READERS REGISTERED AND COLLECTIVELY, THEY READ 552,938 MINUTES IN JUNE AND JULY. THE LIBRARY STAFF CONDUCTED 38 VIRTUAL PROGRAMS WITH ATTENDANCE OF 1,685. THE MOBILE TECHNOLOGY LAB TECH TO GO PROGRAMS, WHICH FEATURED 102 PROGRAMS WITH 4,738 ATTENDEES REFERENCED ABOVE, WERE ALSO PART OF THIS YEAR'S SUMMER DARE. FOLLOWING A SUCCESSFUL 2020 IMPLEMENTATION, THE LIBRARY CONTINUED OFFERING PROGRAM KITS FOR FAMILIES AND TEENS, SERVING 160 FAMILIES THROUGHOUT THE SUMMER.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,490. including grants of \$ 5,993.) (Revenue \$)

4e Total program service expenses 312,710.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CHARITY TYLER - 319-739-0411 450 5TH AVE SE, CEDAR RAPIDS, IA 52401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include CHARITY TYLER, PAT SAUTER, BRITTANY SCANLON, ASHLEY GRIMM, SALMA IGRAM, LOIS BUNTZ, JEN CONWELL, RON HELLWEG, JADE HART, SUSAN MCDERMOTT, CHRIS MUELLER, JULIE ROSENBOHM, MEGAN MURPHY-SALYER, JOEL SCHMIDT, CLINT TWEDT-BALL, SEAN WILLIAMS.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in the first row.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, Advertising, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a, 10b, 10c for depreciation.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 2,443,978. Line 2: Total expenses 500,858. Line 3: Revenue less expenses 1,943,120. Line 4: Net assets at beginning 6,901,473. Line 5: Net unrealized gains 1,783,889. Line 9: Other changes 2,969. Line 10: Net assets at end 10,631,451.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII []

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
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?
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 Circular A-133?
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 on Schedule O and describe any steps taken to undergo such audits

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 2c, 3a, 3b with 'X' marks in the Yes or No columns.

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION
Employer identification number: 23-7292786

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 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] 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...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 53.91%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 49.84%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []; 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization []; 17b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [].

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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

b 33 1/3% support tests - 2019. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 [] Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Table with 3 columns: Section A - Adjusted Net Income, (A) Prior Year, (B) Current Year (optional). Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Add lines 1 through 3, Depreciation and depletion, Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions), Other expenses (see instructions), Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).

Table with 3 columns: Section B - Minimum Asset Amount, (A) Prior Year, (B) Current Year (optional). Rows include Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities, Average monthly cash balances, Fair market value of other non-exempt-use assets, Total (add lines 1a, 1b, and 1c), Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets, Subtract line 2 from line 1d, Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions), Net value of non-exempt-use assets (subtract line 4 from line 3), Multiply line 5 by 0.035, Recoveries of prior-year distributions, Minimum Asset Amount (add line 7 to line 6).

Table with 3 columns: Section C - Distributable Amount, (A) Prior Year, (B) Current Year. Rows include Adjusted net income for prior year (from Section A, line 8, column A), Enter 0.85 of line 1, Minimum asset amount for prior year (from Section B, line 8, column A), Enter greater of line 2 or line 3, Income tax imposed in prior year, Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions), [] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions table with columns for line numbers and Current Year amounts. Includes rows for exempt purposes, administrative expenses, and total annual distributions.

Section E - Distribution Allocations table with columns for (i) Excess Distributions, (ii) Underdistributions Pre-2020, and (iii) Distributable Amount for 2020. Includes rows for 2020 distributable amount, underdistributions, and carryovers.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

Employer identification number

23-7292786

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION	Employer identification number 23-7292786
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,809,816.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION	Employer identification number 23-7292786
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION	Employer identification number 23-7292786
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION Employer identification number 23-7292786

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 42.1100 %
b Permanent endowment 35.0300 %
c Term endowment 22.8600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) X, 3a(ii) X, 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, (A) through (H), and a Total row.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include 1. (1) Federal income taxes, (2) through (9), and a Total row.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,443,978.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 500,858.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION'S QUASI AND PERMANENT ENDOWMENTS CONSIST OF VARIOUS FUNDS ESTABLISHED TO PROVIDE INCOME TO MEET THE FOUNDATION'S ANNUAL OPERATING NEEDS AND TO PROVIDE FUNDS FOR ONGOING SUPPORT TO THE CEDAR RAPIDS PUBLIC LIBRARY IN THE AREAS OF BOOKS AND MATERIALS, CHILDREN'S SERVICES, AND GENERAL NEEDS ABOVE WHAT PUBLIC FUNDING IS ABLE TO PROVIDE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN ASSETS HELD BY GRCRF 2,969.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION** Employer identification number **23-7292786**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS PUBLIC LIBRARY 450 5TH AVE SE CEDAR RAPIDS, IA 52401	42-6004336	CITY OF CEDAR RAPIDS	115,922.	0.	N/A	N/A	PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOOKS	5603	0.	134,451.	FMV	BOOKS GIVEN FOR FREE TO CHILDREN IN NEED

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION HAS A SPENDING POLICY AND DISTRIBUTES 3% OF A 3 YEAR ROLLING AVERAGE VALUE OF THE PERMANENTLY RESTRICTED FUND TO THE LIBRARY ANNUALLY. NO MONITORING HAS BEEN DEEMED NECESSARY IN ORDER FOR FUNDS TO BE UTILIZED FOR THEIR INTENDED PURPOSE. HOWEVER, THE FOUNDATION WILL ALSO PROVIDE GRANTS TO THE LIBRARY FOR SPECIFIC PROJECTS FOR WHICH THE LIBRARY REQUIRES ASSISTANCE. THE FOUNDATION'S BOARD WILL REVIEW EACH REQUEST, IF THE EXPENDITURE IS APPROVED BY THE FOUNDATION'S BOARD THE NEXT STEP IS TO GATHER SUBSTANTIATION FROM THE LIBRARY BEFORE FUNDS ARE

Part IV Supplemental Information

DISPENSED.

THE DOLLY PARTON IMAGINATION LIBRARY VIA THE DOLLYWOOD FOUNDATION
INVOICES THE FOUNDATION MONTHLY BASED ON THE NUMBER/AGE OF CHILDREN IN
THE FOUNDATION'S DATABASE AND DISTRIBUTES THE BOOKS ACCORDINGLY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION

Employer identification number

23-7292786

PART I, LINE 5; PART V, LINE 2A AND 2B; PART VII, SECTION A;
THE ORGANIZATION REIMBURSES THE CITY OF CEDAR RAPIDS FOR ITS EMPLOYEE
COSTS. BECAUSE OF THE RELATIONSHIP, THE CITY OF CEDAR RAPIDS IS
CONSIDERED A COMMON PAYMASTER. THE CITY OF CEDAR RAPIDS IS RESPONSIBLE
FOR ALL PAYROLL TAX FILINGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
A NEW AND INNOVATIVE ADDITION TO THE LIBRARY'S COLLECTION IS A MOBILE
TECHNOLOGY LAB OFFERING TECH TO GO PROGRAMS THROUGHOUT THE COMMUNITY.
INTRODUCED IN MAY 2021, THE VAN VISITED FOUR CEDAR RAPIDS PARKS EVERY
WEEK AND SEVERAL COMMUNITY IMPACT SITES FROM JUNE INTO EARLY AUGUST.
THE MOBILE TECHNOLOGY LAB OFFERED 102 PROGRAMS AT 15 DIFFERENT
LOCATIONS WITH 4,738 ATTENDEES. ADDITIONALLY, THE MOBILE TECHNOLOGY LAB
SERVED 70 ADULTS AT THE IOWA WORKS JOB FAIR AND CONDUCTED RESUME AND
COVER LETTER WORKSHOPS VIRTUALLY AND ONE-ON-ONE. THE VIDEO TUTORIALS
HAVE 67 UNIQUE VIEWS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE LIBRARY FOUNDATION CONTINUES TO SUPPORT OUR LIBRARY STAFF
YEAR-ROUND WITH CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT
OPPORTUNITIES. THE LIBRARY FOUNDATION USES STORYTELLING TO RAISE
AWARENESS OF LIBRARY PROGRAMS AND SERVICES THROUGH NEWSLETTER
PUBLICATIONS AND BROCHURES SHARED AT SPEAKING EVENTS.
EXPENSES \$ 11,490. INCLUDING GRANTS OF \$ 5,993. REVENUE \$ 0.

Name of the organization CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION	Employer identification number 23-7292786
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FORM 990, PART VI, SECTION A, LINE 1:

THE GOVERNING BODY DELEGATES AUTHORITY TO THE EXECUTIVE AND FINANCE COMMITTEES, WHICH ARE ABLE TO ACT ON THE BOARD'S BEHALF BETWEEN BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS GIVEN TO THE FINANCE COMMITTEE FOR THEIR REVIEW. THE FINAL VERSION OF THE 990 IS SUBMITTED TO THE ENTIRE BOARD FOR APPROVAL PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE COPY OF THE CONFLICT OF INTEREST STATEMENT IS FURNISHED TO EACH DIRECTOR, VOLUNTEER COMMITTEE MEMBER, CONTRACT ACCOUNTANT, AND EMPLOYEE OF THE CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION, AND EACH SUCH PERSON IS REQUIRED TO ANNUALLY EXECUTE A DECLARATION DISCLOSING ANY RELATIONSHIPS OR MEMBERSHIPS WHICH MAY PRESENT A POTENTIAL CONFLICT OF INTEREST, OR AN APPEARANCE OF A CONFLICT, AND SHALL INDICATE THAT HE/SHE HAS READ, UNDERSTANDS, AND AGREES TO ADHERE TO THE POLICY AS STATED. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR EVALUATION OF ANY POTENTIAL CONFLICTS OF INTEREST. IN THE EVENT SUCH CONFLICT IS CONSIDERED TO JEOPARDIZE THE STATUS OF THE FOUNDATION, THE COMMITTEE IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE BOARD OF DIRECTORS REGARDING A DISPOSITION. IF A DIRECTOR OR VOLUNTEER IS FOUND TO HAVE A CONFLICT OF INTEREST, THE CONFLICTED PARTY SHALL ABSENT THEMSELVES AND REFRAIN FROM ANY REVIEW OF AND VOTE REGARDING THE MATTER, AND SHALL NOT ATTEMPT TO AFFECT ANY DECISION REGARDING THE TRANSACTION. SIGNED CONFLICT OF INTEREST FORMS ARE KEPT ON FILE FOR A ONE YEAR TIME PERIOD UNTIL NEW FORMS ARE SIGNED.

Name of the organization CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION	Employer identification number 23-7292786
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FORM 990, PART VI, SECTION B, LINE 15A:

A PERSONNEL COMMITTEE CONSISTING OF LIBRARY DIRECTOR, FOUNDATION BOARD PRESIDENT, TRUSTEE PRESIDENT, AND FOUNDATION VICE PRESIDENT REVIEW FEEDBACK ON EXECUTIVE DIRECTOR PERFORMANCE. THE BOARD OF DIRECTORS MEETS ANNUALLY WITH THE EXECUTIVE DIRECTOR TO CONDUCT A PERFORMANCE REVIEW AND MAKE RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS. COMPARATIVE STUDIES OF OTHER NONPROFIT EXECUTIVE COMPENSATION THROUGH THE ASSOCIATION OF FUNDRAISING PROFESSIONALS AND GUIDESTAR WERE USED TO AID IN DETERMINING COMPENSATION. ALL ADJUSTMETNS ARE VOTED ON AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION ON THE LIBRARY'S WEB SITE. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ASSET HELD BY GCRF	2,969.
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