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# Short Form Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning	January 1	, 2012, and ending	December 31	, 2012						
<b>B</b> Check if applicable <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 15%;"><input type="checkbox"/> Name change</td> <td style="width: 15%;"><input type="checkbox"/> Initial return</td> <td style="width: 15%;"><input type="checkbox"/> Terminated</td> <td style="width: 15%;"><input type="checkbox"/> Amended return</td> <td style="width: 15%;"><input type="checkbox"/> Application pending</td> </tr> </table>		<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Northeast Kansas Library Foundation, Inc.</b> Number and street (or P O box, if mail is not delivered to street address) <b>4317 W. 6th Street</b> City or town, state or country, and ZIP + 4 <b>Lawrence, KS 66049</b>		
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending					
		<b>D</b> Employer identification number <b>26-4154991</b>								
		<b>E</b> Telephone number <b>785-838-4090</b>								
		<b>F</b> Group Exemption Number ►								
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).								
<b>I</b> Website: ►										
<b>J</b> Tax-exempt status (check only one) — <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										
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.										
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ .										
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)										
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>										
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	41095.00							
	2 Program service revenue including government fees and contracts	2	0							
	3 Membership dues and assessments	3	0							
	4 Investment income	4	0							
Expenses	5a Gross amount from sale of assets other than inventory	5a	0							
	b Less: cost or other basis and sales expenses	5b	0							
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0							
	6 Gaming and fundraising events	6a	0							
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	0							
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	0							
	c Less: direct expenses from gaming and fundraising events	6d	0							
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	0							
	7a Gross sales of inventory, less returns and allowances	7b	0							
	b Less: cost of goods sold	7c	0							
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0							
Net Assets	8 Other revenue (describe in Schedule O)	9	41095.00							
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	0							
	10 Grants and similar amounts paid (list in Schedule O)	11	0							
	11 Benefits paid to or for members	12	0							
	12 Salaries, other compensation, and employee benefits	13	0							
	13 Professional fees and other payments to independent contractors	14	0							
	14 Occupancy, rent, utilities, and maintenance	15	0							
	15 Printing, publications, postage, and shipping	16	42210.00							
	16 Other expenses (describe in Schedule O)	17	42210.00							
	17 Total expenses. Add lines 10 through 16	18	-1115.00							
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	2101.00							
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	0							
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	986.00							
	21 Net assets or fund balances at end of year. Combine lines 18 through 20									

**Part II Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II.

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	2101.00	<b>22</b> 986.00
<b>23</b>	Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b>	Other assets (describe in Schedule O) . . . . .	41095.00	<b>24</b> 0
<b>25</b>	<b>Total assets</b> . . . . .	43196.00	<b>25</b> 986.00
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	42210.00	<b>26</b> 0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	986.00	<b>27</b> 986.00

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**What is the organization's primary exempt purpose?      Making distributions to exempt organizations**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	In 2012, the Northeast KS Library Foundation received funds and finished the 2nd year of a KS Humanities Council preservation grant for the Rossville Community Library that preserves historical pictures on the library website. The remaining \$1336 from 2011, plus an additional \$1,000 were expended in 2012. (Grants \$ 2336.00) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	2336.00
29	In 2012, the Northeast KS Library Foundation received a grant from a Roman Foundation Grant for iPads to be circulated in 5 public libraries in Miami, Johnson and Linn Counties of KS. The grant was received and expended in 2012 (Grants \$ 39,295.00) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	39295.00
30	   (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . ► <input type="checkbox"/>	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes  No   
**33** ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes  No   
**34** ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes  No   
**35a** ✓

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes  No   
**35b** ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Yes  No   
**35c** ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes  No   
**36** ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0 Yes  No   
**37b** ✓

b Did the organization file **Form 1120-POL** for this year? Yes  No   
**38a** ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes  No   
**38b**

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
**39a** 0

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
**39b** 0

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 Yes  No   
**40b** ✓

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes  No   
**40c**

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No   
**40d**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes  No   
**40e** ✓

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes  No

41 List the states with which a copy of this return is filed ► **Kansas**

42a The organization's books are in care of ► **James Minges** Telephone no. ► **785-838-4090**  
 Located at ► **4317 W. 6th Street, Lawrence, KS** ZIP + 4 ► **66049** Yes  No   
**42b** ✓

b 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)?

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**.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . .

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ►  and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes  No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
**44a** ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
**44b** ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
**44c** ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes  No   
**44d** ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No   
**45a** ✓

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes  No   
**45b** ✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

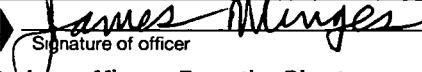
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>NONE</b>				

f	Total number of other employees paid over \$100,000	► 0
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

d	Total number of other independent contractors each receiving over \$100,000	► 0
52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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.

<b>Sign Here</b>			<b>05/15/13</b>
	Signature of officer	Date	
► <b>James Minges, Executive Director</b>			
Type or print name and title			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

**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. ► See separate instructions.

OMB No 1545-0047

**2012**

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Name of the organization

Employer identification number

**Northeast Kansas Library Foundation, Inc.**

26-4154991

**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.)

- 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)**. (Attach Schedule E.)
- 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)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 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)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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)**.
- 11  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 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.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  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 509(a)(2)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
    - (ii) A family member of a person described in (i) above? . . . . .
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	✓	
11g(ii)	✓	
11g(iii)	✓	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)Northeast Kansas Library System	48-0759470	6	✓		✓		✓		0
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									0

**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.

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Name of the organization

Northeast Kansas Library Foundation, Inc.

Employer identification number

26-4154991

Part 1, Line1 \$300 - individual donations \$100 each-Gerald Speidel & Kathleen Jordan; business donation \$100 - Northeast KS Library Sys.

Part 1, Line1 \$39,295.00 -- grant for 5 libraries in Miami, Johnson and Linn counties from the Roman Foundations

Part 1, Line1 \$250.00 -- last installment on preservation grant from Kansas Humanities Council

Part 1, Line 1 \$750.00 - matching costs from Rossville Community Library and Northeast Kansas Library System for preservation grant

Part 1, Line 1 \$500.00 - donations in memory of Kay Lassiter, director of Delaware Township Library

Part 1, Line 16 \$40.00 Annual Report filing fee for Kansas Secretary of State

Part 1, Line 16 \$2,086.00 - Kansas Memory Digital Services -- hosting for images --part of preservation grant expenses

Part 1, Line 16 \$500.00 Delaware Township Library -- memorial donations

Part 1, Line 16 \$39.00 Northeast Kansas Library System -- reimbursement for QuickBooks Training Material

Part 1, Line 16 \$31,940.75 Apple, Inc. 10 iPads & 5 carts for Louisburg, Spring Hill, Osawatomie, Paola and Linn County Libraries--Roman Gt.

Part 1, Line 16 \$1,470.85 Spring Hill Library -- final disbursement of Roman Grant Funds

Part 1, Line 16 \$1,470.85 Linn County Library District #2 -- final disbursement of Roman Grant Funds

Part 1, Line 16 \$779.77 NEKLS - reimburse for Louisburg Roman Grant items-covers, Mac Mini, screen cleaner, earbuds and cables

Part 1, Line 16 \$691.08 - Louisburg Library District - final disbursement of Roman Grant Funds

Part 1, Line 16 \$751.19 NEKLS - reimburse for Osawatomie Roman Grant items-covers, Mac Mini, earbuds and cables

Part 1, Line 16 \$719.66 Osawatomie Public Library - final disbursement of Roman Grant Funds

Part 1, Line 16 \$939.19 NEKLS - reimburse for Paola Roman Grant items-covers, Mac Mini, headphones, earbuds and cables

Part 1, Line 16 \$531.66 Paola Free Library -- final disbursement of Roman Grant Funds

Part 1, Line 16 \$250 Rossville Community Library -- final Kansas Humanities Council grant disbursement

Part 2, Line 24 duplication of all Part 1, Line 1 entries above

Part 2, Line 26 duplication of all Part 1, Line 16 entries above

Part 3, Line 28 \$2336.00 KS Memory Digital Services (\$2,086), Rossville Community Library (\$250) -- Part 1, Line 16 and Part 2, Line 26

Part 3, Line 28 \$39295.00 checks to APPLE, Spring Hill, Linn Co., Louisburg, Osawatomie, Paola and NEKLS - Part 1, Line 16 & Part 2, Line 26