# **Short Form Return of Organization Exempt From Income Tax**

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED MAR 2 4 2021

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A I	For the	2019 calenda	ar year, or tax year beginning January 1 , 2019, and ending D	cembe	er 31 , 20 19					
В	Check if ap	pplicable	C Name of organization D En	ployer i	dentification number					
╛	Address c	hange	PewaukeePublic Library Foundation, Inc.	39-1933537						
╡	Name cha	-	Number and street (or P O. box if mail is not delivered to street address)  Room/suite  E Te	ephone i	number					
╡	Initial retur	m m/terminated	PO Box 97	2	62-691-1463					
Ī	Amended		City or town, state or province, country, and ZIP or foreign postal code	oup Ex	emption					
l	Application	n pending	Pewaukee WI 53072	mber	<u> </u>					
G,	Account	ting Method	✓ Cash	▶ 🗸	if the organization is not					
	Vebsite				tach Schedule B					
			, , , , , , , , , , , , , , , , , , , ,	990, 99	90-EZ, or 990-PF).					
			✓ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	S						
			500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	\$ 27,206					
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr		•					
_	T		the organization used Schedule O to respond to any question in this Part I		<u> </u>					
	1		ns, gifts, grants, and similar amounts received	1	14,527					
	2	-	ervice revenue including government fees and contracts	2	2,472					
	3		p dues and assessments	3	310					
	4	Investment		4	0					
	5a		•	<u>D</u>						
	b			익	_					
		Once the second of the second								
	6									
ē	а	\$15,000) .		.[						
Revenue	ь		me from fundraising events (not including \$ 0 of contributions	4						
Š			alsing events reported on line 1) (attach Schedule G if the							
Œ			h gross income and contributions exceeds \$15,000)   6b   9,89	,						
	c		t expenses from gaming and fundraising events 6c 3,97	⊣						
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c) .		6d	5,922					
	7a	· ·	s of inventory, less returns and allowances	, <del> </del>	0,022					
	b		of goods sold	5						
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	l o					
	8		nue (describe in Schedule O)	8	0					
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	23,231					
	10	Grants and	similar amounts paid (list in Schedule O)	10	9,356					
	11	Benefits pa	id to or for members	11	0					
es	12		her compensation, and employee benefits	12	0					
S	13	Professiona	il tees and other payments to independent contractors	13	16,583					
Expenses	14	Occupancy	, rent, utilities, and maintenance OGDEN, UT	14	0					
ω	15	Printing, pu	blications, postage, and shipping	15	2,190					
	16	-	nses (describe in Schedule O)	16	235					
_	17	Total expe	nses. Add lines 10 through 16	17	28,364					
Ş	18		deficit) for the year (subtract line 17 from line 9)	18	5,133					
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	<u> </u>						
ž		•	r figure reported on prior year's return)	19	32,985					
ē	20		ges in net assets or fund balances (explain in Schedule O)	20	0					
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	27,852					

Pa	rt II Balance Sheets (see the instructions t					
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			1	(A) Beginning of year	ļ,	(B) End of year
22	Cash, savings, and investments			32,985		27,852
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	
25	Total assets			32,985		27,852
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	32,985	27	27,852
Par						Expenses
	Check if the organization used Schedule	<del> </del>	ny question in this	Part III 🔽	(Red	quired for section
What	t is the organization's primary exempt purpose?	See Schedule O		<u> </u>	501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	d, the number of	orga	anizations, optional for
28	Youth Library Services - funding provided signage, E				}	
	Challenge (elementary-age reading program), Family		d Wisconsin Science	Festival	1	
	programs. These programs benefitted approx. 300 p					
	(Grants \$ 6,534) If this amount	· · · · · · · · · · · · · · · · · · ·			28a	6,534
29	Adult Library Services - funding for Memory Cafe (Al					
	sponsorship of various adult programs and periodical	al review materials.	hese programs ben	efit approx.		
	400 patrons.				   29a	
	(Grants \$ 2,321) If this amount				298	2,321
30	Cri-cut machine for Library staff. This purchase enh					
	Staff. This machine helps about 35 staff who use it to	o benefit all patrons a	it the Pewaukee Pub	lic Library.		
	(Oranta fi	inalidas faraian ara	nto chock horo		30a	501
24	(Grants \$ 501) If this amount Other program services (describe in Schedule O)	includes foreign gra		<u> </u>	302	501
31		includes foreign gra		▶ □	31a	
22	(Grants \$ ) If this amount  Total program service expenses (add lines 28a t	through 31a)	ints, check here .	· · · · · ·	32	
Par						
rai	Check if the organization used Schedule					_
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Melis	sa Murray	1				
<u>Presi</u>	dent	4	C	)	0	0
Joy V	Veber	4				
Vice-	President	2			0	
Darcy	y Sefcik	}				
Secre	etary	2	C	)	0	0
Jean	Miller	,				
Treas	urer	4	0	)	9	0
Ruth	Harken	-				_
Direc		2	0	)	0	0
Sara		_	_			_
Direc		2		<u>'                                    </u>	0	0
	I Grace		_			_
Direc		2		<u> </u>	0	O
	beth Buggs	-				•
Direc	tor	2	0	<u>'                                    </u>	0	0
		1				
				<del> </del>	+	
		1				
					+	
		1				
		<b> </b>			+	
	••••	1				



Part	· · · · · · · · · · · · · · · · · · ·			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s rart	Yes	No
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	33	103	✓
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	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)?	35a		1
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	35b		\ <u>\</u>
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	35c		1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-		ـــِــــــــــــــــــــــــــــــــــ
b	Did the organization file Form 1120-POL for this year?	37Ь		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	36a		<b>✓</b>
39	Section 501(c)(7) organizations. Enter:	1		1
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		<b>\</b>
41	List the states with which a copy of this return is filed ▶ Wisconsin			
42a		262-69°		
_	Located at ► 474 W. Wisconsin Ave. Pewaukee Wi	53072		
Б	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		[	
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<b>√</b>
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		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	$\Box$	. 55	1
h	completed instead of Form 990-EZ	44a		<u> </u>
b	completed instead of Form 990-EZ	44b		<del>-</del>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>\</del>
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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	45b		_

Form 99	90-EZ (2019)	<u></u>					age 4
46	Did the organization engage, directly or					Yes	No
	to candidates for public office? If "Yes,"		Part I	· · · · · · ·	. 46	L	<b>✓</b>
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used So	ns must answer que			e tables f	or line	es
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	n in effect during the	tax 47	Yes	No
48 49a b 50	Is the organization a school as described Did the organization make any transfers If "Yes," was the related organization a school this table for the organization employees) who each received more that	in section 170(b)(1)(A)(ii to an exempt non-cha ection 527 organizatio s five highest compens	ritable related organiz in?	ation?	. 48 . 49a . 49b ors, trustee	es, an	√ √ d key
	(a) Name and title of each employee	(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) Estimate other com	d amou	
None		-					
		-					
		-					
		-					· · · ·
f	Total number of other employees paid or	ver \$100,000	. • 0	<u></u>			
51	Complete this table for the organization \$100,000 of compensation from the org	n's five highest compe		contractors who each	received	more	than
•	(a) Name and business address of each indeper	ndent contractor	(b) Type of serv	ce (c)	Compensate	on	
None						_	
					•		
						-	
d 52	Total number of other independent contribution the organization complete Sched completed Schedule A		ction 501(c)(3) orgai	nizations must attach	0 na .▶☑ Yes		
Under p	penalties of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other than	return, including accompany	ving schedules and stateme	nts, and to the best of my kn	<del></del>		
	Helesso D	Heway		3-10-	-20		
Sign	Signature of officer	0		Date			

Preparer's signature

Here

Paid

**Preparer** 

Use Only

Melissa Murray, President
Type or print name and title

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name

PTIN

Check | ıf

self-employed

Firm's EIN ▶

Phone no

Date

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name	of the organization					Employer identification	n number
	ukee Public Library Foundation, Inc		<u> </u>				33537
	t I Reason for Public Cha	_ <del></del>	<del></del>			<del>, ' </del>	ons.
	organization is not a private found		. –		-	-	1
1	A church, convention of church						14
2 3	☐ A school described in section☐ A hospital or a cooperative ho		· ·				17
4	A medical research organization hospital's name, city, and state	on operated in c					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	A community trust described in	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of ag	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fut tincome and un	unctions—subject to c prelated business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11	An organization organized and	l operated exclu	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).	
12	☑ An organization organized and						
	of one or more publicly support of the control of t	ough 12d that de	scribes the type of sup	oporting	organizatı	on and complete line	s 12e, 12f, and 12g.
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t		
b	☐ Type II. A supporting orgation control or management of organization(s). You must	the supporting o	organization vested in	the same			
С		rated. A suppor	rting organization oper	rated in c			ally integrated with,
d			•				orted organization(s)
	that is not functionally integrequirement (see instruction	grated. The orga	anization generally mu	st satisfy	a distribi	ition requirement an	
е	☐ Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of						/
<u>g</u>			· · · · · · · · · · · · · · · · · · ·	T		· · · · · · · · · · · · · · · · · · ·	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
<u> </u>				Yes	No		
(A)	ewaukee Public Library	396006343	7	<b>✓</b>		9356	0
B)							
C)							
D)							
							- <del></del> -
	<del>-</del>				<u> </u>	925/4	<del></del>

	(Complete only if you checked \text{\text{t}}  Part III. If the organization fails to						ualify under
Secti	on A. Public Support	1					
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	/ <b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
	on B. Total Support			/			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7 8	Amounts from line 4						<u> </u>
0	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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	ne organization	i's first, secon				
Secti	on C. Computation of Public, Suppor						<del></del>
14	Public support percentage for 2019 (line 6			1, column (f))	1	14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test—2019. If the organi box and stop here. The organization qual	lifies as a publi	icly supported	organization			🕨 🗀
b	331/3% support test – 2018. If the organization this box and stop here. The organization					18 33 /3% of r	nore, cneck · · · ► □
17a	17a 10%-facts-and-circumstances test—2019. 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						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c	rcumstances"	' test, check t	this box and	stop here.
18	Private foundation. If the organization did	d not check a l	oox on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions	<u> </u>		· · · · ·	Sch	edule A (Form 9	0 ok 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

• •	<b>-</b> \	, , , ,	
(Complete only if	you checked the	box on line 10 of Part I or if the organization failed to qualify under Par	t II.
If the organization	fails to qualify i	inder the tests listed below, please complete Part II.)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			_			,
_	received. (Do not include any "unusual grants.")						/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	\				/	1
	furnished in any activity that is related to the	1	[	1	ĺ		1
	organization's tax-exempt purpose	<u> </u>	<b></b>			/_/	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		\				1
	organization without charge	<u> </u>	\_				
6	Total. Add lines 1 through 5		<del>                                     </del>		/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			\ /			į
	·	<u> </u>					
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000			X	j	,	
	or 1% of the amount on line 13 for the year	ļ			ļ	i	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)				<u> </u>		
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> /2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6		/		<del>  \                                   </del>		
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business				``		
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain of loss from the sale of capital assets						
	(Explain in Part VI.)					\	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					\	
14	First five years. If the Form 990 is for the	-			=	\	<b>.</b>
Sacti	organization, check this box and stop he on C. Computation of Public Suppor			<del></del>	· · · · ·	· · · · /	· · • 📙
15	Public support percentage for 2019 (line 8	<u>_</u>		(f)		15	1 %
16	Public support percentage from 2018 Sch		-			16	<del>%</del>
	on D. Computation of Investment Inc			<u> </u>		<del> </del>	<del></del>
17	Investment income percentage for 2019 (			y line 13, colu	mn (f))	17	\ %
18	Investment income percentage from 2018	Schedule A, f	Part III, line 17			18	\ %
19a	331/3% support tests-2019. If the organi						
	17 is not more than 331/3%, check this box					-	\ —
b	331/3% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this t		_		•		
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instru	ctions ▶ □

## Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<b>'</b> .)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
0		1	✓	<del> </del>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	<b></b>	7
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			Ť
	(b) and (c) below.	3a	\ <u> </u>	1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<b>✓</b>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		<del> </del>
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	- 5a		_
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		<b>                                     </b>
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			_
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		<b>✓</b>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
•	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		✓
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<b>✓</b>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		<u></u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		<b>-</b>
-	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		<b>/</b>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		<b>/</b>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		_

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	ļ	<b>/</b>
	A family member of a person described in (a) above?	11b		<b>√</b>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
000	The Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			j
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
	Did the organization operate for the benefit of any supported organization other than the supported		i	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	on C. Type II Supporting Organizations	1 2		<u> </u>
	The state of the s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			- 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		<b>Y</b>	- NI -
4	Did the experimental provide to each of its supported experimental by the last day of the fifth month of the		Yes	No
	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			1
	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?	1	~	
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b>✓</b>
	By reason of the relationship described in (2), 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? If "Yes," describe in <b>Part VI</b> the role the organization's			1
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstruc	ctions	s)
a	☑ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			[
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		✓
	Parent of Supported Organizations. Answer (a) and (b) below.			1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del></del> i
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		_
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
Instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	†		
factors (explain in detail in Part VI):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		1
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	. <del>-</del>	
6 Multiply line 5 by .035.	6	····	
7 Recoveries of prior-year distributions	7	<del></del>	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u></u>	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	· · · · · · · · · · · · · · · · · · ·	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporti	ng organization (see
instructions).	-	<u> </u>	<b>5 5 1 1</b>

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)		
Secti	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish e	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.	•			
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
	From 2016				
d	From 2017				
e	From 2018				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)	ı			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
c	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019				

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.)
Part IV sect	ion D #2
The Library	Director of the Pewaukee Public Library is considered a non voting member of the Pewaukee Public Library Foundation (PPLF)
Board of Di	rectors. As such, she is invited to all meetings and is provided with copies of the minutes and financial reports of the PPLF. She
is privy to a	Il PPLF financial and policy discussions.
Part IV Sect	ion D #3
As an invite	ed participant in all PPLF meetings, the Library Director provides information regarding the current needs of the Pewaukee
Public Libra	ary which fall outside the scope of the Library's annual budget. The PPLF Board of Directors uses this information as they
determine g	rants for the Pewaukee Public Library. The Library Director provides information only and does not vote on policy or financial
motions.	
Part IV Sect	ion E #2a
The sole pu	rpose of the Pewaukee Public Library Foundation, Inc. (PPLF) is to provide funds for programs, projects and
technology	upgrades of the Pewaukee Public Library which fall outside the Library's annual budget. The Pewaukee Public Library's stated
purpose "is	to provide our community with carefully selected books and other materials to aid in the pursuit of education, information
research, ге	creation and the creative use of leisure time." This year, the PPLF provided funds for additional materials for the print and media
collections	of the Pewaukee Public Library, secured the proper licenses to show movies at the Library, paid for new signage, a Cri-Cut
machine to	enhance the technology available at the Library, and paid for special programs for children, youth and adults. All of these grants
fulfilled the	Library's stated purposes and commitment to the Powaukee community. All of these grants were for items whose costs fell
outside of t	he annual budget of the Pewaukee Public Library and are identified on Form 990-EZ Part III and on Schedule O.

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

Open to Public Inspection

Employer identification number

Pewaukee Public Library Foundation, Inc.	<u> </u>
Part 1 #10 Grants paid \$9356	
Youth Library Services \$5770	
Adult Library Services \$1200	
Movie license required to show movies at the Library \$700	
Monthly review periodical for Library patrons \$421	
Cri-cut machine \$501	
Sign for Youth Reference collection \$764	
Part 1 #16 Other expenses \$235	
Office supplies \$36	
State filings \$64	
Memorial \$135	
Part III What is the organization primary exempt purpose?	
The Pewaukee Public Library Foundation, Inc. raises funds to support the Pewaukee Public Library with pro	grams, materials, special projects
and electronic upgrades whoce costs exceed the annual budget of the Library.	
·····	
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