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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)

2020

OMB No. 1545-0047

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

Open to Public

		ror the Treasury lenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information	P N T		mspectio		
Ā	For the	e 2020 calendar year, or tax year beginning January 1 , 2020, and ending	Dece	mber 31	, 20	20	
В	Check if a	applicable. C Name of organization [9]	D Emplo	yer identi	fication number	r Q	
	Address	change Pewaukee Public Library Foundation, Inc		3919	33537		
	Name ch	hange Number and street (or P.O. box if mail is not delivered to street address) [2] Room/suite	E Telephone number				
片	Initial ret	PO BOX 97		262-6	91-1463		
H	Amended	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exempt	ion		
Ħ		corp or town, state or province, country, and 21P or foreign postar code Pewaukee WI 53072	Numb	oer ▶ [<u> </u>	· (
G			heck ▶	if the	e organization	ıs not	
1	Websit				Schedule B	1	
JI	ax-exe	empt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (F	orm 990	0, 990-EZ	Z, or 990-PF).		
ĸ	Form o	of organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other					
L	Add line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets				
(Pa	rt II, co	olumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶	\$	•	18711	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	struct	ions fo	r Part I) 🗊		
		Check if the organization used Schedule O to respond to any question in this Part I				V	
0	1	Contributions, gifts, grants, and similar amounts received	. [1	1	15467	
Û	2	Program service revenue including government fees and contracts	. [2		1046	
Û		Membership dues and assessments	. [3		950	
ø	4	Investment income		4		0	
	5a	Gross amount from sale of assets other than inventory 5a	0				
	b	Less: cost or other basis and sales expenses	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:	Ī				
	a	Gross income from gaming (attach Schedule G if greater than	.				
J.		\$15,000)	<i>></i> 0				
Revenue	b	Gross income from fundraising events (not including \$	•				
æ	}	from fundraising events reported on line 1) (attach Schedule Sit the		i			
		sum of such gross income and contributions exceeds \$15,000) 6h	1248	i			
	С	Less: direct expenses from gaming and fundraising events RECEIVED 66 111 DL1	35				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	J	_			
	_	line 6c)		6d		1213	
	7a	Gross sales of inventory, less returns and allowances	0	. [
	b	Less: cost of goods sold		_'			
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	-	7c		0	
	8	Other revenue (describe in Schedule O)	` }	9		0	
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10		8676	
	1	Clarks and similar amounts paid (list in conclude 0)		11		8600	
70	11 12	Benefits paid to or for members	-	12		0	
Se	13	Brofoscional foca and other novements to independent contractors (2) NOV 0.9.2021.	<u> </u>	13		8199	
Expenses	14	Occupancy, rent, utilities, and maintenance		14		0	
X	15	Printing, publications, postage, and shipping	—	15	 	742	
	16	Other expenses (describe in Schedule O)	—	16		504	
	17	Total expenses. Add lines 10 through 16		17	4	8045	
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	-	18		631	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w					
SS		end-of-year figure reported on prior year's return)		19	9	7852	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>	20		0	
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	2:	8483	
لسيب		the in the second secon					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2020)



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2	Ŗä	Balance Sheets (see the instructions to 'Check if the organization used Schedule	•	ny guestion in this	Dart II		
-		Check if the organization used Schedule	O to respond to ar		(A) Beginning of year	Ė	(B) End of year
	22	Cash, savings, and investments		🟲	27852	22	28483
	23	Land and buildings		[0	23	(
	24	Other assets (describe in Schedule O)		[0	24	. (
	25	Total assets		[27852	25	28483
	26					26	
_	27	Net assets or fund balances (line 27 of column			27852	27	28483
2	Par	Statement of Program Service Accom					-
-		Check if the organization used Schedule		ny question in this	Part III 🗹	l (R	Expenses equired for section
		· · · · · · · · · · · · · · · · · · ·	See Schedul O			50	11(c)(3) and 501(c)(4)
а	s m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest pe e services provided	rogram services, , the number of		ganizations; optional fo hers)
	_	Funds for. Adult Library Services, Youth Library Ser		rams, WI Science Fes	stival		
-	•	Maria Lagrana Cample Com Nighta					
	2	(Grants \$ 8500) If this amount	includes foreign gra	nts, check here .	▶ 🗀	28	8500
	29	Funds to purchase e-books for the Library collection					
					·····		
		(Grants \$ 100) If this amount	includes foreign gra	ints, check here .	▶ ⊔	29	0a 100
	30					1	
						1	
		(Grants \$) If this amount	includes foreign gra	ints check here	▶ □	30)a
	31					1	-
	٠.		includes foreign gra			31	la
	32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	3	2 8600
I	Par	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not com	oensated-see the i	nstr	ructions for Part IV)
_		Check if the organization used Schedule	O to respond to a	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	٠,	
			(b) Average	(c) Reportable 2	(d) Health benefits, contributions to employ	/ee (e) Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)			other compensation
-			·	(if not paid, enter -0-)	deterred compensatio	"	
		sa Murray	4			0	O
-		dent Veber				+	
		President	2	1	,	o	O
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		etary	2	0	,	o	C
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	irec	tor	2			0	(
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r	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
		instructions for that viry encount and organization about constants of to respond to any queetien in the		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		~	(T)
2	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		v	
	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		<u> </u>	
	c 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 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	35b 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	36		~	2
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a	医	No.	7
	b 39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	海域等			
	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	Program Book		Ð
	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	18.00 M			
	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	對是	1.5	
	41	List the states with which a copy of this return is filed ► Wisconsin				
	42a	1110 019411241017 0 000110 417 117 147 177		1-146		
		Located at ► 474 W Wisconsin Ave Pewaukee WI ZIP + 4 ►	53072	2-2430		
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	un .90.	V-5025	
		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).			逐次	i
	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		_	
	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 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	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	44b	N		:
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c	FZ	✓	!
	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		を	!

	=Z (2020)							age 4
, 16. D	ાત the organization engage, directly or ા	ndirectly in political o	campaign activities on	behalf of or in	onnositi	on ්නු	Yes	No_
	candidates for public office? If "Yes," o						7	`V
art VI			<u> </u>				<u>. </u>	<u> </u>
	All section 501(c)(3) organization		estions 47-49b and	52, and com	plete the	tables f	or line	es
•	50 and 51.	•						
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
							Yes	No
7 D	ed the organization engage in lobbying ear? If "Yes," complete Schedule C, Par	activities or have a	section 501(h) election					
-	the organization a school as described i					47		7
	id the organization make any transfers t					·		<u> </u>
	"Yes," was the related organization a se	•	-					-
	omplete this table for the organization's						es, an	key
er	mployees) who each received more than	n \$100,000 of compe	nsation from the orga	nization. If ther	e is none	e, enter "N	lone."	
		(b) Average	(c) Reportable	(d) Health be contributions to		(e) Estimate	ıd amoı	nt of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	deferred	other con		
			(compensa	tion			
one					1			
			 -	 	-			
				1				
4 T.	otal number of other employees paid ov	or \$100,000	\	<u> </u>				
	omplete this table for the organization			contractors w	ho each	received	more	than
	100,000 of compensation from the orga						.,	
	(a) Name and business address of each independ	dent contractor	(b) Type of sen	vice	(c)	Compensati	on	
	(5)		ļ			· · · · · · · · · · · · · · · · · · ·		
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	otal number of other independent contra			Dougations mus		0		
2 D	id the organization complete Schedi			▶	st attach			
2 Di	Id the organization complete Schedi ompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the be	st attach	a ▶ ☑ Yes		
2 Di	id the organization complete Schedi	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the be	st attach	a ▶ ☑ Yes		
der pena e, correc	and the organization complete Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the behas any knowledge	st attach	a ▶ ☑ Yes		
der pena e, correc	alties of perjury, I declare that I have examined this cit, and complete Declaration of preparer other that Signature of officer	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the be	st attach	a ▶ ☑ Yes		
der pena e, correc	and the organization complete Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the behas any knowledge	st attach	a ▶ ☑ Yes		
der pena e, correc	ompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the behas any knowledge	st attach	a Ves Ves owledge and		

Preparer

Use Only

Firm's name

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2020

Employer identification number

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Pewa	aukee Public Library Foundation, Inc.					39-193	3537		
Pa	rt I Reason for Public Char	ity Status. (All	organizations must	t comple	te this p	art.) See instruction	ns.		
The	organization is not a private founda						11.		
1	A church, convention of church						1 4		
2	A school described in section						Į		
3	A hospital or a cooperative hos	pital service org	janization described ir	n section	170(b)(1)(A)(iii).			
4	A medical research organization	-	onjunction with a hosp	ortal desc	ribed ın s	ection 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 7									
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete f	Part II.)					
9	An agricultural research organic or university or a non-land-granuniversity:	zation described nt college of agr	d in section 170(b)(1)(iculture (see instruction	(A)(ix) opens). Ente	r the nam	ne, city, and state of	the college or		
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt ful income and uni ter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ole incom i)(2). (Cor	eptions; a le (less se nplete Pa	nd (2) no more than ection 511 tax) from irt III.)	331/3% of its		
11	An organization organized and								
12		operated exclus	ively for the benefit of	f, to perfo	rm the fu	inctions of, or to car	ry out the purposes		
	of one or more publicly suppo Check the box in lines 12a throi	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).		
		_							
а	Type I. A supporting organithe supported organization.								
	supporting organization. You					ne directors or truste	ses of the		
b						upported organization	on(s) by having		
	control or management of to organization(s). You must o	he supporting o	rganization vested in	the same	persons	that control or mana	age the supported		
c	Type III functionally integrits supported organization(s						ally integrated with,		
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
е	Check this box if the organ functionally integrated, or T						e II, Type III		
f									
g	Provide the following information	about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization er governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A) F	Pewaukee Public Library	396006343	7	~		8600	0		
(B)									
(C)									
(D)									
(E)									
-		THE WATER THE	TO PRESIDENTIALLY ALTHOUGH	4000 165 P	e1315				

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i) / age <u>_</u>
-	(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 unde	er the tests lis	sted below, p	lease comple	ete Part III.) 🔏	/
	on A. Public Support						·
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
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	···		L/	<u>l</u>	L	
	on B. Total Support	() 0040	#10047	1 1 2010	() 2010	() 0000	(0 T.) . 1
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	/(c) 2018	(d) 2019	(e) 2020	(f) Total
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. /	•			12	
13	First 5 years. If the Form 990 is for the	<i>j</i> -			, or fifth tax ye	ear as a section	
=	organization, check this box and stop he	<i> </i>	<u> </u>	<u> </u>	<u> </u>		· · · > 🗀
	on C. Computation of Public Suppor			44 1 (0)			
14	Public support percentage for 2020 (line 6		-			14	<u>%</u> %
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi	zation did not	check the box	x on line 13, a			check this
	box and stop here. The organization qua						
b	331/3% support test — 2019 If the organithis box and stop here. The organization					is 33 1/3% or m	nore, check
17a							
b	10%-facts-and/circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the facts-and-cir	acts-and-circul cumstances te	mstances test est. The organ	, check this bo ization qualifie	ox and stop heres as a publicly	re. Explain supported
18	Private foundation. If the organization of instructions	did not check	a box on line	e 13, 16a, 16b	o, 17a, or 17b	, check this bo	ox and see ► □
			· · · · · · · · · · · · · · · · · · ·		\$0	hadula A /Form 90	10 or 990-EZ) 2020

Part	Support Schedule for Organiza						/
•	(Complete only if you checked th						påer Part II.
Saati	If the organization fails to qualify	under the te	ests listed bei	ow, please co	omplete Part	11.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2,020	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(6) 2017	(0) 2018	(a) 2019	(e) 2,020	(i) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		 	 		/	
	sold or services performed, or facilities					!	
	furnished in any activity that is related to the organization's tax-exempt purpose		•				
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf				-		
5	The value of services or facilities			1 /		'	
	furnished by a governmental unit to the organization without charge						1
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3			1			
_	received from other than disqualified		1	1			
	persons that exceed the greater of \$5,000			1	}		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	/(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6		?				
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,			1			
	royalties, and income from similar sources		_				
b	Unrelated business taxable income (less				1	İ	
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b	/					
11	Net income from unrelated business	/			i		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain of						
	loss from the sale of capital assets		1	1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10¢, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop her				-	ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch		•			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2020 (I			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019			•			%
19a	331/3% support tests-2020. If the organi						
	17 is not move than 331/3%, check this box a						
b	331/3% support tests-2019. If the organization						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions ► 🗌

Supporting Organizations Part IV

Section A. All 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.)

		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	11	V	
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		V
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		~
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI 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 under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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 lines 5b and 5c below (if applicable) Also, provide detail in Part VI , 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		V
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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		,
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 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		V
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 Part VI .	9a		V
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		,
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.	9c		~
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			
b	supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		~
	determine whether the organization had excess business holdings.) Schedule A (Form	10b		7) 2020

Part	IV 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 lines 11b and			
,	11c below, the governing body of a supported organization?	11a		~
	A family member of a person described in line 11a above?	11b		~
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	ľ		
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NI.
4			Yes	No
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)? 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			
			Yes	No
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?	1	ا الا	
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		V
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	/	
Section	on E. Type III Functionally Integrated Supporting Organizations	٠		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity	(see ir	struc	tions)
2	Activities Test. Answer lines 2a and 2b below.	,000		No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	[<u> </u>
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain 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 line 2a, above, 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		~
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . 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? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	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 Part VI the role played by the organization in this regard.	3b		

Part	<u> </u>			
٦.	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion AAdjusted 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		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	3	
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-function (see instructions).	ally i	integrated Type III suppo	orting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	d)	
Sect	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		·	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		10	
Secti	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าธ	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>_</u>	From 2015				
<u>_</u>	From 2016		······································		
	From 2017				
d	From 2018			- 1	
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7.				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h	'			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2021. Add lines 3 _j and 4c.				:
8	Breakdown of line 7				
а	Excess from 2016		<u></u>		
b_	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
<u>e</u>	Excess from 2020	L			

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 section 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 Directors As such, she is invited to all regularly scheduled meetings and is provided with copies of the minutes and financial
reports of the PPLF. She is privy to all PPLF financial and policy discussions
Part IV section D #3
As a non-voting member of the PPLF Board of Directors, the Library Director provides information regarding the current needs of the
Pewaukee Public Library which fall outside the scope of the Library's annual budget. The PPLF Board of Directors uses this
Information to determine grants for the Pewauke Public Library The Library Director provides information only and does not vote on
policy or financial motions
Part IV section E #2a
The sole purpose 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, recreation and the creative use of leisure time." This year funds were provided for additional materials for the media
collection, licenses to show movies at the Library, a Zoo pass to the Milwaukee County Zoo made available to Library patrons at no charge,
Summer Reading Program materials for Adults, Youth and Young Adults, Materials for the Memory Cafe and the Wisconsin Science
Festival Planters and seasonal arrangements were also purchased for the exterior of the Library All of these grants were for items
requested by the Library Director and whose use fulfill the Library's stated purpose
These purchases are identified on Form 990-EZ Part III and on Schedule O There were no other grants awarded during 2020.

.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 Employer identification number Pewaukee Public Library Foundation, INc 39-1933537 Part I #10: Grants and Similar amounts paid ≈ \$8600 Funds for Adult Library Services, Children's and Youth Library Services, Exterior planters, Book Pages Subscription = \$8500 Donation for the purchase of e-books for the Library collection - \$100 Part I #16 - Other Expenses = \$504 Subscriptions \$440 State fees \$64 Part III What is the organization's primary exempt purpose? The Pewaukee Public Library Foundation, Inc. raises funds to support the Pewaukee Public Library's programs, materials, special projects and electronic upgrades whose costs exceed the annual budget of the Library