# EXTENDED TO NOVEMBER 15, 2021 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2020
Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning and	ending					
В	heck if	C Name of organization		D Employer identific	cation number			
а	pplicable:	FRIENDS OF THE TOPEKA AND SHAWNEE						
	Address change	COUNTY PUBLIC LIBRARY, INC.						
F	Name change	Doing business as	48-0778629					
	Initial return		Room/suite	E Telephone number				
	Final return/	1515 SW 10TH AVENUE	1100111,00110	(785) 580				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	169,047.			
	Amende			H(a) Is this a group re				
	Applica- tion	F Name and address of principal officer: SHERRYL LONGHOFER		for subordinates				
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
1 7	ax-exen	npt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1) = 49$	or 527		list. See instructions			
		► HTTP://TSCPL.ORG/FRIENDS	<u></u>	H(c) Group exemption				
		rganization: X Corporation Trust Association Other	I Year	<del></del>	1 State of legal domicile: KS			
		Summary	12 1001	01101111aa011, == 1 = 1 1	- Otato of Togal doffilono, = -10			
	<b>1</b> B	riefly describe the organization's mission or most significant activities: TO ES	STABLI	SH CLOSER RE	ELATIONS			
Se		ETWEEN THE TOPEKA AND SHAWNEE COUNTY PUB						
Governance	_	heck this box if the organization discontinued its operations or dispos						
Veri				3	17			
Ĝ	1	umber of independent voting members of the governing body (Part VI, line 1b)			<u> </u>			
	1	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		·····	8			
Ę.		otal number of volunteers (estimate if necessary)			57			
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			-7,116.			
Ą		et unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	<u> </u>	ct difficiated business taxable moonle from 1 on 1 550 1,1 art 1, into 11		Prior Year	Current Year			
	8 C	ontributions and grants (Part VIII, line 1h)		24,211.	17,430.			
ne	1			170,535.	109,938.			
Revenue		rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,340.	9,407.			
Be		ther revenue (Part VIII, column (A), lines 5, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,106.	7,850.			
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		234,192.	144,625.			
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		91,000.	27,000.			
	l .			0.	0.			
		enefits paid to or for members (Part IX, column (A), line 4)alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,794.	28,230.			
ses				0.	0.			
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.		•			
Ä		otal fundraising expenses (Part IX, column (D), line 25)  ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107,657.	66,825.			
	1			240,451.	122,055.			
	l	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-6,259.	22,570.			
		evenue less expenses. Subtract line 18 from line 12	 Do	·	End of Year			
ts or	20 T	atal acceta (Dart V. line 16)		ginning of Current Year 235,045.	259,832.			
SSe	20 T	otal assets (Part X, line 16) Otal liabilities (Part X, line 26)		0.	0.			
Net Assets	21 T	et assets or fund balances. Subtract line 21 from line 20		235,045.	259,832.			
	22 N	Signature Block		233,043.	233,032.			
		es of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	ante and to the heet of my	knowledge and helief it is			
		and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowicage and boller, it is			
truc	1	and complete. Declaration of preparer (other than officer) is based on an information of wife	non proparci	ilas arīy kriowicuge.				
Sig	,	Signature of officer		Date				
Her		NANCY CARPENTER, TREASURER						
пеі	·	Type or print name and title						
			T	Date Check	PTIN			
Paid		Print/Type preparer's name  EBECCA SHAW  Prepares's signature		6/10/21 self-employe				
		irm's name ► BT&CO., P.A.	<del>77</del>   U		48-1066439			
	_	irm's address 4301 SW HUNTOON ST.		THIII S LIN				
550	J,	TOPEKA, KS 66604		Phone no 78	5-234-3427			
Max	the IDC	discuss this return with the preparer shown above? See instructions		I i none no. 7 O	X Yes No			
ivia	uie inc	discuss this return with the preparer shown above? See instructions			A res No			

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION IS TO ESTABLISH CLOSER RELATIONS BETWEEN THE TOPEKA AND
	SHAWNEE COUNTY PUBLIC LIBRARY AND THE PEOPLE IT SERVES; TO AID,
	PROMOTE, DEVELOP, AND ADVANCE THE OPERATION OF THE LIBRARY; AND TO
	SUPPORT AND COOPERATE WITH THE LIBRARY IN DEVLEOPING COMMUNITY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$95,055. including grants of \$) (Revenue \$18,566. )
	THESE FUNDS ARE USED TO SUPPORT OTHER VARIOUS TOPEKA AND SHAWNEE COUNTY
	PUBLIC LIBRARY PROJECTS
4b	(Code:) (Expenses \$2,000 • including grants of \$) (Revenue \$)
	SCHOLARSHIPS ARE GIVEN TO STUDENTS OBTAINING ADVANCED DEGREES
4c	(Code:) (Expenses \$
	BOOKS AND EQUIPMENT PURCHASED FOR THE BENEFIT OF TOPEKA AND SHAWNEE
	COUNTY PUBLIC LIBRARY
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 122,055.
	Form <b>990</b> (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		<del></del>
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the Light of the Light of the Light of the Control			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^</del>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>.</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

COUNTY PUBLIC LIBRARY, INC. 48-0778629 Page 4 Form 990 (2020) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ...... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

	· · · · · · · · · · · · · · · · · · ·		<del> </del>			
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			10		i

O20) COUNTY PUBLIC LIBRARY, INC.

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

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 785-580-4445			
	1515 WEST 10TH STREET TOPEKA KS TOPEKA KS 66604			

COUNTY PUBLIC LIBRARY, INC.

48-0778629 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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Check if Schedule O contains a response or note to any line in this Part VII	
Check if Schedule O Contains a response of hote to any line in this Fart vii	

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do		Posi		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		Jer an	lu a u	recto	Ji/ii uS	iee)	from	from related	other
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, 1000 111100)		and related
	below	idual	tution	er	Key employee	est co loyee	ıer			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) CAROL BALL	0.00									
DIRECTOR		Х						0.	0.	0.
(2) GARY SPRAY	0.00								_	_
DIRECTOR		Х						0.	0.	0.
(3) JOHN CONLEE	0.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(4) MARY CAMPBELL	32.00									•
OFFICE MANAGER	0.00			Х				0.	0.	0.
(5) JANET NELSON	0.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(6) JOHN PETTERSON	0.00								_	•
DIRECTOR	0.00	Х						0.	0.	0.
(7) SHERRYL LONGHOFER	0.00	3,7		3,7					_	0
PRESIDENT	0 00	Х		Х				0.	0.	0.
(8) JANICE BINGHAM	0.00	37							_	0
(9) SALLY HENSON	0.00	Х						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(10) RUTH NELSON	0.00	Λ						0.	0.	<u> </u>
DIRECTOR	0.00	Х						0.	0.	0.
(11) KAREN FAULK	0.00							0.	0.	<u></u>
DIRECTOR	0.00	х						0.	0.	0.
(12) JANE MYERS	0.00								0.1	
DIRECTOR		Х						0.	0.	0.
(13) NANCY CARPENTER	0.00									
TREASURER		Х		х				0.	0.	0.
(14) NICOLA BABCOCK	0.00									
DIRECTOR		Х						0.	0.	0.
(15) MARTINEZ HILLARD	0.00									
DIRECTOR		Х						0.	0.	0.
(16) JANICE JENNINGS	0.00									
DIRECTOR		Х						0.	0.	0.
(17) FRANK YEOMAN	0.00									
DIRECTOR		Х						0.	0.	0.

Form 990 (2020) 032007 12-23-20

48-0778629 COUNTY PUBLIC LIBRARY, INC.

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable		Es	timated	t
	hours per							compensation	compensation		am	ount o	f
	week	offic	cer an	d a di	irecto	r/trus	tee)	from	from related			other	
	(list any	octor						the	organizations	s	com	oensat	ion
	hours for	r dir				ted		organization	(W-2/1099-MIS	,C)	fre	om the	
	related	ste (	ruste			ensa		(W-2/1099-MISC)			_	anizatio	
	organizations	altru	onal t		loyee	com g						relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	nizatio	ns
(18) CATHY MINARIK	0.00	=	Ë	10¢	Ke	± 5	요			$\dashv$			
SECRETARY	0.00	Х		х				0.		0.			0.
BECKETAKI		^						0.		••			<u> </u>
		•											
		<del>                                     </del>								-			
		1											
-										$\neg$			
		1											
		1								$\neg$			
		1											
		1											
		1											
										$\neg$			
		1											
		1											
1b Subtotal	•						<b></b>	0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	0.		0.			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization						•			·				0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		_	(C		
Name and business	address	NC	ONE	5			_	Description of s	ervices	C	omper	nsation	
							_						
							_						
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨					)					_ (	990 (o	

Form 990 (2020) COUNTY

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			10,686.				
င်္ခ ဗြ		Fundraising events 1c	1,050.				
Ŧ,			1,050.				
ig ig		Related organizations 1d					
ns,		Government grants (contributions) 1e					
ë ë	f	All other contributions, gifts, grants, and	F 604				
ğ		similar amounts not included above 1f	5,694.				
di	g	Noncash contributions included in lines 1a-1f 1g \$	3,863.				
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f	<u></u>	17,430.			
			Business Code				
e e	2 a	WEB BASED SALES	_ 451211	82,229.	82,229. 27,709.		
ξ	b	BOOKTIQUE	451211	27,709.	27,709.		
Se	С						
an eve	d						
Program Service Revenue	е						
٦	f	All other program service revenue					
	а	Total. Add lines 2a-2f		109,938.			
	3	Investment income (including dividends, int					
		other similar amounts)		4,067.			4,067.
	4	Income from investment of tax-exempt bon		,			,
	5	Royalties	•				
	3	(i) Real	(ii) Personal				
	6 -	0	(ii) i croonar				
	оa	Gross rents 6a					
	D	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securitie					
		assets other than inventory 7a 5,340	).				
	b	Less: cost or other basis					
e			).				
l en	С	Gain or (loss) 7c 5,340	).				
Re	d	Net gain or (loss)	<b>&gt;</b>	5,340.			5,340.
ther Revenue	8 a	Gross income from fundraising events (not					
₹		including \$ 1,050. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 11,793.				
	b		8ы 5,455.				
		Net income or (loss) from fundraising event	s	6,338.			6,338.
		Gross income from gaming activities. See					
			9a				
	b		9b				
		Net income or (loss) from gaming activities	<b>•</b>				
		Gross sales of inventory, less returns					
			10a 11,851.				
	h	Less: cost of goods sold	ю 18,967.				
		Net income or (loss) from sales of inventory		-7,116.		-7,116.	
_		sales of involtory	Business Code	,,==,		,,====	
Sno	11 a	MISCELLANEOUS	900099	8,628.	8,628.		
nec Tue	b			-,	-,		
Miscellaneous Revenue	C		_				
Be		All other revenue	_				
Σ		Total. Add lines 11a-11d		8,628.			
	12	Total revenue. See instructions	<b>&gt;</b>	144,625.	118,566.	-7,116.	15,745.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to domestic organizations		·		·					
	and domestic governments. See Part IV, line 21	25,000.	25,000.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	2,000.	2,000.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)		27.72							
7	Other salaries and wages	25,503.	25,503.							
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	0 000	0 606							
10	Payroll taxes	2,727.	2,727.							
11	Fees for services (nonemployees):									
а	Management									
b	Legal	1 000	1 000							
С	Accounting	1,008.	1,008.							
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
Ť	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion	45 455	45 455							
13	Office expenses	15,175.	15,175.							
14	Information technology									
15	Royalties									
16	Occupancy	C 1	C 1							
17	Travel	64.	64.							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	44.	44.							
19	Conferences, conventions, and meetings	44.	44.							
20	Interest  Payments to affiliates									
21	Payments to affiliates									
22 23		2,202.	2,202.							
23 24	Other expenses. Itemize expenses not covered	2,202	2,202•							
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
а	amount, list line 24e expenses on Schedule 0.)  REIMBURSED SALARIES	46,414.	46,414.							
a b	BOOKS	969.	969.							
r D	MISCELLANEOUS	795.	795.							
d	STAFF APPRECIATION LUNC	154.	154.							
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	122,055.	122,055.	0.	0.					
26	Joint costs. Complete this line only if the organization	,	,	•	, , ,					
-	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
					F 000 (2222)					

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	670.	1	670
	2	Savings and temporary cash investments		2	158,670
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	98,275.	11	100,492
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	235,045.	16	259,832
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
11		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. 0.	26	0
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions		27	
Pa	28	Net assets with donor restrictions		28	
nuc		Organizations that do not follow FASB ASC 958, check here			
ī		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	0
se	30	Paid-in or capital surplus, or land, building, or equipment fund	_	30	0
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Se	32	Total net assets or fund balances		32	259,832
	33	Total liabilities and net assets/fund balances	235,045.	33	259,832

Form 990 (2020)
Part XI Rec

48-0778629 Page **12** COUNTY PUBLIC LIBRARY, INC.

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>4,6</u> 2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	122	2,0	<u>55.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	2:	2,5	70.	
4	0.2					
5	Net unrealized gains (losses) on investments	5		2,2	17.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	259	9,8	<u>32.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Total** 

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FRIENDS OF THE TOPEKA AND SHAWNEE COUNTY PUBLIC LIBRARY, INC.

 $Employer\ identification\ number$  48-0778629

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	$\Box$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Ħ	A medical research organiza					•	the hospital's name		
7	ш	city, and state:	ation operated in col	ijanotion with a noopital	accombca	III SCCIIO	ii ii o(b)( i)(A)(iii). Liitoi	the hoopital o hame,		
_	$\Box$	An organization operated for	or the benefit of a co	llogo or university evenes	l or operat	ad by a go	vornmental unit describe	nd in		
5	ш	•		nege or university owner	i or operat	eu by a go	verninental unit describe	eu III		
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8	Ш	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or		
		university:								
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support fi	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	fter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	•	vely to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or		
		more publicly supported org	· · · · · · · · · · · · · · · · · · ·	•	-		•			
		lines 12a through 12d that of								
а		Type I. A supporting orga					, ,	aivina		
u		the supported organization	•	•		-				
		• • • • •			majority C	i the direc	tors or trustees or the st	ipporting		
L		organization. You must o			الما المانيين معانا		d arganization(a) by bay	ina		
b		☐ <b>Type II.</b> A supporting organization	•					-		
		control or management of			arrie perso	iis iiiai coi	ittoi or manage the supp	Jorted		
_		organization(s). You mus			in connect	ion with a	and functionally intograte	d with		
С		☐ Type III functionally inte					• •	d with,		
		its supported organization						+:(-)		
d										
		that is not functionally int	•	• ,	•		•	eness eness		
		requirement (see instructi	•	-						
е							Type I, Type II, Type III			
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
Ť		er the number of supported o								
<u>g</u>	Pro	vide the following information  (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	'	organization	(11) 2.114	(described on lines 1-10	in your govern		support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No	Cappers (cos menas as as)			

Schedule A (Form 990 or 990-EZ) 2020 COUNTY PUBLIC LIBRARY, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18,289.	20,552.	20,483.	24,211.	17,430.	100,965.
2	Tax revenues levied for the organ-						
	ization'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	18,289.	20,552.	20,483.	24,211.	17,430.	100,965.
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)						
	Public support. Subtract line 5 from line 4.						100,965.
Sec	tion B. Total Support		ı			<b>.</b>	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	18,289.	20,552.	20,483.	24,211.	17,430.	100,965.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,219.	7,498.	9,485.	6,340.	9,407.	37,949.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			7,618.	2,485.		10,103.
10	Other income. Do not include gain						
	or loss from the sale of capital			4 00-			
	assets (Explain in Part VI.)	51.	200.	1,025.		8,628.	9,904. 158,921.
	<b>Total support.</b> Add lines 7 through 10						158,921.
	Gross receipts from related activities,						,091,196.
13	First 5 years. If the Form 990 is for the						. $\Box$
800	organization, check this box and stor						<b>&gt;</b>
	etion C. Computation of Publi						63.53 %
	Public support percentage for 2020 (I					14	60.00
	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the c						▶ [7]
	stop here. The organization qualifies		~				
D	33 1/3% support test - 2019. If the condition have						
17-	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances test						
17a							
	and if the organization meets the facts		•	•		· ·	▶ □
Į.	meets the facts-and-circumstances te	•	•			70. and line 15 io	
a	10% -facts-and-circumstances test	_					10% UI
	more, and if the organization meets the				-		▶□
40	organization meets the facts-and-circu				• • •		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 100, 1/a, or 1/b	, cneck this box ai	na see instructions	······· <b>P</b>

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

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

Se	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					Т Т	
	Public support percentage for 2020 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the	=	-	•			▶ ☐ I
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- c 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.
- **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.
- **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.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- **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.**
- c 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.
- 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 line 10b below.
  - **b** 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.)

		Yes	No
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	2		
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- }	3a		
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	4a		
- 1	44		
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ŀ	5a		
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Par	rt 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		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion 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 or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>ine</i> <b>1</b>		
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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		
	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		
	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 <b>Part VI</b> the role the organization's			
		3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
· a	The organization satisfied the Activities Test. Complete line 2 below.	aotionoj.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (coo instruction	no)	
2	Activities Test. Answer lines 2a and 2b below.	y (see instruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
	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 lines 3a and 3b below.	2.5		
	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? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	, , g , ros. gosonbe in the role blayed by the ordanization in this redaid.			

Schedule A (Form 990 or 990-EZ) 2020 COUNTY PUBLIC LIBRARY, INC.

48-0778629 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion 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		
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		
_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-functional	ly integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part 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 the	ne organization is responsive			
	(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	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	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: \$				
<u>a</u>	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 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COUNTY PUBLIC LIBRARY, INC. 48-077<u>8629 Page 8</u> 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.)

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.
FRIENDS OF THE TOPEKA AND SHAWNEE

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2020

COUNTY PU	BLIC LIBR	ARY, INC.					48-0778629
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records		-			-		
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	<del>-</del>				anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	1		T		(f) Method of	1	T
Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TOPEKA AND SHAWNEE COUNTY PUBLIC							
LIBRARY - 1515 SW 10TH ST -							BOOKS AND EQUIPMENT
TOPEKA, KS 66604	48-6028929	170(C)(1)	25,000.	0.			PURCHASED
,			,				
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table		<u> </u>		<b>1.</b>
3 Enter total number of other organization	•	•					<u> </u>

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

Schedule | (Form 990) 2020 COUNTY PUBLIC LIBRARY, INC.

Part III Grants and Other Assistance to Domestic Individuals Complete if the organic

48-0778629

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the information	on required in Part Llin	e 2: Part III. colum	a (b): and any other ad	ditional information	
- Supplemental information: 1 Toylde the information	orrequired irri arei, iiri	6 2, 1 art III, 60iaiiii	T(b), and any other ad	ational information.	

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

**Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF THE TOPEKA AND SHAWNEE COUNTY PUBLIC LIBRARY, INC.

**Employer identification number** 48-0778629

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IT SERVES; TO AID, PROMOTE, DEVELOP AND ADVANCE THE OPERATION OF THE
LIBRARY; AND TO SUPPORT AND COOPERATE WITH THE LIBRARY IN DEVELOPING
COMMUNITY SERVICES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS MAY JOIN OTHERS WHO WANT TO SUPPORT AND FURTHER THE MISSION OF THE
TOPEKA AND SHAWNEE COUNTY PUBLIC LIBRARY. MEMBERSHIP IS A TICKET TO THE
MEMBERS ONLY NIGHT AT THE ANNUAL FRIENDS BOOK SALE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE RETURN WILL BE PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM USING
FINANCIAL STATEMENTS PREPARED BY THE ORGANIZATION AND ACCEPTED BY THE BOARD
OF DIRECTORS AND OTHER INFORMATION PROVIDED BY THE ORGANIZATION. NO REVIEW
OF THE RETURN WILL BE CONDUCTED BY THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

EXTENDED TO NOVEMBER 15, 2021 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization ( Check box if name changed and see instructions.) Check box if address changed. FRIENDS OF THE TOPEKA AND SHAWNEE COUNTY PUBLIC LIBRARY, INC. 48-0778629 **B** Exempt under section Print EGroup exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 1515 SW 10TH AVENUE 408A ]530(a) City or town, state or province, country, and ZIP or foreign postal code ]529(a) [ TOPEKA, KS 66604 529S Check box if 259,832. C Book value of all assets at end of year ..... an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ THE ORGANIZATION 785-580-4445 Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see -7,116. instructions) 2 Reserved 2 -7.116**.** 3 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 4 -7,116. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 -7,116. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 **Trusts.** Section 199A deduction. See instructions 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 Proxy tax. See instructions 3 3 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6

Form **990-T** (2020)

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Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020) Page 2 **Tax and Payments** Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 0. 2 2 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 0. 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 320. 6a 2020 estimated tax payments. Check if section 643(g) election applies \_\_\_\_\_ > \_\_ b 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Other Form 4136 Total payments. Add lines 6a through 6g 320. 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 320 • Refund<u>ed</u> ▶ Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \_\_\_\_\_ > \$ 3 Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. 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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here TREASURER the preparer shown below (see Signature of officer Date instructions)? X Yes Print/Type preparer's name Preparer's signature Date PTIN Check self- employed Paid REBECCA SHAW 06/10/21 P01275425 CPA **Preparer** 48-1066439 Firm's name ► BT&CO., P.A. Firm's EIN ▶ **Use Only** 

4301 SW HUNTOON ST.

KS 66604

TOPEKA,

Firm's address

Form 990-T (2020)

785-234-3427

Phone no.

#### 1

**SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization FRIENDS OF THE TOPEKA COUNTY PUBLIC LIBRARY, INC.		B Employer identification number 48-0778629				
C Unrelated business activity code (see instructions) ► 45322	<b>D</b> Sequence:	1	of 1			
E Describe the unrelated trade or business ▶GIFT SALES						
Part I Unrelated Trade or Business Income (A) Income					(C) Net	
1a Gross receipts or sales11,851.	T					
b Less returns and allowances c Balance >	1c	11,851.				
2 Cost of goods sold (Part III, line 8)	2	18,967.				
3 Gross profit. Subtract line 2 from line 1c	3	-7,116.			-7,116.	
4a Capital gain net income (attach Sch D (Form 1041 or Form						
1120)) (see instructions)	4a					
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
c Capital loss deduction for trusts	4c					
5 Income (loss) from a partnership or an S corporation (attach						
statement)	5					
6 Rent income (Part IV)	6					
7 Unrelated debt-financed income (Part V)	7					
8 Interest, annuities, royalties, and rents from a controlled						
organization (Part VI)	8					
9 Investment income of section 501(c)(7), (9), or (17)						
organizations (Part VII)	9					
10 Exploited exempt activity income (Part VIII)	10					
11 Advertising income (Part IX)	11					
12 Other income (see instructions; attach statement)	12					
13 Total. Combine lines 3 through 12	13	-7,116.			-7,116.	
Part II Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	come			tions m	nust be	
1 Compensation of officers, directors, and trustees (Part X)				1		
2 Salaries and wages				2		
3 Repairs and maintenance				3		
4 Bad debts				4		
5 Interest (attach statement) (see instructions)				5		
6 Taxes and licenses		6				
7 Depreciation (attach Form 4562) (see instructions)						
8 Less depreciation claimed in Part III and elsewhere on return		8b				
9 Depletion				9		
10 Contributions to deferred compensation plans		10				
11 Employee benefit programs		11				
12 Excess exempt expenses (Part VIII)		12				
13 Excess readership costs (Part IX)		13				
14 Other deductions (attach statement)		14				
•				15	0.	
16 Unrelated business income before net operating loss deduction. S					D 446	
column (C)				16	-7,116.	
17 Deduction for net operating loss (see instructions)				17	<u> </u>	
18 Unrelated business taxable income. Subtract line 17 from line 1		18	-7,116.			

Part	III Cost of Goods Sold Fnter met	hod of inventory valua	tion N/A			Page Z
1	Inventory at beginning of year		•		1	0.
2	Purchases				2	8,141.
3	Cost of labor				3	10,329.
4	Additional section 263A costs (attach statement)				4	0.
5	Other costs (attach statement)		STATEN	MENT 1	5	497.
6	Total. Add lines 1 through 5				6	18,967.
7	Inventory at end of year				7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2		8	18,967.
9	Do the rules of section 263A (with respect to property)					Yes X No
Part				-	ty)	
1	Description of property (property street address, city, s	tate, ZIP code). Checl	cif a dual-use (see instr	uctions)		
	A					
	B					
	<u></u>					
	D					
_	Don't received as accounted	Α	В	С		D
2	Rent received or accrued From personal property (if the percentage of					
а	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
5 Part	Total deductions. Add line 4 columns A through D. Er  V Unrelated Debt-Financed Income (s	nter here and on Part I	, line 6, column (B)		.▶	0.
1	Description of debt-financed property (street address, of	<u>'</u>	Chack if a dual-use (see	instructions)		
•	A	orty, state, zir codej.	oncok ii a duai use (see	, instructions,		
	В					
	c					_
	D					
		Α	В	С		D
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
_	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt- financed property (attach statement)					
6	Divide line 4 by line 5		5 %		%	%
7	Gross income reportable. Multiply line 2 by line 6	7	70		70	70
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	art I, line 7. column (A)	1	<u> </u>	0.
-	5 - (		, , , , , , , , , , , , , , , , , , , ,			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here ar	d on Part I, line 7, colu	mn (B)	<b>&gt;</b>	0.
11	Total dividends-received deductions included in line				<b>—</b>	0.

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see	instructi	ions)	Page .
		-					Exempt Contro	,			
Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		nn 4 in the iniza-	e connected with	
(1)											
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ions				
7	Taxable Income  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made payments made controlling organization's gross income		the tion's	11. Deductions directly connected with income in column 10							
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		Part I, A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Totals	\/II	<u></u>		47. \( \)	(0) (4.7)	<u></u> ▶	<u> </u>		0.		0.
Part			of a Section 50	1(C)(/), (			,	ee instru			L =
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (a	<b>4.</b> Set-attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals				<b>&gt;</b>	Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income	see instr	ructions)		•
1	Description of exploite								,		
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen									T	
	4 Enter here and an E	Oort II line	10							-	

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

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<b>Part</b>	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ng two or	more periodicals on a	consolidated basi	is.	
	A					
	В					
	c 🔲					
	D					
Enter	amounts for each periodical listed above in the	correspo	nding column			
LIILOI	amounts for each periodical listed above in the	, correspo	A	В	С	D
2	Gross advertising income			<u> </u>		
2	Add columns A through D. Enter here and or		L 11 column (A)			0.
_	Add Columns A through D. Enter here and of	ıı Fait i, iii	ie i i, coluitiii (A)			
a	Diversity and continuous analysis by a provinced in all			T		
3	Direct advertising costs by periodical		(D)	1		0.
а	Add columns A through D. Enter here and or	n Part I, III	ie 11, column (B)			
				T		
4	Advertising gain (loss). Subtract line 3 from l	ine				
	2. For any column in line 4 showing a gain,	•				
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comple					
_	lines 5 through 7, and enter zero on line 8			+		
5	Readership costs			+		
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero			-		
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g			otal or zero here ar	nd on	•
D	Part II, line 13		<b>- T</b> 1		<b>&gt;</b>	0.
Part	X Compensation of Officers, Di	rectors	, and Trustees (	see instructions)	T T	
					3. Percentage	4. Compensation
	1. Name		<b>2.</b> Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
						•
					<b></b>	0.
Part	XI Supplemental Information (s	ee instruc	tions)			
					· · · · · · · · · · · · · · · · · · ·	

FORM 990-T (A)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER COSTS		497.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 5	497.