Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

FRIENDS OF JOHNSON COUNTY LIBRARY, INC.

Library, Inc.

P.O. Box 183

OVERLAND PARK, KS 66201-0183

23-7311851

913-261-2330

G

Accounting method:  X Cash  □ Accrual

Other (specify) □

Website: □ N/A

H

Check □  □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K

Check □ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I

Add lines 5b, 5c, and 7b to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ

$ 349,242

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, grants, gifts, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Income from investment income

5a Gross amount from sale of assets other than inventories

5b Less: cost or other basis and sales expenses

5c Gain (or loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here □

6a Gross revenue (not including $ of contributions reported on line 1)

6b Less: direct expenses other than fundraising expenses

6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

7d Other revenue (describe □)

7e Total revenue. Add lines 1, 2, 3, 4, 5, 6, 7, and 8

8 Expenses

9 Total expenses. Add lines 9 through 16

10 Grants and similar amounts paid (attach schedule)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe □)

17 Total expenses. Add lines 10 through 16

18 Net Assets or Fund Balances at beginning of year. Combine lines 17 and 20

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

Part II Balance Sheets. (If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

73,398

95,859

23 Land and buildings

24 Other assets (describe □ OTHER DEPRECIABLE ASSETS)

3,271

2,046

25 Total assets

76,669

97,905

26 Total liabilities (describe □)

473

1,025

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

76,196

96,880

Form 990-EZ (2009)
FRIENDS OF JOHNSON COUNTY LIBRARY, INC.

Form 990-EZ (2009) LIBRARY, INC. 23-7311851 Page 2

[Part III] Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization’s primary exempt purpose? SUPPORT THE JOHNSON COUNTY LIBRARY

Describe what was achieved in carrying out the organization’s exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PAYMENTS TO THE JOHNSON COUNTY LIBRARY FOUNDATION TO PROMOTE LIBRARIES IN KANSAS

(Grants $105,100.) If this amount includes foreign grants, check here □ 28a 105,100.

29 PAYMENTS TO JOHNSON COUNTY LIBRARY TO PURCHASE BOOKS, ENHANCE FACILITIES AND SERVICES

(Grants $82,196.) If this amount includes foreign grants, check here □ 29a 82,196.

30 POSTAGE EXPENSES FOR BOOKSTORE

(Grants $ ) If this amount includes foreign grants, check here □ 30a 5,183.

31 Other program services (attach schedule) SEE STATEMENT 7

(Grants $ ) If this amount includes foreign grants, check here □ 31a 9,197.

32 Total program service expenses (add lines 28a through 31a) □ 32 201,676.

[Part IV] List of Officers, Directors, Trustees, and Key Employees - List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation (If not paid, enter -0-)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

KODI BAUER, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.

MARSHA DALEY, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.

SHERRI HOPKINS, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.

ANITA KAISER, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
3.50 0. 0. 0.

MICHELLE FOX, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
3.00 0. 0. 0.

JANE O'NEIL, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
1.50 0. 0. 0.

VICKIE TROT, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
7.00 0. 0. 0.

LINDA BASH, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.

STUART HINDS, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.

BONNIE LIMBIRD, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.

JESSICA TIPTON, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.

JOYCE WRIGHT, 8700 SHAWNEE MISSION
PARKWAY, MERRIAM, KS 66201
0.50 0. 0. 0.
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911

section 4912

section 4955

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed.  ▶ KS

42a The organization's books are in care of  ▶ MATTHEW DELANEY  Telephone no. ▶ 913-261-2319

Located at ▶ 8700 SHAWNEE MISSION PARKWAY, MERRIAM, KS  ZIP + 4 ▶ 66201

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ
**Part VI**  
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>47</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>49a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>49b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Total number of other employees paid over $100,000

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000

**Sign Here**

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

Anita Kaiser, Treasurer

Date 11-10-10

Preparer’s signature: Shelly Head

Date: 11/9/10

Check if self-employed: ☐

Preparer’s identifying number (See instr.): 300844324

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

Form 990-EZ (2009)
**Public Charity Status and Public Support**

**Name of the organization**: FRIENDS OF JOHNSON COUNTY LIBRARY, INC.  
**Employer identification number**: 23-7311851

**Part I: Reason for Public Charity Status**  
(All organizations must complete this part.) See instructions.

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state.
5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. [x] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   - [ ] Type I
   - [ ] Type II
   - [ ] Type III - Functionally integrated
   - [ ] Type III - Other
12. [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
13. [ ] If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) below, the governing body of the supported organization? [ ] Yes [ ] No

(ii) A family member of a person described in (i) above? [ ] Yes [ ] No

(iii) A 35% controlled entity of a person described in (i) or (ii) above? [ ] Yes [ ] No

Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section 501(c)(3))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Total**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Schedule A (Form 990 or 990-EZ) 2009 Form 990 or 990-EZ.
### Schedule A (Form 990 or 990-EZ) 2009

**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)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants *)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
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</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
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</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
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</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
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<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
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<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
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<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
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</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
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<tr>
<td>15 Public support percentage from 2008 Schedule A, Part II, line 14</td>
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</thead>
<tbody>
<tr>
<td>16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
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</tr>
</thead>
<tbody>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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032022
02-08-10

17211027 793038 2776
2009.04050 FRIENDS OF JOHNSON COUNTY L 2776 1
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>20,840.</td>
<td>19,600.</td>
<td>18,054.</td>
<td>14,738.</td>
<td>18,235.</td>
<td>91,467.</td>
</tr>
<tr>
<td>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</td>
<td>178,754.</td>
<td>204,062.</td>
<td>211,236.</td>
<td>304,955.</td>
<td>330,780.</td>
<td>1,229,787.</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>199,594.</td>
<td>223,662.</td>
<td>229,290.</td>
<td>319,693.</td>
<td>349,015.</td>
<td>1,321,254.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B. Total Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10a, 11, and 12)</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.88 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 99.88 % |

### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 5.12 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 5.12 % |

| 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | X |
| 19b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. | |
Form 8868 (Rev 4-2009)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return. See instructions.

Name of Exempt Organization
FRIENDS OF THE JOHNSON COUNTY LIBRARY, INC.

Number, street, and room or suite no. If a P.O. box, see instructions
P.O. BOX 183

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
OVERLAND PARK, KS 66201-0183

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-PF
- Form 990-EZ

Employer Identification number
23-7311851

For IRS use only

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MATTHEW DELANEY

Telephone No. 913-261-2319

Fax No. 913-261-2319

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) if this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members of the extension is for.

- I request an additional 3-month extension of time until 11/15/2010.

- For calendar year 2009, or other tax year beginning and ending

- If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

- State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL TIME TO ACCUMULATE NECESSARY INFORMATION FOR FILING AN ACCURATE TAX RETURN DUE TO DELAY IN RECEIPT OR PROCESSING OF INFORMATION.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature]

Title: CPA

Date: 8/16/10

Form 8868 (Rev 4-2009)

HOWE & COMPANY, CPA, P.C.
1201 WALNUT STREET, SUITE 950
KANSAS CITY, MO  64106-2176
43-1069087
Application for Extension of Time To File an Exempt Organization Return

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Check type of return to be filed (file a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF

- The books are in the care of

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

1 I request an automatic 3-month extension (6 months for a corporation required to file Form 990-T) extension of time until _______________ 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or
- tax year beginning _______________ , ______, and ending _______________ .

2 If this tax year is for less than 12 months, check reason.

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions.

3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
Form 8868 (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
</table>

File by the extended due date for filing the return See instructions

<table>
<thead>
<tr>
<th>Number, street, and room or suite no. If a P.O. box, see instructions.</th>
<th>For IRS use only</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, town or post office, state, and ZIP code. For a foreign address, see instructions</th>
</tr>
</thead>
</table>

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-PF
- Form 990-BL
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-EZ
- Form 990-T (trust other than above)

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of

  Telephone No. FAX No.

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN)

  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a $  
  
  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  8b $  
  
  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  8c $  

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Signature** [Signature]

**Title** CPA

**Date** 5/17/10

HOWE & COMPANY, CPA, P.C.
1201 WALNUT STREET, SUITE 950
KANSAS CITY, MO 64106
43-1069087

JSA
9F8055 3 000
### FORM 990-EZ

#### OTHER EXPENSES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONFERENCES, CONVENTIONS, AND MEETINGS</td>
<td>4,819.</td>
</tr>
<tr>
<td>EVENTS</td>
<td>340.</td>
</tr>
<tr>
<td>PROMOTIONAL EXPENSES</td>
<td>3,819.</td>
</tr>
<tr>
<td>SPECIAL EVENTS</td>
<td>2,560.</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>345.</td>
</tr>
<tr>
<td>AWARDS</td>
<td>731.</td>
</tr>
<tr>
<td>DUES AND SUBSCRIPTIONS</td>
<td>50.</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>500.</td>
</tr>
<tr>
<td>DEPRECIATION</td>
<td>1,225.</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 990-EZ, LINE 16</strong></td>
<td><strong>14,389.</strong></td>
</tr>
</tbody>
</table>

#### FORM 990-EZ

#### OTHER LIABILITIES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTS PAYABLE AND ACCRUED EXPENS</td>
<td>473.</td>
<td>1,025.</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 990-EZ, LINE 26</strong></td>
<td>473.</td>
<td>1,025.</td>
</tr>
<tr>
<td>CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS</td>
<td>GRANTEE'S RELATIONSHIP</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>SEE PART III, LINE 28&lt;br&gt;JOHNSON COUNTY LIBRARY&lt;br&gt;9875 WEST 87TH&lt;br&gt;SHAWNEE MISSION, KS 66212</td>
<td>NONE</td>
<td>82,196.</td>
</tr>
<tr>
<td>SEE PART III, LINE 29&lt;br&gt;JOHNSON COUNTY LIBRARY FOUNDATION&lt;br&gt;P.O. BOX 2983&lt;br&gt;SHAWNEE MISSION, KS 66201</td>
<td>NONE</td>
<td>105,100.</td>
</tr>
<tr>
<td>TOTAL INCLUDED ON FORM 990-EZ, LINE 10</td>
<td></td>
<td>187,296.</td>
</tr>
</tbody>
</table>
### INCOME

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. GROSS RECEIPTS</td>
<td>330,780</td>
</tr>
<tr>
<td>2. RETURNS AND ALLOWANCES</td>
<td></td>
</tr>
<tr>
<td>3. LINE 1 LESS LINE 2</td>
<td>330,780</td>
</tr>
<tr>
<td>4. COST OF GOODS SOLD (LINE 13)</td>
<td>111,324</td>
</tr>
<tr>
<td>5. GROSS PROFIT (LINE 3 LESS LINE 4)</td>
<td>219,456</td>
</tr>
</tbody>
</table>

### COST OF GOODS SOLD

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. INVENTORY AT BEGINNING OF YEAR</td>
<td></td>
</tr>
<tr>
<td>7. MERCHANDISE PURCHASE</td>
<td></td>
</tr>
<tr>
<td>8. COST OF LABOR</td>
<td></td>
</tr>
<tr>
<td>9. MATERIALS AND SUPPLIES</td>
<td></td>
</tr>
<tr>
<td>10. OTHER COSTS</td>
<td>111,324</td>
</tr>
<tr>
<td>11. ADD LINES 6 THROUGH 10</td>
<td>111,324</td>
</tr>
<tr>
<td>12. INVENTORY AT END OF YEAR</td>
<td></td>
</tr>
<tr>
<td>13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)</td>
<td>111,324</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>COGS-OTHER COSTS (COMMON)</td>
<td>111,324.00</td>
</tr>
<tr>
<td>TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B</td>
<td>111,324.00</td>
</tr>
</tbody>
</table>
FORM 990-EZ  INFORMATION REGARDING TRANSFERS  STATEMENT 6
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [ ] YES [X] NO
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GRANTS</th>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMOTION OF THE LIBRARY AND ORGANIZATION THROUGH BOOKMARKS</td>
<td>0.</td>
<td>3,819.</td>
</tr>
<tr>
<td>PUBLIC EVENTS PROMOTING LIBRARY</td>
<td>0.</td>
<td>2,560.</td>
</tr>
<tr>
<td>FRIENDS LINE NEWSLETTER FOR MEMBERS</td>
<td>0.</td>
<td>2,078.</td>
</tr>
<tr>
<td>ACCOUNTING FEES RELATED TO PROGRAM SERVICES</td>
<td>0.</td>
<td>400.</td>
</tr>
<tr>
<td>PROMOTION OF ADULT AND CHILDREN READING PROGRAMS</td>
<td>0.</td>
<td>340.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 31</td>
<td></td>
<td>9,197.</td>
</tr>
</tbody>
</table>

FORM 990-EZ EXPLANATION OF BUSINESS INCOME NOT REPORTED ON FORM 990-T
PART V, LINE 35

LINE 7A IS EXEMPT FUNCTION INCOME OF THE ORGANIZATION