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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury

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)

Sponsonng organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

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

11120	illar iveve	ide Service		zadon may navo to doc a t	sepy or ano retern to		ong roquironion		PAS 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Α	A For the 2007 calendar year, or tax year beginning , and ending									
В	B Check if applicable Please C Name of organization							D Employer identification number		
	Address change use IRS label or label o									
	Name change print or HAZELTINE PUBLIC LIBRARY							51	L-0159441	
X	Initial reti	ırn type .		et (or PO box, if mail is no		address)	Room/suite	E Tel	ephone number	
Ш	Terminat	See Specific	891 BUSTI	SUGAR GROV	E ROAD			7:	L6-487-0760	
	Amended	return Instruc-	City or town, stat	e or country, and ZIP + 4				F Gro	oup Exemption	
	Application	on pending tions.	JAMESTOWN		NY 14701	<u>L</u>		Nu	mber •	
	Sect	ion 501(c)(3) organiz	zations and 4947(a)(1) nonexempt charital	ble trusts must at	ttach	G Accounting	g method	X Cash Accrual	
	a completed Schedule A (Form 990 or 990-EZ). Other (specify)									
i	I Website: ▶ WWW.CCLSLIB.ORG/BUSTI H Check ▶ I if the organization									
<u>J</u>	Organia	ation type (check only	y one)— 🗶 501(c) (3) ∢ (insert no.)	4947(a)(1) d	or 527	ıs not requ Schedule	uired to at B (Form 9	ach 90, 990-EZ, or 990-PF)	
K	Check	If the organi	zation is not a section	n 509(a)(3) supporting o	organization and it	s gross receipt			than \$25,000. A return is	
	not requ			a return, be sure to file						
L	Add line	es 5b, 6b, and 7b, to li	ne 9 to determine gro	oss receipts; if \$100,000	or more, file Forn	n 990 instead o	f Form 990-EZ		\$ 54,022	
	Part I	Revenue, Ex	penses, and Ch	anges in Net Ass	ets or Fund B	Balances (S	ee page 55	of the	instructions.)	
	1	Contributions, gifts, grain	nts, and similar amounts	received				1	51,268	
	2	Program service reve	enue including goverr	nment fees and contract	ts			2	1,542	
	3	Membership dues ar	nd assessments			•		3		
	4	Investment income						4	1,017	
2010	5a	Gross amount from s	sale of assets other th	nan inventory		5a				
_	Ь	Less: cost or other b	asis and sales expens	ses		5b				
	С	Gain or (loss) from sale	of assets other than inve	entory. Subtract line 5b from	n line 5a (attach sche	edule)		5c		
) e	6	Special events and a	activities (attach sched	dule). If any amount is f	rom gaming, ched	ck here	▶ 🖺			
NOV 0	a	Gross revenue (not i			contributions		⊔		9	
	:	reported on line 1)				6a				
Ю	b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities. Subtract line 6b from line 6a 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a									
Z							6c			
Z	7a		tory, less returns and			7a		1,377		
ਨ	Ь	Less: cost of goods		••••		7b			Ř	
Š	c	-		ory Subtract line 7b from	m line 7a			7c		
	8	Other revenue (desc	mbe ▶ See S	Statement 1	•	•	•• •••) 8	195	
	9	Total revenue. Add	lines 1, 2, 3, 4, 5c, 6c	c, 7c, and 8				∮ 9	54,022	
	10		mounts paid (attach s	schedule)	CEIVED			10		
	11	Benefits paid to or fo	· ·	18	TOVED		•••	11	<u> </u>	
v.	, 12	Salanes, other comp	ensation, and employ	vee benefits OCT	7			12	30,268	
Sesu	13			ndependent contractors	1 4 2010	<i>မွု</i> ၊		13		
Exper	14		lities, and maintenance	or OGDE	_ 13	? <i>1</i>	•	14	3,874	
ũ	15	Printing, publications	s, postage, and shippi	ing CODE	NI JE	<i>:</i> /	•	15	94	
	16		scribe - See S	Statement 2	<u>''</u> ', U7' ~	<i>[</i>	•) 16	17,804	
	17		ld lines 10 through 16			-		× 17	52,040	
<u> 4</u>	18		or the year Subtract lin					18	1,982	
ď	19		•	•••	(must agree with end-of-	· · · vear figure reported	 on prior vear's return)		38,854	
4	Excess or (deficit) for the year Subtract line 17 from line 9 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) Other changes in net assets or fund balances (attach explanation)						20			
ž	21			-	•	•		▶ 21	40,836	
-3	2 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,836 Partition Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.									
(See page 60 of the instructions) (A) Beginning of year (B) End of year										
22	Cash, s	savings, and investme		,		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	38,85		40,836	
		nd buildings	•			.		23	1 - 20,000	
		ssets (describe	•	•	•	1		24		
25				 			38,85		40,836	
26		abilities (describe				1	30,00	0 26	10,000	
		•		B) must agree with line	21)		38,85		40.836	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2007)

Form	990-EZ (2007) HAZELTINE PUBLIC LIBRARY	51-0	159441			i	Page 2
接 Pa	রামানি Statement of Program Service Accomplishments (Se	e page 60 of the	instructions.)		Expens	es	
What	t is the organization's primary exempt purpose?	_		(R	Required for	501(c)(3)
S	ee Statement 3			ar	nd (4) organı	zations	
Desc	cribe what was achieved in carrying out the organization's exempt purposes. In a clea	ar and concise manne	r,	ar	nd 4947(a)(1) trusts	;
desc	ribe the services provided, the number of persons benefited, or other relevant inform		n title	or	tional for otl	hers.)	
28	PUBLIC LIBRARY WITH BOOKS, MAGAZINES, D	VD'S, AND	•				
	PERIODICALS AVAILABLE FOR CIRCULATION TO	O THE GENER	RAL				
	PUBLIC.					~~	
•	Grants \$) If this amount includes foreign grants, check	here	<u> </u>	28a		38,	<u>634</u>
29							
-	Grants \$) If this amount includes foreign grants, check	here .	. •	29a			
30							
,	Consta C		. □	00-			
	Grants \$) If this amount includes foreign grants, check	nere		30a			
	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check	horo		24.			
-	Total program service expenses. Add lines 28a through 31a	. Here .		31a 32		38	634
	art IV List of Officers, Directors, Trustees, and Key Employees (List each	one even if not compe	neated See page 1		a instruction		001
	List of Officers, Directors, Trustees, and Key Employees (List each)	(B) Title and average			ontributions to	(E) E	pense
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)		benefit plans & compensation	accourt other alk	
See	Statement 4	devoted to position	Cition -G	OCICIO	compensation	Quici dik	Walloco
				ŀ			
			1				
•		-		•			
				1			
		<u></u>	L				
					_		
				<u> </u>			
P	Other Information (Note the statement requirement in	General Instruct	ion V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activ	ities? If "Yes," attach a	3				
	detailed statement of each change				. 33		X
34	Were any changes made to the organizing or governing documents but not reporte	ed to the IRS? If "Yes,"	•				
	attach a conformed copy of the changes				. 34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, ar		not				
	reported on Form 990-T, attach a statement explaining your reason for not reporting the incom						最終
а	Did the organization have unrelated business gross income of \$1,000 or more or 6	6033(e) notice, reportir	ng, and				۱
	proxy tax requirements?				35a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?				35b	<u> </u>	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during t	he year? If "Yes," atta	ch a				٠,,
27-	statement.		1221		36	ELG* ·	X
37a	,	P	37a		0	展 ()	i i i i i i
b	Did the organization file Form 1120-POL for this year?				37b	i gara	X RAIZ
38a	Did the organization borrow from, or make any loans to, any officer, director, truste		r were		9945	M Miles	
L	any such loans made in a prior year and still unpaid at the start of the period cover	•			38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amo involved	ount	205				
39	501(c)(7) organizations. Enter:		38b				
9	Initiation fees and capital contributions included on line 9		300			新教育	13
a 5	Gross receipts uncluded on line 9 for public use of club facilities		39a		———		17.

<u>Form</u>	990-EZ (2	2007) HAZELTINE	PUBLIC LIBRAR	Y	51-0159	441			Page 3
₋ Pã	irt V	Other Information (Note the statement req	uirement in General	Instruction V.	(Contin	ued)		
40a	501(c)(3)	organizations. Enter amoun	t of tax imposed on the organ	ization during the year und	ler:				
	section 4	911 ▶	0 ; section 4912 ▶	0	, section 4955	·		<u> </u>	
b	501(c)(3) a	and (4) organizations Did the org	anization engage in any section 4	958 excess benefit transaction	n during the			Ye	
	year or did	I it become aware of an excess b	enefit transaction from a pnor yea	r? If "Yes," attach an explanat	ion .		•	40b	X
C	Enter am	ount of tax imposed on orga	nızation managers or dısqualı	fied persons during					ľ
	the year	under sections 4912, 4955, a	and 4958 _.		· · · •		(<u>o</u>	
d	Enter am	ount of tax on line 40c reimb	ursed by the organization	•	>			<u>o</u> [: ::] -	
e	Ali organ	izations. At any time during t	he tax year, was the organiza	tion a party to a prohibited	tax shelter			21.4	
	transaction	on ⁹						40e	X
41		tates with which a copy of th							
42a	The book	ks are in care of TRA			Те	lephone no	. ▶	716-487-	1281
			SUGARGROVE RO	AD					
		at JAMESTOWN	• • • •			ZIP + 4	▶	14701	
p	•	•	did the organization have an	J	•			_	
		•	ountry (such as a bank accou	nt, secunties account, or o	other financial			Y e	
	account)	• •						42b	<u> </u>
	-	enter the name of the foreign	· ———						,
			nd filing requirements for Form						`
С	•	•	did the organization maintain	an office outside of the U.	S.?			. 42c	<u> </u>
42	•	enter the name of the foreign	· ———	in how of Form 4044. Ch					⊾ □
43			able trusts filing Form 990-EZ		eck nere		اما		
	and ente		nterest received or accrued di eclare that I have examined this re		cohodulos and statom	onto and to	the best of	my knowledge	
Ple			nd complete Declaration of prepar						
Sig		Tran	2 Effeurt		1 /	10/13	// 0		
Her		Signature of officer	, & Hewitt.	N. 4	Date				
HIGI		Tracy		Director					
		Type or print name and the	lle.		D.,	01. 1.6		D	DTIN
		Preparer's	· 1 W 5 +		Date	Check if self-		Preparer's SSN (See Gen Instr	
Pai	-	signature Jum da II. Jaxlan,		CPA	10/11/10		▶ □	P00476	
	parer's	Firm's name (or yours	Moore & Myott,	LLP			EIN J	26-400	6060
USE	Only	ıf self-employed),	E 2nd St Ste	500		Γ	Phone		
		address, and ZIP + 4	Jamestown, NY	14701-5206			no 🕨	716-483-	6109
				···				Form 990-l	Z (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization 51-0159441 HAZELTINE PUBLIC LIBRARY Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans (c) Compensation account and other than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Part II: A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Sche	Edule A (Form 990 or 990-EZ) 2007 HAZELTINE PUBLIC LIBRARY 51-0159441		F	age 2
#P	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1 学说	44	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		を発生	
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part IV, Form 990-EZ	2d	x	
ө	Transfer of any part of its income or assets?	2е		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

P	ant l	Reason for Non-Private Found	ation S tatus (See _l	pages 4 through 8	of the instr	uctions.)			
cen 5	tify th	nat the organization is not a private foundation be A church, convention of churches, or association	•		ox.)				
6		A school Section 170(b)(1)(A)(II). (Also complete	e Part V.)						
7		A hospital or a cooperative hospital service orga	nization. Section 170(b)	(1)(A)(iii).					
8		A federal, state, or local government or government	nental unit. Section 170(b)(1)(A)(v).					
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III). Enter the hospital's name, city,								
		and state ▶							
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)							
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)							
11b		A community trust. Section 170(b)(1)(A)(vi). (Als	so complete the Support	Schedule in Part IV-A.)				
12	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Integrated Type III-Other								
		Provide the following inform	Ti -	ted organizations. (Se			· · · · · · · · · · · · · · · · · · ·		
		(a)	(b)	(c)		d)	(e)		
		Name(s) of supported organization(s)	Employer identification	Type of organization	1	upported on listed in	Amount of support		
			number (EIN)	(described in lines	l "	porting	Support		
			(,	5 through 12	·	zation's			
				above or IRC section)	governing	documents?			
				,	Yes	No			
_					103		 ··		
		 							
	al		<u> </u>			. •			
		7					······		
14		An organization organized and operated to test	for public safety. Section	1 509(a)(4) (See page 8	of the instructi		om 990 or 990-E7\ 200'		

		Support Schedule (Cor You may use the worksheet in the instruct					ting.	
		lar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15		Gifts, grants, and contributions received (Do		_				
		not include unusual grants See line 28)			<u></u>			0
16	_	Membership fees received						0
17		Gross receipts from admissions, merchandise						
		sold or services performed, or furnishing of						
		facilities in any activity that is related to the						_
	_	organization's charitable, etc., purpose	-	ļ		-		0
18		Gross income from interest, dividends,						
		amounts received from payments on secunties loans (section 512(a)(5)), rents, royalties,						
		income from similar sources, and unrelated		Ì	ļ			
		business taxable income (less section 511						
		taxes) from businesses acquired by the						_
		organization after June 30, 1975						0
19		Net income from unrelated business						0
_		activities not included in line 18	Y	 	 			
20		Tax revenues levied for the organization's						
		benefit and either paid to it or expended on						o
		its behalf				-		
21		The value of services or facilities furnished to the organization by a governmental unit				ľ		
		without charge. Do not include the value of						
		services or facilities generally furnished to the						0
22		public without charge Other income Attach a schedule Do not						
		include gain or (loss) from sale of capital assets		1		ļ		0
23		Total of lines 15 through 22		 -				0
24		Line 23 minus line 17				-		0
25		Enter 1% of line 23						
26		Organizations described on lines 10 or	11: a Enter 2% of	f amount in column (e),	line 24	>	26a	0
	b	Prepare a list for your records to show the	name of and amount	contributed by each per	rson (other than a		1	
		governmental unit or publicly supported o	rganization) whose tot	al gifts for 2003 through	2006 exceeded the			
		amount shown in line 26a. Do not file thi					26b	
	C	Total support for section 509(a)(1) test. E	nter line 24, column (e)			26c	
		Add: Amounts from column (e) for lines:	18				1.00	
			22	26b		🕨	26d	
	е	Public support (line 26c minus line 26d to	tal)			▶	26e	
_	f	Public support percentage (line 26e (no	umerator) divided by	line 26c (denominator))	<u> ▶</u>	26f	%
27		Organizations described on line 12:		•	d 17 that were received	•		
		person," prepare a list for your records to			d in each year from, eac	th "disqualified p	erson."	
		Do not file this list with your return. En						N/A
	_		2005)	(2004		(200		
	b	For any amount included in line 17 that w				' - '		
		show the name of, and amount received to		_		-		
		(Include in the list organizations described	=		•	-		• •
		the difference between the amount receiv	red and the larger amo	unt described in (1) or ((2), enter the sum of the	se amerences (1	ле ехс	ess N/A
		amounts) for each year: (2006)	2005)	(200	4)	(200	21	M/E
	_	Add: Amounts from column (e) for lines:	15	(2004	" "	(200:	. (۱	
	٠	17	20	21			27c	l
	а	Add: Line 27a total	and line 27				27d	· · · · · · · · · · · · · · · · · · ·
	ē	Public support (line 27c total minus line 2					27e	
	f	Total support for section 509(a)(2) test. E	•	 23. column (e)	▶ 27f		270	20 10 10 10 10 10 10 10 10 10 10 10 10 10
	g	Public support percentage (line 27e (n					27g	%
	_	Investment income percentage (line 18	•	•	·· · · · · · · · · · · · · · · · · · ·		27h	%
28		Unusual Grants: For an organization de				003 through 200		
		prepare a list for your records to show, fo		•	•	•		
		description of the nature of the grant. Do	not file this list with	your return. Do not inc	lude these grants in line	15.		

₽a	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29		/A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,		12.5	1
	programs, and scholarships?	30	20157	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	EX.		200
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	ALL S	海 線	Milli.
	that makes the policy known to all parts of the general community it serves?	31	1200500	Barre (
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	-		
	with student admissions, programs, and scholarships?	32c	<u> </u>	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	1/2 0000	400
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	if you answered the to any of the above, please explain. (If you need more space, attach a separate statement.)	5,7,7		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	1	Ь—
þ	Admissions policies?	33b	-	-
_	Employment of faculty or administrative staff?	33c	ŀ	
·	Employment of lacenty of authinistrative statis	330	t	\vdash
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33е		<u> </u>
f	Use of facilities?	33f	-	
_	Athlatia aragrama?			
g	Athletic programs?	33g	+	├
h	Other extracurricular activities?	33h		
		25.21		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		1.	
		340		
				医
24-	Describe organization recover any financial and as assistance from a superior of the same of			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	+	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement.	igni igni	0.152	33.00
				444
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	1

Schedule A (Form 990 or 990-EZ) 2007	AZELTINE PU	BLIC LIBRAR	Y	5:	1-01594	41 Page 6
	ditures by Electing			11 of the ins	structions.)	
`(To be completed	ONLY by an eligi	<u>ble organization tl</u>	<u>nat filed For</u>	n 5768)	N/A	
Check ▶ a if the organization belo	ngs to an affiliated grou	p. Check ▶	b if you			rol" provisions apply.
Limits o	n Lobbying Expen	ditures			(a) ed group tals	(b) To be completed for all electing organizations
	itures" means amounts		· I _	_		Organizations .
36 Total lobbying expenditures to influence	· · · · · · ·		3			
37 Total lobbying expenditures to influence	=	ct lobbying)	3			
38 Total lobbying expenditures (add lines	36 and 37)		3			
39 Other exempt purpose expenditures40 Total exempt purpose expenditures (ad			. 3			
41 Lobbying nontaxable amount. Enter the	•			A SECTION		
If the amount on line 40 is-		ontaxable amount is-	0.7 S			
Not over \$500,000	200/ of the amount					
Over \$500,000 but not over \$1,000,000	•••	of the excess over \$500,0	00			
Over \$1,000,000 but not over \$1,500,000 .	•	of the excess over \$1,000	I I,	1		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% o	of the excess over \$1,500,0	000 🖟 🔯	門。即可能跨過	常型的	《新聞報》 的問題時代
Over \$17,000,000	\$1,000,000			一种情况 伊莱纳	的計劃機關	常教育教育
42 Grassroots nontaxable amount (enter 2			4	2		
43 Subtract line 42 from line 36. Enter -0-	if line 42 is more than lin	ie 36	4	3		·
44 Subtract line 41 from line 38. Enter -0-	ıf line 41 ıs more than lın	e 38		4	er legger eine eine eine eine	the contract of the contract of the section is
On the setting of the setting of	II 40 II 44	. 51 5 4700				
Caution: If there is an amount on either		must file Form 4720. aging Period Und	ler Section 5	(01/h)		· · · · · · · · · · · · · · · · · · ·
(Some organizat	ions that made a section			• •	columns halou	,
(Some organizati		r lines 45 through 50 or			COIGITIFIS DEION	·•
		Lobbying Expe	nditures Durin	g 4-Year Avera	ging Period	
Calendar year (or	(a)	(b)	(c)		(d)	(e)
fiscal year beginning in)	2007	2006	2005		2004	Total
45 Lobbying nontaxable amount	And the state of t	esitential contratibilisis	Carlo Carlo Carlo			
46 Lobbying ceiling amount (150% of line 45(e))						
inte 45(e))	THE SECTION ASSESSMENT	SHE WAS DESCRIBED THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU			Carrier Control of the Con-	
47 Total lobbying expenditures						
48 Grassroots nontaxable amount						
49 Grassroots ceiling amount (150% of	海川縣 智慧的	用学科技术的	第四次第四次			
line 48(e))	A STATE OF THE STA					
	·					-
50 Grassroots lobbying expenditures			<u> </u>	1		
	ty by Nonelecting					4
				I-A) (See pa	ige 14 of th	e instructions.) N/A
During the year, did the organization attern	*	-			Yes No	Amount
attempt to influence public opinion on a leg	gislative matter or referer	ndum, through the use	of:			
					 	
b Paid staff or management (Include of	compensation in expense	es reported on lines c tr	rougn n.)			
	the public					
 d Mailings to members, legislators, or e Publications, or published or broadc 				••	 	
f Grants to other organizations for lob	•			••		-
g Direct contact with legislators, their			,		 	
h Rallies, demonstrations, seminars, o	-		•	•		···
i Total lobbying expenditures (Add lin			•			
If "Yes" to any of the above, also att	•	detailed description of	the lobbying act	ivities.		

Page	7
	_

Pa	ift VIII		•	nsfers To and Transaction e page 14 of the instruction	s and Relationships With Noncharit is.)	able		
51	Did the rep				n any other organization described in section		Í	
				organizations) or in section 527, rel				
а				nchantable exempt organization of:			Yes	No
	(i) Cas	h				51a(i)		X
	• •	er assets				a(ii)		X
b	Other trans	•						
-			with a nonch	nantable exempt organization		b(i)		X
		chases of assets from a n				b(ii)		X
					• • • • • • • • • • • • • • • • • • • •	b(iii)		X
		ital of facilities, equipmen		sets				X
		mbursement arrangement	เร	• •		b(iv)		X
		ns or loan guarantees				b(v)		X
		formance of services or m		•		b(vi)		X
С	_			er assets, or paid employees		c		<u> </u>
d		<u>-</u>			(b) should always show the fair market value of	the		
	_				on received less than fair market value in any			
	transaction	n or sharing arrangement	, show in colu	umn (d) the value of the goods, other	r assets, or services received:			
	(a)	(b)	}	(c)	(d)		_	
	Line no	Amount involved	Name of	nonchantable exempt organization	Description of transfers, transactions, and sha	anng arrangen	ents	
N/	<u> </u>							
				- · · · · · · · · · · · · · · · · · · ·				
			1					
			 					
			 					
			 					
								
_			1					
			1.			 -		
	described	•	Code (other th	with, or related to, one or more tax- nan section 501(c)(3)) or in section (▶ □ Y	es [K No
		(a) Name of organization		(b) Type of organization	(c) Description of relationship			
	N/A	· · · · · · · · · · · · · · · · · · ·	•					
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_		· · · · · · · · · · · · · · · · · · ·		-				
	-	·						

510159441 HAZELTINE PUBLIC LIBRARY

Federal Statements

FYE: 12/31/2007

51-0159441

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

	 Amount	
Miscellaneous	Revenue	\$ 195
Total		\$ 195

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
	\$
Expenses	
OFFICE SUPPLIES	3,257
BOOKS	5,180
AUDIO/VIDEO	1,516
BINDERY	. 30
SERIALS	1,640
MISCELLANEOUS EXPENSE	658
MAINTENENCE CLEAN/MOW/PLOW	1,156
BUILDING REPAIR	3,451
INSURANCE	916
Total	\$ 17,804

10/11/2010

510159441 HAZELTINE PUBLIC LIBRARY

Federal Statements

FYE: 12/31/2007

51-0159441

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

PROVIDES MATERIALS AND SERVICES WHICH WILL HELP COMMUNITY RESIDENTS OBTAIN INFORMATION MEETING THEIR PERSONAL, EDUCATIONAL AND CULTURAL INFORMATION NEEDS. THE LIBRARY WILL SERVE AS A CENTER FOR LEARNING AND ENRICHMENT FOR ALL.

10/11/2010

510159441 HAZELTINE PUBLIC LIBRARY 51-0159441 FYE: 12/31/2007	Federal S	Federal Statements			10/11/2010
Statement 4 - Form 990EZ, Par	990EZ, Part IV - List Empl	rt IV - List of Officers, Directors, Trustees and Key Employees	s, Trustees and Key		,
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOAN PETERSON 754 PINE RIDGE ROAD JAMESTOWN NY 14701	PRESIDENT	0	0	0	0
KATHY HEINTZMAN 907 SOUTHWESTERN DRIVE JAMESTOWN NY 14701	V. PRESIDENT	0	0	0	0
JUDY PETROLINE 1416 SOUTHWESTERN DRIVE LAKEWOOD NY 14750	SECRETARY	0	0	0	0
PAMELA ELLIS 3662 LAWSON ROAD JAMESTOWN NY 14701	TREASURER	0	0	0	0
SANDY KEARNEY 831 MILL ROAD JAMESTOWN NY 14701	TRUSTEE	0	0	0	0
TRACY HEWITT 3864 LAWSON ROAD JAMESTOWN NY 14701	EXEC DIRECT		19, 573	0	0
					4