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Form 990-EZ

# 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)

OMB No 1545-1150 2008

Sponsoring organizations of donor advised funds and controlling organizations as defined in section Open to Public 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 Department of the Treasury Internal Revenue Service Inspection For the 2008 calendar year, or tax year beginning Check if applicable Employer identification number Piease C Name of organization use IRS Address change label or HAZELTINE PUBLIC LIBRARY 51-0159441 Name change print or Initial return type. Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number

See Termination 891 BUSTI SUGAR GROVE ROAD 716-487-0760 Specific Amended return **Group Exemption** City or town, state or country, and ZIP + 4 Instruc-**JAMESTOWN** NY 14701 Application pending Number tions. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash Accruai G Accounting method: a completed Schedule A (Form 990 or 990-EZ). Other (specify) WWW.CCLSLIB.ORG/BUSTI H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Organization type (check only one)— X 501(c) ( 3) ◀ (Insert no ) 4947(a)(1) or 527

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 return

is not required, but if the organization chooses to file a return, be sure to file a complete return. 61,332 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 58,336 1,471 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 1,525 4 4 Investment income Gross amount from sale of assets other than inventory 5a 5a b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) 5c C 20 Revenue Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$ \_\_\_\_\_ of contributions Less: direct expenses other than fundraising expenses 6b b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) EXPENSION OF INTERPRETATION OF I Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b C 8 8 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 61,332 Grants and similar amplifits paid (attacht schedule) 10 10 Benefits paid to or for members 11 11 34,403 Salaries, other compensation, and employee benefits 12 12 Professional ees and other payments to independent contractors 13 13 4,670 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 18,680 Other expenses (describe > See Statement 1 16 16 Total expenses. Add lines 10 through 16 57,753 17 17 3,579 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 40,836 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) 19 20 Other changes in net assets or fund balances (attach explanation) 20 ¥ N 44,415 Net assets or fund balances at end of year. Combine lines 18 through 20

Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.) (A) Beginning of year (B) End of year 40,836 44,415 22 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe 24 Total assets 40,836 25 26 Total liabilities (describe 0 26 40,836 44,415 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

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

Form 990-EZ (2008)

Form 990-EZ (2008) HAZELTINE PUBLIC LIBRARY	51	-0159441			Page 2
Partillia Statement of Program Service Accomplishments (S	ee the instructi	ions for Part III	.)	Ext	oenses
What is the organization's primary exempt purpose?			(	Required	l for 501(c)(3)
See Statement 2				• •	ganızations
Describe what was achieved in carrying out the organization's exempt purposes. In a c					(a)(1) trusts;
describe the services provided, the number of persons benefited, or other relevant info	rmation for each pro	gram title.	<del>-   '</del>	optional to	or others.)
28 PUBLIC LIBRARY WITH BOOKS, MAGAZINES, DVD'S, AND	• • •				
PERIODICALS AVAILABLE FOR CIRCULATION TO THE GENERAL PUBLIC.	•	• ••			
(Grants \$ ) If this amount includes foreign grants, che		▶	☐   <sub>28a</sub>		44,891
29		·············			
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(Grants \$ ) If this amount includes foreign grants, che	ck here .	<u> </u>	29a	<u> </u>	
30					
Consta C			_		
(Grants \$ ) If this amount includes foreign grants, che 31 Other program services (attach schedule)	ck nere		30a	1	
(Grants \$ ) If this amount includes foreign grants, che	 ck here		∏ 31a	1	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	1	44,891
List of Officers, Directors, Trustees, and Key Employees. List each	h one even if not ∞	mpensated. (See t	ne instructi	ons for P	
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contrit employee ber		(e) Expense account and
	devoted to position	enter -0)	deferred con	pensation	other allowances
JOAN PETERSON JAMESTOWN	PRESIDENT				
754 PINE RIDGE ROAD NY 14701 KATHY HEINTZMAN JAMESTOWN	V. PRESIDENT	0		- 0	
SATHY HEINTZMAN JAMESTOWN 907 SOUTHWESTERN DRIVE NY 14701	V. PRESIDENT	١ ,		0	
JUDY PETROLINE LAKEWOOD	TRUSTEE	<u> </u>			
1416 SOUTHWESTERN DRIVE NY 14750		0		o	(
DEBBIE SANDERS LAKEWOOD	SECRETARY				
4640 COWING ROAD NY 14750		0		0	
SANDY KEARNEY JAMESTOWN	TREASURER				
831 MILL ROAD NY 14701 TRACY HEWITT JAMESTOWN		· · · · · · · · ·		- 0	
TRACY HEWITT JAMESTOWN 3864 LAWSON ROAD NY 14701	EXEC DIRECT	20,228		0	
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and enter the amount of tax-exempt interest received or accrued during the tax year

"Yes," Form 990 must be completed instead of Form 990-EZ

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

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form 990-EZ (2008)

No

Form 990-EZ

Form 9	90-EZ (2008) HAZELTINE PUBLIC LIBRARY		L-0159441		Page 4
Pari	Section 501(c)(3) organizations only. All section 501 and complete the tables for lines 50 and 51.	(c)(3) organiza	itions must ans	swer questions	46–49
	Did the organization engage in direct or indirect political campaign activities on b	ehalf of or in oppos	ition to		Yes No
C	candidates for public office? If "Yes," complete Schedule C, Part I				46 X
	Oid the organization engage in lobbying activities? If "Yes," complete Schedule C			-	47 X
	s the organization operating a school as described in section 170(b)(1)(A)(ii)? If		hedule E .		48 X
	Did the organization make any transfers to an exempt non-chantable related organization	anızation?			49a X
	f "Yes," was the related organization(s) a section 527 organization?				49b
	Complete this table for the five highest compensated employees (other than office each received more than \$100,000 of compensation from the organization. If the			yees) who	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None					
···					
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 		i			
Total n	umber of other employees paid over \$100,000			•	
	Complete this table for the five highest compensated independent contractors will compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000		-	<b>.</b>	
Non		(0)	Type of service	(c) C	ompensation
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Total n	number of other independent contractors each receiving over \$100,000	<u> </u>		<del></del>	
	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than o	ccompanying schedul fficer) is based on all i	les and statements, ar nformation of which pr	nd to the best of my kno reparer has any knowle	owledge edge
Sign	Trans & Hewith		10/1	3/10	
Here	Signature of officer  TRACY & HEWIT DIRECT	TOR	Date		
	Type or print name and title	<del></del>		<del></del>	
Paid	Preparer's signature Suunda M. Daxtan, CPA	Date 10/11	Check if self-employed		ıfyıng Number (See ınstr.) 6541
-	arer's Firm's name (or yours Moore & Myott, LLP	, -, -			6-4006060
Use (	Only f self-employed), 2 E 2nd St Ste 500			Phone	-
	address, and ZIP+4 Jamestown, NY 14701-	5206			<del>-483-6109</del>
May th	ne IRS discuss this return with the preparer shown above? See instructions			<b>&gt;</b>	X Yes No
				Fo	m <b>990-EZ</b> (2008)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008

Department of the Treasury Internal Revenue Service

Name of the organization

HAZELTINE PUBLIC LIBRARY

Employer identification number 51 – 01 5 9 4 4 1

Pá	irt l	Reas	on for P	ublic Charity	Status (	All organization	s must c	omplete	this p	art.) (s	see in:	structio	ons)	3.1					
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2	.П		church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)																
3	П		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)																
4	Н					tion with a hospital of						a hoenit	al'e name						
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box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

18

510159441 10/11/2010 10 48 AM HAZELTINE PUBLIC LIBRARY 51-0159441 Schedule A (Form 990 or 990-EZ) 2008 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 ... Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons ... Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2007 (a) 2004 (b) 2005 (c) 2006 (f) Total (e) 2008 Amounts from line 6 .... Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 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 IV.) 13 Total support. (Add lines 9, 10c, 11, The state of the s 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 Section C. Computation of Public Support Percentage

<u> </u>	ction c. computation of rubic support referringe		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16		16	%
Sec	ction D. Computation of Investment Income Percentage		

17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	,
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	

18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		?
19a	33 1/3 % support tests—2008. 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		▶ [	Ī

33 1/3 % support tests—2007. 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
Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 HAZELTINE PUBLIC LIBRARY	51-0159441	Page 4
Part IV Supplemental Information. Complete this part to provide the explanation request. Part II, line 17a or 17b; or Part III, line 12. Provide any other additional inform		
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51-0159441

**Federal Statements** 

FYE: 12/31/2008

### Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Insurance	890
OFFICE SUPPLIES	1,983
WIRELESS NETWORK/SOFTWARE	1,689
BOOKS-PARDON HAZELTINE	977
BOOKS	6,598
AUDIO/VIDEO	1,264
BINDERY	. 16
SERIALS	1,483
PROGRAMS	150
MISCELLANEOUS EXPENSE	988
MAINTENENCE CLEAN/MOW/PLO	1,542
PAVING PARKING LOT	527
POSTAGE	208
MILEAGE	365
Total	\$ 18,680

510159441 HAZELTINE PUBLIC LIBRARY

**Federal Statements** 

FYE: 12/31/2008

51-0159441

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### Statement 2 - 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.