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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)

2009

inspection.

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

For the 2009 calendar year, or tax year beginning Employer identification number Check if applicable Please 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 891 BUSTI SUGAR GROVE ROAD 716-487-0760 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-**JAMESTOWN** NY 14701 Number Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash 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) X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Check 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. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 56.445 Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 53,210 1 Contributions, gifts, grants, and similar amounts received 2,366 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 595 4 Investment income 4 Gross amount from sale of assets other than inventory 5a h Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 20 Revenue Gross revenue (not including \$ reported on line 1) Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue describe | | See Statement 1 274 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 1c, and 8 56,445 9 Grants and similar emounts paid (attach schedule)
Benefits with to or for members 10 11 11 37,161 12 Salanes, other compensation, and employer benefits 12 Professional tees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 4.974 14 14 104 15 Printing, publications, postage, and shipping 15 Other expenses (describe See Statement 2 10,633 16 16 52,872 17 Total expenses. Add lines 10 through 16 17 3,573 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 44,415 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 988 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 \$1,250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (See the instructions for Part II) (A) Beginning of year 39,700 44,415 22 Cash, savings, and investments Land and buildings 23 See Statement 3 8,288 Other assets (describe 24 44,415 47,988 Total assets 25 Total liabilities (describe ٥ 26 47,988 44,415 Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) HAZELTINE PUBLIC LIBRARY		-0159441	<u> </u>		Page 2
Rait III Statement of Program Service Accomplishments	(See the instruct	ions for Part III	_	•	enses
What is the organization's primary exempt purpose?			1 '	•	or section
See Statement 4					nd 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In manner, describe the services provided, the number of persons benefited, or other		•		-	ns and section trusts; optional
	relevant information for		i i	r others.)	uusis, opaonai
each program title. 28 PUBLIC LIBRARY WITH BOOKS, MAGAZINES, DVD'S, AND				Outers.)	
PERIODICALS AVAILABLE FOR CIRCULATION TO THE GENERAL					
PUBLIC.	••• •				
(Grants \$) If this amount includes foreign grants,	check here		28a	1	42,566
29					
			ļ	ļ	
(Grants \$) If this amount includes foreign grants,	check here .	<u> </u>	29a		
30			Ì		
				ļ	
(Grants \$) If this amount includes foreign grants,	check here	<u></u>	30a	 	
			<u>~</u> ₌.		
(Grants \$) If this amount includes foreign grants,	check here	<u> </u>	31a	 	42,566
32 Total program service expenses (add lines 28a through 31a) Part V List of Officers, Directors, Trustees, and Key Employees. List		······································	▶ 32	L for B	
RantilVe List of Officers, Directors, Trustees, and Key Employees. List	(b) Title and average		(d) Contrib	butions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee ben deferred corr		account and other allowances
KATHRYN HEINTZMAN JAMESTOWN	PRESIDENT	Unter -0/	deletted deli	pensasin	Oglor dijovanjege
907 SOUTHWESTERN DRIVE NY 14701		0		اه	0
GARRETT SPITZER JAMESTOWN	VICE-PRESIDE	NT			
1083 SOUTHWESTERN DRIVE NY 14701				o	
DEBBIE SANDERS LAKEWOOD	SECRETARY				
4640 COWING ROAD NY 14750		0		0	0
SANDRA KEARNEY JAMESTOWN	TREASURER			ľ	
831 MILL ROAD NY 14701		0	<u> </u>	0	
TRACY HEWITT JAMESTOWN	EXEC DIRECT			1	
3864 LAWSON ROAD NY 14701	40.00			0	<u></u>
DOUG HOISINGTON Jamestown	TRUSTEE		}		
1498 ORR STREET EXT. NY 14701		0		0	
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_Pá	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported	L LEL	<u> </u>	:
•	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	性對	建	1. J.
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	4.654.64	el i Sam	i' '
	6033(e) notice, reporting, and proxy tax requirements?	35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	505		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		ia produc Bio Sal	
ь	Did the organization file Form 1120-POL for this year?	37b	1-34	x
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	542	, 1 t	-
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	25.4 25.4	1.15 5	
39	Section 501(c)(7) organizations. Enter:	1		and the
а	Initiation fees and capital contributions included on line 9		1	100 July
b	Gross receipts, included on line 9, for public use of dub facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
700	section 4911 ► section 4912 ► ; section 4955 ►		T TO	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	S. A. L.	1	1241.4
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1) . · ·	<u> </u>
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			l
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	-40b	}	x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100	; '	
	organization managers or disqualified persons during the year under sections 4912,			2
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ TRACY HEWITT Telephone no. ▶ 716	-48	7-1	.281
	891 BUSTI SUGARGROVE ROAD			
	Located at ► JAMESTOWN, NY ZIP+4 ► 14'	701		
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		Yes	No
	account)?	42b		X
	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.?	42c	Ĺ	X
	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 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	iv Atte		4.500
	Form 990-EZ	44	3	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		是特里	Wit:
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	F	orm 9 9	0-E2	(2009)

DAA

Form	990-EZ (2009) HAZELTINE PUBLIC LIBRARY	51	L-0159441		F	age 4
Pai	rt以底 Section 501(c)(3) organizations and section 4947(a)	(1) nonexempt	charitable tru	sts only. All se	ction	
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitabl	le trusts must a	answer questio	ns 46-49l)
	and complete the tables for lines 50 and 51.					
46	Did the organization engage in direct or indirect political campaign activities on	pehalf of or in oppos	ition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? I	f "Yes," complete Sc	hedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization	ganization?	•		49a	X
b	If "Yes," was the related organization a section 527 organization?				49b	<u> </u>
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					
	(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) Exper account a other allows	ınd
None				I,		
		1				
				<u> </u>		
••						
	Total number of other employees paid over \$100,000	•				
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
.NO	one		<u>.</u>			
·	······································		··			
	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
d	Total number of other independent contractors each receiving over \$100,000	•				
Sig Her	Signature of officer	accompanying schedul officer) is based on all i	les and statements, a information of which p Date	nd to the best of my kn reparer has any knowle /3//o	owledge edge	
	Type or print name and title.	COTOR		· · · · · · · · · · · · · · · · · · ·		
	Preparer's 2 d Contr	Date	Check if self-	Preparer's Iden	trfying Number (See instr
Pai	d signature LUCINDA SAXTON Juanda Out (m	· CPA 10/1:	1/10 serr- employed	►X P0047	6541	
Pre	parer's Firm's name (or yours Moore & Myott, LLP				6-400	6060
Use	e Only if self-employed), 2 E 2nd St Ste 500			Phone		
	address, and ZIP + 4 Jamestown, NY 14701-	-5206			-483-	5109
May	the IRS discuss this return with the preparer shown above? See instructions	•	<u> </u>		X Yes	No
				Fo	m 990-E	Z (2009

SCHEDULE A (Form 990 or 990-EZ)

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.

► See separate instructions.

OMB No 1545-0047
2009

Openito Rublic
Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

HAZELTINE PUBLIC LIBRARY

Employer identification number 51 – 01 5 9 4 4 1

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P	irtil	Reaso	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	<u>ee ins</u>	truction	าร		
he (orgar	nization is not a	private foundation becaus	e it is: (For lines 1 through 11, che	eck only or	ne box.)							
1		A church, con-	vention of churches, or ass	ociation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a	cooperative hospital servi	ce organization described in secti	ion 170(b)	(1)(A)(iii).							
4		A medical rese	earch organization operate	d in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii). I	Enter th	e hospita	l's name,		
		city, and state	:							•			
5		- ·		of a college or university owned or	r operated	by a gove	mmenta		scnbed	. <i>.</i> in		• •	
		-)(1)(A)(iv). (Complete Par	•		-, - 3							
6				overnmental unit described in sec	ction 170/	~V4VA\(\)	٧						
7	X			substantial part of its support from			•	the cor	oral pui	blio			
•					ii a goveiii	ineniai un	it or iron	i ale gei	iei ai pu	DIIC			
۰	\Box		section 170(b)(1)(A)(vi). (C	•									
8		•		170(b)(1)(A)(vi). (Complete Part I	•								
9		-	-	1) more than 33 1/3 % of its suppo				•		-			
				npt functions—subject to certain e	•					its			
				nd unrelated business taxable inc			1 tax) fro	om busir	esses				
			-	30, 1975. See section 509(a)(2) . (•	•							
10		•	•	exclusively to test for public safet	•	•							
11		_		exclusively for the benefit of, to p				-					
				ted organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes	the type of supporting organizatio	n and com	plete lines	11e thr	ough 11	Դ.				
		а 💹 Туре		c Type III–Function	,		d		e III-Otl	ner			
е		By checking the	his box, I certify that the org	ganization is not controlled directly	y or indirec	tly by one	or more	disqualı	fied				
		persons other	than foundation managers	and other than one or more publi	icly suppor	ted organi	zations	describe	d in sec	tion			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ation received a written dete	ermination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organiza	ition accepted any gift or contribut	tion from a	ny of the							
		following per:	sons?										
		(i) A person	who directly or indirectly c	ontrols, either alone or together w	ith person:	s describe	d in (ii)					Yes	No
		and (iii) b	pelow, the governing body o	of the supported organization?	•		` .				11g(i)		
			member of a person descri	•••	•	••	• •				11g(ii)		
			•	described in (i) or (ii) above?	• ••				• •		11g(iji)		
h				the supported organization(s)	• •• •	• •		· ··· ·		•	(<u>a/i</u>	·	<u> </u>
	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Deta	ou notify	(4)	s the	(vii) Am	ount of	
ν,		ganization	(11) 2.11	(described on lines 1–9	1 ' '	isted in your		nization in	organizat	1	sup;		
				above or IRC section		document?		of your	(i) organi		• • •		
				(see instructions))	Yes	No	Yes	No No	Yes	No No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 HAZELTINE PUBLIC LIBRARY 51-0159441 Page 2 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 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 51,268 58,336 53,210 162,814 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 through 3 162,814 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 4 162,814 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . 7 51,268 58,336 53,210 162,814 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,017 1.525 595 3.137 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . 11 Total support. Add lines 7 through 10 165,951 12 Gross receipts from related activities, etc. (see instructions) 12 3,235 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 98.11% Public support percentage from 2008 Schedule A, Part II, line 14 15 97.73% 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 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. 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

Schedule A (Form 990 or 990-EZ) 2009

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510159441 10/11/2010 11 08 AM Schedule A (Form 990 or 990-EZ) 2009 HAZELTINE PUBLIC LIBRARY 51-0159441 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise 2 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 ıts behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.)

Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					-	
2	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, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first,	second, third, fourt	n, or fifth tax year a	s a section 501(c)	3)	<u>.</u>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 %

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19 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 ... 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

Schedule A (Fo	m 990 or 990-EZ) 2009		PUBLIC LIBI		51-0159441	Page 4
Part IV	Supplemental Info	rmation. Complet	te this part to pro- line 12. Provide a	vide the explanation	tions required by Part II, line nal information. See instruc	∋ 10; tions.
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510159441 HAZELTINE PUBLIC LIBRARY

51-0159441

Federal Statements

FYE: 12/31/2009

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

Description	A	mount
Memorial Revenue	\$	145
Miscellaneous Revenue		129
Total	\$	274

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

Description	Amount
Expenses	\$
Insurance	781
OFFICE SUPPLIES	1,221
BOOKS-MEMORIALS	175
BOOKS	2,815
AUDIO/VIDEO	995
BINDERY	9
SERIALS	1,059
PROGRAMS	352
MISCELLANEOUS EXPENSE	513
MAINTENENCE CLEAN/MOW/PLO	1,193
SEALING PARKING LOT	267
MILEAGE	213
PROPERTY TAXES	17
SIRSI SUPPORT	1,023
Total	\$ 10,633

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
Insulation	\$	\$ 5,894
Less Accumulated Depreciation		25
Computers/Software		2,639
Less Accumulated Depreciation		220
		 8,288

510159441 HAZELTINE PUBLIC LIBRARY

Federal Statements

FYE: 12/31/2009

51-0159441

10/11/2010 4:39 PM

Statement 4 - 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.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return. OMB No 1545-0172

Name(s) shown on return

HAZELTINE PUBLIC LIBRARY

Identifying number

51-0159441 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 245 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (f) Method placed in (e) Convention (g) Depreciation deduction period service only-see instructions) Light Liver 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs. S/L Residential rental 27 5 yrs. ММ property 27.5 yrs. MM S/L Nonresidential real MM S/L 39 yrs. property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Listed property. Enter amount from line 28

Summary (See instructions.)

1

For assets shown above and placed in service during the current year, enter the

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here

12 yrs.

S/L

S/L

21

20a Class life

12-year

40-year Partiv