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.... 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 private foundations)

OMB No 1545-1150 20**18**

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending C Name of organization 2 B Check if applicable D Employer identification number 2 HAZELTINE PUBLIC LIBRARY 510159441 Address change Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 891 BUSTI SUGAR GROVE RD 716-487-1281 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 03 JAMESTOWN, NY 14701 Number ► 7 Application pending Other (specify) ✓ Cash ☐ Accrual H Check ► ☐ if the organization is not G Accounting Method www hazeltinelibrary org required to attach Schedule B J Tax-exempt status (check only one) — 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF) ◄ (insert no) ☐ 4947(a)(1) or K Form of organization ✓ Corporation ☐ Trust Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 75429 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. \square 1 Contributións, gifts, grants, and similar amounts received. 65748 1 2 8918 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 Investment income 4 160 Gross amount from sale of assets other than inventory 5a 373 Less cost or other basis and sales expenses. 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 373 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) . Gross income from fundraising events (not including \$ 230 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 230 Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line RECEIVED 7c 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 75429 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 2 12 41086 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 21199 15 Printing, publications, postage, and shipping 15 156 16 Other expenses (describe in Schedule O) 16 14808 17 Total expenses. Add lines 10 through 16 17 77249 18 Excess or (deficit) for the year (Subtract line 17 from line 9) (1820)18 19 Stet 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 96521 Qther changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 94701

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2018)

Pa	990-EZ (2018) Int II Balance Sheets (see the instructions	for Part II)					Page
Га	Check if the organization used Schedule	•	nv question in this	Part II			
	Oncon the Samuel Constitution	<u>• 10 100 polite 10 u</u>	,,, 4===::::::::::::::::::::::::::::::::	(A) Beginning of y	ear		(B) End of year
22	Cash, savings, and investments .		†	90	0849	22	8902
23	Land and buildings				1300	23	130
24	Other assets (describe in Schedule O) .				4372		437
25	Total assets			90	6521	25	9470
26	Total liabilities (describe in Schedule O)					26	
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21) .	90	6521	27	9470
Par	t III Statement of Program Service Accom			Part III)			
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III			Expenses
Nha	at is the organization's primary exempt purpose?		n & Ent through read		dı		juired for section
	cribe the organization's program service accompli	shments for each o	if its three largest o	rogram service			c)(3) and 501(c)(4) inizations, optional f
	neasured by expenses In a clear and concise m					othe	
	sons benefited, and other relevant information for ea			.,	·		
28	Research, Education & Ent. through reading & other	media					
			••••••	•••••			
?1	(Grants \$) If this amount	includes foreign ara	ants, check here	. ▶ [<u> </u>	28a	772
29	,						
			***************************************	••••••			
	(Grants \$) If this amount	includes foreign gra	ants, check here	. ▶ [Ξīl	29a	.
30	· · · · · · · · · · · · · · · · · · ·				=+		
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	. ▶[30a	
31	(Grants \$) If this amount Other program services (describe in Schedule O)	ıncludes foreign gra	ants, check here .	. ▶ [30a	
31	Other program services (describe in Schedule O)				_	30a 31a	
	Other program services (describe in Schedule O)	ıncludes foreign gra			_		
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) .	ants, check here] 	31a 32	772
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) Femployees (list eac	ants, check here h one even if not com		D the in	31a 32	772
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) Femployees (list eac	ants, check here h one even if not com	pensated—see the pensated pen	the in	31a 32 struc	772 ctions for Part IV
32 Par	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a and total program service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign grathrough 31a) Femployees (list eaction of the control of the	h one even if not com ny question in this (c) Reportable 7 compensation (Forms W-2/1099-MISC	pensated—see the pensated pen	the in	31a 32 struc	772. ctions for Part IV
32 Par	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title		h one even if not com ny question in this (c) Reportable 7 compensation (Forms W-2/1099-MISC	pensated—see the pensated pen	the in	31a 32 struc	772 ctions for Part IV
32 Par PAT	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a IT IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title RICIA FINCHER SIDENT y Burns	includes foreign grathrough 31a) Femployees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable 7 compensation (Forms W-2/1099-MISC	pensated—see the pensated pen	the in	31a 32 struc	772. ctions for Part IV
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PATI PRE Sally Trus LISA KAT LIBR SUS, LIBR LIZ E	Other program services (describe in Schedule O) (Grants\$) If this amount Total program service expenses (add lines 28a and IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title RICIA FINCHER SIDENT Y Burns Sitee A PETERSON ASSURE TIE SMITH RARY MANAGER SAN BROOKS RARIAN PAGE BURNS STEE RBARA HANSON E PRESIDENT	Includes foreign grathrough 31a) Femployees (list each O to respond to a bours per week devoted to position 2 0 1 0 2 0 30 0 18 0 1 0	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see f Part IV (d) Health bene contributions to er benefit plans, deferred comper	the in	31a 32 struc	772. ctions for Part IV
PATI PRE Sally Trus LISA KAT LIBR SUS LIBR LIZ E	Other program services (describe in Schedule O) (Grants\$) If this amount Total program service expenses (add lines 28a It IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title RICIA FINCHER SIDENT y Burns Sitee A PETERSON ASSURE A PETERSON	Includes foreign grathrough 31a) Femployees (list each O to respond to a bours per week devoted to position 2 0 1 0 2 0 30 0 18 0 1 0	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see f Part IV (d) Health bene contributions to er benefit plans, deferred comper	the in	31a 32 struc	772 ctions for Part IV

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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
		instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	5 Fait	Yes	No No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		IZ
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓ 73
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 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 tax year covered by this return?	37b 38a		
	b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9	304		
	b 40a	Gross receipts, included on line 9, for public use of club facilities	_		
	Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	е	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		
	41	List the states with which a copy of this return is filed ▶			
	42a		716 48	7 128	l
	b	Located at ► HAZELTINE PUBLIC LIBRARY, 891 Busti Sugar Grove Rd, Jamestown, NY ZIP + 4 ► 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 FinCEN Form 114, Report of Foreign Bank and	147 42b	701 Yes	No 🗸
	_	Financial Accounts (FBAR)	40		
		At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	<u> </u>	
	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		Yes	No
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
		Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
		Did the organization receive any payments for indoor tanning services during the year?	44c 44d	1 2	
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a 45b		<u> </u>

Form 990	D-EZ (20	018)							Р	age 4
				- -					Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," o		. •	behalf of	or in opposi	tion	46	<u> </u>	<u>ا</u> ر
Part \		Section 501(c)(3) Organizations			•	· · ·		40		
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47-49b and	52, and c	omplete th	e tabl	es fo	or line	es
		Check if the organization used Scl	nedule O to respond	I to any question in t	his Part V			<u>· ·</u> ,	··	
47		he organization engage in lobbying		section 501(h) electio	n in effect	during the	tax		Yes	No_
	•	If "Yes," complete Schedule C, Par organization a school as described in			Schedule F	:	-	47 48		~
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related organiz		•		49a		<u></u>
		s," was the related organization a se plete this table for the organization's			er than off	icers, direct		49b stee	s. an	d kev
		oyees) who each received more than	-	, , ,						
-	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plan	th benefits, is to employee s, and deferred ensation			d amou pensat	
	•					•				
									1	
:										
f	Total	number of other employees paid ov	er \$100 000	<u> </u>						
51	Comp	olete this table for the organization, 000 of compensation from the orga	s five highest compe		contracto	rs who each	n rece	ived	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	/ice	(c) Compe	ensatio	on	
	•••••								_	
	•									
		number of other independent contra	_		-					
52		the organization complete Schedu pleted Schedule A	ıle A? Note: All se	ection 501(c)(3) orga	nizations	must attacl	h a ▶□	Yes		No
		of perjury, I declare that I have examined this of complete. Declaration of preparer (other than					nowledg	e and	belief,	it is
Sign Here		Signature of officer	- Cu 12		D	ate 5-1	4 –	19		
	?:	Type or print name and title Print/Type preparer's name	Preparer's signature	cher Tru	stee	Presi	den 1 (P	T _N		
Paid Prepa					-	Check L self-emplo	y if byed			
Use (Only	Firm's name				rm's ElN ▶				

Firm's address ►

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

► ☐ Yes ☐ No

Phone no.

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HAZE	ELTINE PUBLIC LIBRARY					51-01	59441
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The c	organization is not a private founda	ition because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
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 (Form 990 or 990-EZ).)						
3	☐ A hospital or a cooperative hos	spital service org	ganization described i	n sectior	170(b)(1)(A)(iii).	<i>)</i> (
4	A medical research organization	on operated in co	onjunction with a hosp	oital desc	rıbed in s	ection 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organi			-	erated in	conjunction with a l	and-grant college
	or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu tincome and un	nctions—subject to c related business taxal	ertaın exc ble ıncom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and		-		-	•	
12	☐ An organization organized and	•	•	-			rv out the purposes
	of one or more publicly suppo	•		-			-
	Check the box in lines 12a thro						
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	_	_				supported organizati	on(s), by having
	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
С	Type III functionally integ its supported organization(ally integrated with,
d	Type III non-functionally i that is not functionally integral						
	requirement (see instruction						
е	Check this box if the organ	ization received	a written determination	on from ti	ne IRS th	at it is a Type I. Type	e II. Type III
	functionally integrated, or 1						·, . , p ·
f	Enter the number of supported of	organizations .					
g	Provide the following information	about the supp	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
			<u> </u>	- 100			
(A)							
(B)							
(C)							
(D)	1						
(E)							
			i e e e e e e e e e e e e e e e e e e e	1	i	i I	

Total

Part	II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	,					
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	59022	61124	73140	95790	65748	354824
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities	-		-			
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	59022	61124	73140	95790	65748	354824
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly					17.14.5	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	THE RESERVE					354824
	on B. Total Support	(*) 2014	(L) 001E	(a) 001C	(4) 0017	(-) 2019	(6) Total
7	dar year (or fiscal year beginning in) > Amounts from line 4	(a) 2014 59022	(b) 2015 61124	(c) 2016 73140	(d) 2017 95790	(e) 2018 65748	(f) Total 354824
8	_	37022	01124	73140	73770	03748	334024
0	Gross income from interest, dividends, payments received on securities loans,	İ					
	rents, royalties, and income from						
	similar sources	245	200	147	149	160	901
9	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 VI.)	The property with the property of the contract	Marie San Andrews Company				
11	Total support. Add lines 7 through 10	A CONTRACTOR					355725
12	Gross receipts from related activities, etc	•	•			12	20695
13	First five years. If the Form 990 is for the organization, check this box and stop he				, or ππη ταχ ye	ear as a section	n 501(c)(3)
Sacti	on C. Computation of Public Suppo			· - · · ·			
14	Public support percentage for 2018 (line			1 column (f))		14	99 75 %
15	Public support percentage from 2017 Sci	• •	•			15	99 71 %
16a	331/3% support test-2018. If the organ						
	box and stop here. The organization qua	alıfıes as a publi	cly supported	organization			▶ ☑
b	331/3% support test-2017. If the organi	ization did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or ma	ore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		> 🗆
17a	10%-facts-and-circumstances test-2	018. If the orga	anızatıon dıd n	ot check a box	k on line 13, 1	6a, or 16b, and	i line 14 is
	10% or more, and if the organization me					-	
	Part VI how the organization meets the	facts-and-circu	umstances" te	st. The organi	zation qualifies	as a publicly	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is	meets the "fact	s-and-circums	stances" test	rne organizati	on quaiities as	
18	supported organization	.d not check a l	box on line 13		or 17b, chec	k this box and	. ►∐ see

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

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

Secti	on A. Public Support			, ,			
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	,					
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						/
	unrelated trade or business under section 513				L	l/	
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the				,		
	organization without charge .	ļ					
6	Total. Add lines 1 through 5 .						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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	** . F41_ AGEX_	15 5 5 6 6	200	5.500.48 TO ED. 1 -	23° 'n w 32°05' 'n 393	
8	Public support. (Subtract line 7c from line 6)						
Sacti	on B. Total Support		1732317777 EB-CCC		STATES PROPERTY.	3. O.	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(2) 2014	(6) 2013	(6) 2010	(u) 2011	(6) 2010	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					-	
	royalties, and income from similar sources						
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses	_					
	acquired after June 30, 1975	/				:	
С	Add lines 10a and 10b						
11	Net income from unrelated business			•			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	/					_
	loss from the sale of capital assets]					
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c/11,						
	and 12) .	Ļ	<u> </u>			L1	504()(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he			a, thira, fourth	, or tiπth tax ye	ear as a section	n 5U1(c)(3)
<u>Cooti</u>	on C. Computation of Public Support		· · ·	• •	• •	· · · · ·	
15	Public support percentage for 2018 (line			12 column (fl)		15	
	Public support percentage from 2017 Sci			is, columni (i))		16	%
<u>16</u> Secti	on D. Computation of Investment In				<u> </u>	1 10 1	
17	Investment income percentage for 2018		-	v line 13 colu	mn (fl)	17	%
18	Investment income percentage for 2013 (-	(1))	18	
19a	331/3% support tests—2018. If the organ				nd line 15 is m		
134	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2017. If the organiz					-	_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_		· · · · · · · · · · · · · · · · · · ·		_ =

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	<u>'.) </u>	
Secti	on A. All Supporting Organizations		,	
		<u> </u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1		1915 1822 1822
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	N.E.	<u> </u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	17.55	12.54
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	
, b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
, ,	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a ,	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
;; b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		43%
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	1400	223
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	\$2.50 m	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	2,972	Sec. 1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "You" answer 10b below		<u> </u>	, 3 , 3 , 3 , 3 , 3 , 3 , 3 , 3 , 3 , 3
	supporting organizations)? If "Yes," answer 10b below	10a	1	1

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

10b

Part	Supporting Organizations (continued)	a 1 a .
11	Has the organization accented a gift or contribution from any of the following persons?	Yes No
a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secu	on B. Type I Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to. regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Tes No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	Tag Tag
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
2	Activities Test Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	ıst on Nov 20, 1970 (explai	n ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nıza	tions must complete Section	ns A through E
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			-
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	1.	
e Discount claimed for blockage or other		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		`	
see instructions).	4	•	, ,
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		,
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		- 7
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	以,(1)40毫元公为10万元分别	•
2 Enter 85% of line 1	2	STATE OF THE STATE	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	大 (1988年) 2018年1月20日	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		点 少餐的 5°% (2012) 15	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	g organization (see

	le A (Form 990 or 990-EZ) 2018			Page 7
Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	Section D—Distributions			
1				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets	11		
5	Qualified set-aside amounts (prior IRS approval required)	,		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6	·····		
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see Instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018	24.6 Co. 10 Co.		
	(reasonable cause required - explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014	EXAMPLE SINGLE	名でする時には内内では	
С	From 2015 .		Andrea Maria Laure	
d	From 2016 .		CATTANE EXPERSE	FSW FFWER SA
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			20242FATEANORA
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)		のが、はないなどはなるがれ	
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.		にかられば名を記録	MARKATANA MARKATAN
4	Distributions for 2018 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4.	TO VER DECEMENT AND DOOR OF THE ADDRESS OF THE	MANAGE AND	WAR SETTING
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions		and the contract of the second of the	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c			
8	Breakdown of line 7.			
а	Excess from 2014			
b	Excess from 2015			hindrich Schrift (1997)
С	Excess from 2016		AND THE PROPERTY OF	494,200,200,000,000
Ч	Fxcess from 2017	Art for many grapes of continue to an arm		
е	Excess from 2018			238-1400-1400-1400-1400-1400-1400-1400-140

Page	8

Part \	III, B, l 3a,	pplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, es 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

HAZELTINE PUBLIC LIBRARY			51-0159441
FORM 990-EZ - LINE 16 - OTHE	R EXPENSES		
LIBRARY SUPPLIES \$	2,176		
DVDS/VIDEOS/MAGAZINES	10,112		
PROGRAM FEES	767	•••••	
TECHNOLOGY	367		
MISCELLANEOUS	990		
PROFESSIONAL DEVELOPMT	396		
TOTAL \$1	4,808		
FORM 990-EZ - LINE 24 - OTHE	R ASSETS		
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
PROPERTY & EQUIPMENT	\$15,498	\$15,498	
LESS ACCUMULATED DEPR	11,126	11,126	
TOTAL	\$ 4,372	\$ 4,372	
	······		