SCANNED DEC 0 7 2007

Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

Sponsoring 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

2006

OMB No 1545-1150

Open to Public Inspection

| A | For the | 2006 calend | ar year. | , or tax year beginning | July 1 | , 200 | o, and en | aing | June | 30 | , 20 07 | |
|------------|--|---|-----------|--|---------------------------------------|--------------|-------------|-------------------------|----------------------|--------------|-------------------------|--|
| В | Check if a | applicable Please C Name of organization | | | | D Emplo | yer ider | ntification number | | | | |
| 닏 | Address of | [label of Entern County Crotter) Conduction inc. | | | | 74 | | 2119501 | | | | |
| 닑 | Name cha | nge print or Number and street (or P.O. box, if mail is not delivered to street address) Room/s | | | | | Room/suite | uite E Telephone number | | | | |
| | Initial retur | type. 510 Emorald (3 | | | | | | (307 | 807) 877-6961 | | | |
| Ħ | Amended | Specific City or town state or country, and ZIP + 4 | | | | | | F Group | Exemp | otion | | |
| | Applicatio | Instruc- | | | | | | | Numb | • | , ▶ | |
| | Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting me Other (specify) | | | | | | | _ | | Cash Accrual | | |
| _ | | | | | | | | † | | | | |
| | Waheit | bsite: ► H Check | | | | | | | required | | | |
| - | | | | | | | | | , 990-EZ, or 990-PF) | | | |
| | | | | | | | | - | | | | |
| | not requ | ired, but if the | e organı | on is not a section 509(a)(3) ization chooses to file a retu | ırn, be sure to file a | complete ret | urn | | | | an \$25,000 A return is | |
| | | | | ne 9 to determine gross recei | | | | | | ▶ \$ | | |
| P | art I | Revenue, | Expe | nses, and Changes i | <u>n Net Assets o</u> | r Fund Ba | alances | (See page | e 47 of | the in: | | |
| | 1 | Contribution | ns, gifts | s, grants, and similar amoi | unts received . | | | | , | 1 | 7603.43 | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | 2 | 0.00 | | |
| | 3 | Membershi | p dues | s and assessments . | | | | | | 3 | 0.00 | |
| | 4 | Investment | ıncom | ie | | | | | | 4 | 1495 09 | |
| | 5a | Gross amo | unt fro | m sale of assets other the | nan inventory . | | 5a | | 0.00 | | | |
| | b | | | er basis and sales expen | - | | 1 1 | | 0.00 | | | |
| _ | С | Gain or (los | s) fron | n sale of assets other th | an inventory (line | 5a less line | e 5b) (atta | ich schedu | ıle) | 5c | 0.00 | |
| ž | 6 | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule). Special events and activities (attach schedule). If any amount is from gaming, check here | | | | | | | 7, | | | |
| Revenue | а | 0.00 | | | | | | | | | | |
| 8 | | reported or | | | | | 6a | • | 1327.11 | - 1 | | |
| | Ь | Less: direct expenses other than fundraising expenses | | | | | | | 0.00 | | | |
| | c | | | | | | | | | 6c | 1327.11 | |
| | 7a | | | | | | | 0.00 | | | | |
| | b | b Less: cost of goods sold | | | | | | | 0.00 | - " | | |
| | l | | | | | | | | | 7c | 0.00 | |
| | 8 | | | | | | | | | 8 | 0.00 | |
| | 9 | | | | | | | | | 9 | 10425.63 | |
| | 10 | Grants and similar amounts paid (attach schedule) | | | | | | | | 10 | 5305 87 | |
| | 11 | Benefits paid to or for members | | | | | | | ۱ ٔ ۱ | 11 | 0.00 | |
| Ş | 12 | Salaries, other compensation, and employee benefits . RECEIVED | | | | | | 1 [| 12 | 0 00 | | |
| ž | 13 | Professional fees and other payments to independent contractors | | | | | | O | 13 | 0.00 | | |
| Expenses | 14 | 1001 | | | | | | | $\widetilde{\Sigma}$ | 14 | 0.00 | |
| ŭ | 15 | Occupancy, rent, utilities, and maintenance | | | | | | | 겠 : [| 15 | 0.00 | |
| | 16 | Other expenses (describe > Total expenses (add lines 10 through 16) | | | | | | ! | [2] | 16 | 0.00 | |
| | 17 | | | | | | | | 17 | 5305.87 | | |
| | 18 | | | ··· | | 7 | | v, U1 | | 18 | 5119.76 | |
| šet | 19 | Excess or (deficit) for the year (line 9 less line 17) | | | | | | | a with | | | |
| Net Assets | 13 | | | e reported on prior year' | • • | | | _ | | 19 | 40498.16 | |
| | 20 | end-of-year figure reported on prior year's return) | | | | | | | 20 | 0 00 | | |
| Ž | 21 | | | | | | | | 21 | 45617 92 | | |
| P | art II | | | s—If Total assets on line | | | | | | | | |
| | | | | See page 51 of the instru | · · · · · · · · · · · · · · · · · · · | | | | nning of ye | | (B) End of year | |
| 22 | Cach | n savinas a | - | · - | • | | | | 40498. | 16 22 | 45617.92 | |
| 23 | | sh, savings, and investments | | | | 0.00 23 | | | 0.00 | | | |
| 24 | | Land and buildings | | | | | 0.00 | | | | | |
| 25 | | r assets (ue I l assets . | | | | | | | 40498. | - | 45617.92 | |
| 26 | | | | | | | | | | 00 26 | 0.00 | |
| 27 | Net | Total habitato (accordo F | | | | | | 40498. | | 45617.92 | | |

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

Form **990-EZ** (2006)

Cat No 106421

| Part III Statement of Program Service Accomplishments (See page 51 of the instructions.) | | | | | | | Expenses (Required for 501(c)(3) | | | |
|--|--|------------------------------------|----------------------------|-------------------------------------|-------------|--------------------|---|-------------|--|--|
| What is the organization's primary exempt purpose? Financial support of the Lincoln County, WY Library System | | | | | | | | tions | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | | | | | and 4947(a)(1) trusts, optional for others) | | | |
| | | | | | | | | | | |
| 20 | 28 COUNTY LIBRARY SYSTEM SUPPORT - Acquired library media (books, magazines, videos etc.) and contributed these materials to the Lincoln County, WY Library System | | | | | | | | | |
| | | | | | | | | | | |
| | Grants \$ 5305.87) If this amount inc | udes foreign grants, check | here | ▶ □ | 28a | | 53 | 05.87 | | |
| | | | | | | | | | | |
| 23 | | | | | | | | | | |
| | | | | | | | | | | |
| | Grants \$) If this amount inc | udes foreign grants, check | here | | 29a | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | udes foreign grants, check | | | 30a | | | | | |
| | Other program services (attach schedule) | | | | | | | | | |
| | | udes foreign grants, check | | | 31a 32 | | F 2 | 05.87 | | |
| | Total program service expenses (add lines 28a to rt IV List of Officers, Directors, Trustees, and Key | | | | | e inetrii | | | | |
| ГС | List of Officers, Directors, Trustees, and Key | (B) Title and average | (C) Compensation | (D) Contributio | | | Expens | | | |
| | (A) Name and address | hours per week devoted to position | (If not paid, enter -0) | employee benefit deferred comper | | acc | ount ar | nd | | |
| Sec | attached schedule #2 | | cinci v ij | describe beinger | | n other allowances | | | | |
| -500 | attached schedule #2 | 1 | } | | } | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| _ | | l | 11. | <u> </u> | | | | T-1 | | |
| Pa | rt V Other Information (Note the stateme | | | | | 1 | Yes | No | | |
| 33 | Did the organization engage in any activity not pe | | | | | 00 | | , | | |
| | | | | | | 33 | | ✓ | | |
| 34 | Were any changes made to the organizing or go | | | | | 34 | | 1 | | |
| | | | | | _ | 34 | | | | |
| 35 | If the organization had income from business activities, | | | | not | | | | | |
| reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and | | | | | | | | | | |
| а | proxy tax requirements? | | | e, reporting, | anu | 35a | | 1 | | |
| ь | If "Yes," has it filed a tax return on Form 990-T | | | | | 35b | | ✓ | | |
| 36 | Was there a liquidation, dissolution, termination, | | | | :h a | | | | | |
| 00 | statement.) | | | | | 36 | | ✓ | | |
| 37a | Enter amount of political expenditures, direct or inc | direct, as described in the in | structions. ► 37 | a | | 0 | ~ | | | |
| | Did the organization file Form 1120-POL for this | | | | | 37b | | ✓ | | |
| 38a | Did the organization borrow from, or make any lo | ans to, any officer, director, | trustee, or key er | nployee or w | ere | | | | | |
| | any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | | | | 38a | | / | | |
| b | If "Yes," attach the schedule specified in the lin | e 38 instructions and ente | r the amount | . | | | | | | |
| | involved | | <u>38</u> | b | | _ | | | | |
| 39 | 501(c)(7) organizations. Enter: | | | | | | | | | |
| | Initiation fees and capital contributions included of | | | | | - | | | | |
| | Gross receipts, included on line 9, for public use | or club facilities | <u> 39</u> | n I | | | | | | |

| Par | rt V | Other Information (Note the statement requirement in General Instruction V.) (Continued) | | - | | | | |
|----------------------|---|--|---------|--------|----------|--|--|--|
| 40a | 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ | | | | | | | |
| b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | | | | | | |
| | year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . | | | | | | | |
| | the y | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | | | |
| | | r 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? | | | | | | | |
| 41 | List the states with which a copy of this return is filed. ► None | | | | | | | |
| 42a | The books are in care of ► Carollo Business Solutions | | | | | | | |
| | Located at ► P.O. Box 591 Kemmerer, WY | | | | | | | |
| D | At any time during the calendar year, did the organization have a financial account in a factor account of the calendar year. | | | | | | | |
| | over a financial account in a foreign country (such as a ba account)? | | | | | | | |
| | If "Yes," enter the name of the foreign country: ▶ | | | | | | | |
| | See the instructions for exceptions and filing requirements f | | | | | | | |
| C | At any time during the calendar year, did the organization m | | | | | | | |
| 40 | If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 99 | | | | | | | |
| 43 | and e | | | | | | | |
| | | Under penalties of perjury, I declare that I have examined this returnand belief, it is true, correct, and complete Declaration of prepare | | | | | | |
| Plea Sign Here | 1 | Signature of officer Mc Hinnis | | | | | | |
| пете | = | Brenda McGinnis - Director | | | | | | |
| | | Type or print name and title | | | | | | |
| Paid Prepa | arar'e | Preparer's signature Machael C. Helium 11/7/07 sent-employed ▶□ | P002872 | 54 | | | | |
| Use (| | Firm's name (or yours of self-employed). Jones Simkins, P C. EIN ▶ 20 | 05 | 8678 | | | | |
| | | address, and ZIP + 4 P.O Box 747 Logan, Utah 84321 Phone no ▶ (435 | i) 75 | 2-1510 | , | | | |

Attachment #1 Form - 990EZ - Part I Line 10

LINCOLN COUNTY LIBRARY FOUNDATION SCHEDULE OF GRANTS YEAR ENDED JUNE 30, 2007

| CLASS OF ACTIVITY | GRANTEE | AMOUNT |
|--|--|----------|
| Contributions to Lincoln County Library System | Lincoln County Library 519 Emerald Street Kemmerer, WY 83101 | 5,305.87 |

· Attachment #2 – Form 990EZ – Part IV

Lincoln County Library Foundation Board Members and Director

Claudia Baker - Board Member

P.O. Box 5015

Etna, WY 83118

Compensation - \$0

Contributions to employee benefit plans and deferred compensation - \$0

Expense account and other allowances - \$0

Rosalie Tratnik - Board Member

P.O. Box 165

Kemmerer, WY 83101

Compensation - \$0

Contributions to employee benefit plans and deferred compensation - \$0

Expense account and other allowances - \$0

Margaret Jones – Board Member

77405 Hwy. 189

Kemmerer, WY 83101

Compensation - \$0

Contributions to employee benefit plans and deferred compensation - \$0

Expense account and other allowances - \$0

Kathy Tomassi – Board Member

822 Moose Street

Kemmerer, WY 83101

Compensation - \$0

Contributions to employee benefit plans and deferred compensation - \$0

Expense account and other allowances - \$0

Brenda McGinnis - Director

519 Emerald Street

Kemmerer, WY 83101

Compensation - \$0

Contributions to employee benefit plans and deferred compensation - \$0

Expense account and other allowances - \$0