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162012

SCANNED NOV

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

| <u>A 1</u> | or the | 2011 calendar year, or tax year beginning JUL 1, ZUII and | ending U | UN 30, 2012 | | | | |
|-------------------------|---------------------|--|--------------|-----------------------------|-------------------------------|--|--|--|
| В | Check if applicable | C Name of organization | | D Employer identific | eation number | | | |
| | Addres | Carpenter-Carse Library, Inc. | | | | | | |
| Г | Name change | | | 03-0 | 185083 | | | |
| F | Initial | | Room/suite | ite E Telephone number | | | | |
| F | Termin | | | 1 | 482-2878 | | | |
| F | lated Amend | | | G Gross receipts \$ | 208,100. | | | |
| F | ireturn Applica | | | H(a) Is this a group re | | | | |
| ـــا | ltiòn pendin | | | for affiliates? | Yes X No | | | |
| | | 99 Hinesburg Hollow Road, Hinesburg, V | ጥ | H(b) Are all affiliates inc | | | | |
| | - | | | 1 '' | | | | |
| | | | 01 321 | 1 ' | list (see instructions) | | | |
| | | e: Carpentercarse.org | | H(c) Group exemption | | | | |
| | orm of art I | organization: X Corporation Trust Association Other ► Summary | L Year | of formation: 1945 N | State of legal domicile, VT | | | |
| | | Briefly describe the organization's mission or most significant activities Publ | ic Lik | rary | | | | |
| Activities & Governance | l . | | | | | | | |
| ı, | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | than 25% of its net as | sets | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 9 | | | |
| <u>ග</u> ජ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 9 | | | |
| es | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 13 | | | |
| Ϋ́ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 10 | | | |
| Ć | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 2,644. | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| ø | 8 | Contributions and grants (Part VIII, line 1h) | | 183,145. | 197,056. | | | |
| Š | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 6,026. | 2,644. | | | |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 8,400. | 8,400. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 197,571. | 208,100. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | <u> </u> | | | |
| ģ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 139,267. | 142,237. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| be | ь | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | |
| û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 72,071. | 72,576. | | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 211,338. | 214,813. | | | |
| | | Revenue less expenses Subtract line 18 from line 12 | | -13,767. | -6,713. | | | |
| 56 | - | | Be | eginning of Current Year | End of Year | | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | , | 539,642. | 532,929. | | | |
| SE SE | 21 | Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) | 7.77 | 0. | 0. | | | |
| E SE | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 539,642. | _532,929. | | | |
| | art II | Signature Block | , <u>ş</u> | | | | | |
| Und | der pena | Ities of perjury, I declare that I have examined this return, including accompanying schedule | s and staten | nents, and to the best of m | y knowledge and belief, it is | | | |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of w | hich prepare | r has any knowledge | | | | |
| | | Maybe This Wedge | | | | | | |
| Sig | jn | Signature of Officer | | Date | / / | | | |
| He | re | Darcelene Lewis, Treasurer | | 10, | 122/12 | | | |
| | | Type or print name and title | 12 1 | 7 5 440 | DTIN | | | |
| | | Print/Type preparer's name Preparer's signature | Mar. C | Check L | PTIN | | | |
| Pai | d | David Lavallee (77 | | self-employ | | | | |
| | parer | Firm's name Lavallee & Company, Inc | | Firm's EIN | 03-0363116 | | | |
| Us | Only | Firm's address 20 Susie Wilson Rd, Unit A | | _ | | | | |
| | | Essex Jct., VT 05452 | | Phone no. 8 | 02-861-2200 | | | |
| Ma | y the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | |
| 122 | 001 01-2 | 3.12 LHA For Paperwork Reduction Act Notice, see the separate instructi | ions. | | Form 990 (2011) | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2011) Carpenter-Carse Library, Inc. U3-U185U83 Page 2 |
|-----|--|
| Par | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly describe the organization's mission |
| | Public Library serving the Town of Hineburg, Vermont with a population |
| | of 4,600. Various programs made available to all age groups. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| _ | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses |
| • | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to |
| | others, the total expenses, and revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$ |
| 70 | Provides reading and reference materials along with various activities |
| | to all age groups in the Town of Hinesburg, Vermont. Library has been |
| | modernized to include digital materials and internet research. |
| | modernized to include digital materials and intermet research. |
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| 4b | (Code _ ` _) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code) (Expenses \$ |
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| 4d | Other program services (Describe in Schedule O.) |
| 74 | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program service expenses 214 813. |

Form **990** (2011)

Yes No

Form 990 (2011) Carpenter-Carse Library, Inc. 03-0185083 Page 3
Part IV Checklist of Required Schedules

| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
|----------|---|-----|------------------------|---------|
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | <u>X</u> | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | ., |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | | v |
| | Schedule D, Parts XI, XII, and XIII | 12a | - | Х |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | х |
| 10 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 13 | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 170 | | 1 |
| J | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | <u></u> |
| . 🕶 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | <u> </u> | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | L |
| | | | $\alpha \alpha \alpha$ | |

03-0185083 Carpenter-Carse Library, Inc. Form 990 (2011) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2011)

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35a

35b

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| | Check if Schedule O contains a response to any question in this Part V | | | |
|----------|--|--------------|----------|--------------|
| | | | Yes | No |
| ` 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | l |
| - | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| - | (gambling) winnings to prize winners? | 1c | | <u> </u> |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 13 | | | 1 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | X | |
| 4a | 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)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | 1 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | L |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | | 7b_ | | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | v |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | - | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 9 | to the second se | 7h | | T |
| ь 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| • | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | D. M. A. | 9a | | ļ |
| b | The state of the s | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | 100 |] | | |
| b | AOL |] | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | <u> </u> | |
| а | · | 13a | - | 1 |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | | | | |
| | organization is licensed to issue qualified health plans | - | | |
| С | | | | |
| 14a | | 14a | | X |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | 1 |

Carpenter-Carse Library, Inc. 03-0185083 Form 990 (2011) Part-VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Νo Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

05461

statements available to the public during the tax year.

Darcelene Lewis - 802-482-2532

99 Hinesburg Hollow Road, Hinesburg,

| Form | aan | (201 | 11 | |
|------|-----|------|----|--|

Carpenter-Carse Library, Inc.

03-0185083

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

| X Check this box if neither the organize | | orga | nıza | | | npei | nsat | | | | | |
|--|-------------------|---|---|--------------|----------|------------------------------|----------|-----------------|---|--|--|--|
| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) | | |
| Name and Title | Average | Position (do not check more than one | | | | than | | Reportable | Reportable | Estimated | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | | is bot | h an | compensation | compensation | amount of | | |
| | week (describe | \vdash | | | 1 | T | 1 | from the | from related | other compensation | | |
| | hours for | drect | | | | _ | | organization | organizations (W-2/1099-MISC) | from the | | |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (** 27 1000 ********************************* | organization | | |
| | organizations | trust | al tru | | yee | mbe | | , –, | | and related | | |
| | ın Schedule | Individual trustee or director | Institutional trustee | ا ا | lg ma | est co | Je. | | | organizations | | |
| | O) | ğ | Inst | Officer | Ke | Highest compensated employee | Former | | | | | |
| (1) Katherine Kjelleren | | | | | | | | | | | | |
| Trustee | 0.00 | X | <u> </u> | ــــ | | | | 0. | 0. | 0. | | |
| (2) Susan Abell | | | | | | | | | | | | |
| Trustee | 0.00 | X | | ļ | ļ | _ | | 0. | 0. | 0. | | |
| (3) Christina Boerner | | ١. | | | | | | | | | | |
| Trustee | 0.00 | X | <u> </u> | <u> </u> | | <u> </u> | | 0. | 0. | 0. | | |
| (4) Darcelene Lewis-Wedge | | | | | | | | | | | | |
| Trustee | 0.00 | X | <u> </u> | <u> </u> | | | | 0. | 0. | 0. | | |
| (5) Jane Starkweather | | | | | | | | | | | | |
| Trustee | 0.00 | X | <u> </u> | ↓ | <u> </u> | ├- | ļ | 0. | 0. | 0. | | |
| (6) Brian Dunlop | | 1 | | | | | | | | | | |
| Trustee | 0.00 | X | <u> </u> | | ļ | - | | 0. | 0. | 0. | | |
| (7) Marianna Holzer | | l | | | | | | | | | | |
| Trustee | 0.00 | X | | ļ | ļ | | _ | 0. | 0. | 0. | | |
| (8) Ed Sengle | | | | | | | | | | | | |
| Trustee | 0.00 | X | <u> </u> | - | | - | Ļ | 0. | 0. | 0. | | |
| (9) Heather Roberts | | | | | | Ì | | | | | | |
| Trustee | 0.00 | X | }_ | | | - | - | 0. | 0. | 0. | | |
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| Form 990 (2011) | | | | | | | | | | 03-018 | 3508 | 3 r | age 8 |
|-----------------|--|---|--------------------------------|-----------------------|--|-----------------------|------------------------------|--------|--|--|--------------|--|---------------------|
| Part-VII Sec | tion A. Officers, Directors, Tru | ustees, Key Er (B) | nplo | yee | | | ligh | est | | ees (continued) | | | |
| • | (A) Name and title | | offic | not c , unle | Positheck in the decimal period and a decimal perio | ntion more rson | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimate amount othe | t of |
| · | | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC |) | from to from to organizati and relati organizati | he ition ited |
| | | | | | | | | | - " | | | | |
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| | | | - | | | | | | | | | | |
| 4h Cub total | | | | | | | | | 0. | |) . | | 0. |
| | n continuation sheets to Part V d lines 1b and 1c) | II, Section A | | | | | > | | 0. | |).). | | 0. |
| 2 Total num | ber of individuals (including but ration from the organization | not limited to th | nose | liste | ed al | bove | e) wh | no r | | · · · · · · · · · · · · · · · · · · · | | | 0 |
| | ganization list any former officer | | | e, ke | ey er | nplo | yee | , or | highest compensated e | mployee on | | Yes | |
| 4 For any in | "Yes," complete Schedule J for s dividual listed on line 1a, is the si d organizations greater than \$15 | um of reportab | le co | | | | | | | the organization | | 4 | X |
| 5 Did any p | erson listed on line 1a receive or to the organization? If "Yes," con | accrue compe | nsat | ion 1 | from | any | unr | | | idual for services | | 5 | Х |
| | ependent Contractors | | , | | | | | | | A 400.000 (| | | |
| • | this table for your five highest conzation. Report compensation for | • | • | | | | | | n the organization's tax | • | ensatio | | |
| | (A) Name and business | address | N | ON! | Ε | | | | (B) Description of s | services | Com | (C) npensati | on |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | . | - | |
| | | | | | | | | | | | | | |
| | nber of independent contractors (of compensation from the organ | • | not li | mite | d to | | se li 0 | stec | d above) who received n | nore than | | | |
| | | | | | | | | | | | Fo | rm 990 | (2011) |

Form 990 (2011)

Form 990 (2011) Carpenter-Carse Library, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | Check if Schedule O contains a respons | se to any question in thi | s Part IX | | |
|-------|--|---------------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| - | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| _ | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| • | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | - | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 124,001. | 124,001. | | |
| 8 | Pension plan accruals and contributions (include | , | · | | |
| • | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 7,520. | 7,520. | | |
| 10 | Payroll taxes | 10,716. | 10,716. | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 1,650. | 1,650. | | |
| ď | Lobbying | • | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 3,640. | 3,640. | | |
| 14 | Information technology | 5,433. | 5,433. | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 14,625. | 14,625. | | |
| 17 | Travel | 114. | 114. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | <u>.</u> | | |
| 22 | Depreciation, depletion, and amortization | 12,247. | 12,247. | | |
| 23 | Insurance | 3,520. | 3,520. | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | Books | 17,238. | 17,238. | | |
| b | Library Supplies | 4,564. | 4,564. | | |
| С | Programs | 4,296. | 4,296. | | |
| d | Payroll Prep | 2,993. | 2,993. | | |
| е | All other expenses | 2,256. | 2,256. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 214,813. | 214,813. | 0. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 0.01.22.12 | | | | Form 990 (2011) |

| Pai | t`X | Balance Sheet | | | | |
|-----------------------------|-----|--|-------------------------------------|--------------------------|----------|--------------------|
| • | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 7,018. | 1 | 6,158. |
| | 2 | Savings and temporary cash investments | 161,764. | 2 | 150,964. | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Receivables from current and former officers, dire | | | | |
| | | employees, and highest compensated employee | | | | |
| | | of Schedule L | ! ! | 5 | | |
| | 6 | Receivables from other disqualified persons (as o | defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c) | (3)(B), and contributing | | | |
| Assets | | employers and sponsoring organizations of secti | | | | |
| | | employees' beneficiary organizations (see instruc | ctions) | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 3,936. | 9 | 3,936. |
| | 10a | Land, buildings, and equipment cost or other | \ | | | |
| | | basis. Complete Part VI of Schedule D | 10a 568,338. | | | |
| | b | Less accumulated depreciation | 10ы 230,929. | 317,369. | 10c | 337,409. |
| | 11 | Investments - publicly traded securities | 4,903. | 11 | 4,993. | |
| | 12 | Investments - other securities See Part IV, line 1 | 44,652. | 12 | 29,469. | |
| | 13 | Investments - program-related See Part IV, line 1 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | ıl line 34) | 539,642. | 16 | <u>532,929.</u> |
| | 17 | Accounts payable and accrued expenses | | | 17 | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| S | 21 | Escrow or custodial account liability Complete F | Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors | s, trustees, key employees, | | | |
| ap | | highest compensated employees, and disqualifie | ed persons Complete Part II | 1 | | |
| _ | | of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | I third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | |
| | | parties, and other liabilities not included on lines | 17-24) Complete Part X of | | | |
| | | Schedule D | | | 25 | |
| | 26 | Total liabilities, Add lines 17 through 25 | | 0. | 26 | 0. |
| | | Organizations that follow SFAS 117, check he | re 🕨 💹 and complete | | | |
| es | | lines 27 through 29, and lines 33 and 34. | | 500 640 | | 520 000 |
| a | 27 | Unrestricted net assets | | 539,642. | 27 | 532,929. |
| Bal | 28 | Temporarily restricted net assets | | | 28 | |
| b | 29 | Permanently restricted net assets | , , , , , , , , , , , , , , , , , , | | 29 | |
| 3 | | Organizations that do not follow SFAS 117, ch | neck here and | | | |
| ō | | complete lines 30 through 34. | | | | |
| sets | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or eq | | | 31 | |
| fet | 32 | Retained earnings, endowment, accumulated inc | come, or other funds | F20 C40 | 32 | E30 000 |
| _ | 33 | Total net assets or fund balances | 539,642. | 33 | 532,929. | |
| | 34 | Total liabilities and net assets/fund balances | - | 539,642. | 34 | 532,929. |

| -orm | 990 (2011) Carpenter-Carse Library, Inc. | 03- | 0.102002 | Pag | e IZ | | |
|--|---|----------|---------------|--------|-------------|--|--|
| | TXI Reconciliation of Net Assets | · | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | | | |
| ` | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 208 | ,1 | 00. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 214 | . , 8: | <u>13.</u> | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 539 | , 6 | <u>42.</u> | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. | | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 532 | 9 | <u> 29.</u> | | |
| Pai | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | _X_ | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | edule O | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued | d on a | | | | | |
| | separate basis, consolidated basis, or both | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | ļ | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Au | dit | | | | |
| | Act and OMB Circular A-133? | | 3a | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red aud | dit | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |
| | | | Form 9 | 90 (| 2011) | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Employer identification number Name of the organization 03-0185083 Carpenter-Carse Library, Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated b Type II a L Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of (ii) EIN organization organizátion in col in col. (i) listed in your organization in col. (i) organized in the U.S.? organization support (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes Nο No Yes No

Schedule A (Form 990 or 990-EZ) 2011 Carpenter-Carse Library, Inc. 03-01850

Part II 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Calendary sets (or fiscal year seplinaling in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Cifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 173,378. 171,856. 321,664. 183,145. 197,055. 1047098. 173,378. 171,856. 321,664. 183,145. 197,05 | <u>Se</u> c | tion A. Public Support | | | | | , | |
|---|-------------|---|--------------------------|----------------------|---------------------------------------|------------------------|---------------------|------------|
| 1 Griffs, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf at the organization's benefit and either paid to or expended on its behalf at the organization without charge a provision without charge and the organization of total contributions by each person (other than a governmental unt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 6 Public support. Saltast line 5 flora lists and the organization of Public Support Percentage 1 Public support percentage for 2011 fine 6, column (f) and stop here. Services from the sale of capital assets (Epilan in Part IV) 1 Total support. Add lines? Through 1 Total support check this box and stop here. The organization duells eas a publicly supported organization or public support percentage for 2011 fine 6, column (f) and support percentage for 2011 fine 6, column (f) organization of Public support Percentage 1 Public support percentage for 2011 fine 6, column (f) organization organization organization organization organization organization meets the "facts and circumstances test. 2011. If the organization did not check a box on line 13, risa, 16, 16, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and circumstances test. 2011. If the organization did not check a box on line 13, risa, 16, 17a, or 17b, or 17b, or 17b, or 17b, or 17b, or 17b, organization organization organization meets the "facts and circumstances | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| memborship fees received (10 not include any 'unusual grants.') 173 , 378 . 171 , 856 . 321 , 664 . 183 , 145 . 197 , 055 . 1047098 . 2 Tax revenues leved for the organization is 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 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 (1) 8 Public support, Subtractive 8 from tipes* Section B. Total Support 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities losins, rents, royalties and income from similar sources 9 ,604 . 8 ,553 . 14 ,906 . 14 ,426 . 11 ,044 . 58 ,533 . 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of risk support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, line 14 Public support percentage from 2010 Schedule A, Part II, lin | | | | | | | | |
| 2 Tax revenues leved for the organization's benefit and either paid to or expanded on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add intes 1 through 3 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) 6 Public support. Setting the 2 from line 4 8 Cross ancome from interest, dividends, payments received on securities losine, rinst, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on the 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of profile Support Percentage Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. Honganization in Public Support Percentage Section C. Computation of Pub | | _ | | | | | | |
| reation'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. 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). 8 Public support. Subrectines 6 from line 4. 173, 378. 171, 856. 321, 664. 183, 145. 197, 055. 1047098. 1 | | include any "unusual grants.") | 173,378. | 171,856. | 321,664. | 183,145. | 197,055. | 1047098. |
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| 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2011. 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 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization 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, check this box and stop here. Explain in Part IV how 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | column (fl) | | 14 | 94 71 % |
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| b 33 1/3% support test - 2010. 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 17a 10% -facts-and-circumstances test - 2011. 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 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, check this box and stop here. Explain in Part IV how 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, 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 | | . | | | n line 13, and line | 1/ is 33 1/3% or r | | |
| b 33 1/3% support test - 2010. 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 17a 10% -facts-and-circumstances test - 2011. 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 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, 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 | 108 | | | | | 14 18 33 17370 01 1 | nore, check this be | |
| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. 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 b 10% -facts-and-circumstances test - 2010. 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, check this box and stop here. Explain in Part IV how 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 | | • | | _ | | Nuna 15 is 33 1/30/ | ar more check th | |
| 17a 10% -facts-and-circumstances test - 2011. 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 b 10% -facts-and-circumstances test - 2010. 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 | | | | | | 1 III le 13 is 33 1/37 | o or more, check a | II3 DOX |
| 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 b 10% -facts-and-circumstances test - 2010. 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 | | | | | | a 13 16a ar 16h | and line 1/ is 100/ | or more |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. 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 | 178 | | | | | | | |
| b 10% -facts-and-circumstances test - 2010. 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 | | | | | | | it iv now the organ | iization _ |
| 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | 170, and lime 15 :- | 100/ or |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | t | | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | | , |
| | | | | | | | | |
| WARARINA RILAMA (VV) ALIVVI LININA | <u>18</u> | Private foundation. If the organization | on ala not check a | box on line 13, 16 | a, 100, 1/a, 0r 1/ | | | |

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

| Section A. Public Support | low, please comp | nete Fait ii) | | | | |
|---|---|---------------------|---------------------------------------|-------------------|----------------------|--------------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and | | (2) | | 1 1 | | 1.7 |
| membership fees received (Do not | | | | | | |
| include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, 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 bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | Ti i | |
| 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 | | | Ì | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🖊 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 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 | | | | | | |
| c 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 IV) 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for | the organization | s first second this | rd fourth or fifth t | ax vear as a sect | on 501(c)(3) organiz | ration |
| check this box and stop here | and organization | , | ., | | | ▶□ |
| Section C. Computation of Publi | c Support Pe | rcentage | | | | |
| 15 Public support percentage for 2011 (li | | | column (f)) | | 15 | 9/ |
| 16 Public support percentage from 2010 | | • | \ <i>''</i> | | 16 | % |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 20 | | | | | 17 | 9/ |
| 18 Investment income percentage from 2 | • | · · · | . , , , , | | 18 | 9/ |
| 19a 33 1/3% support tests - 2011. If the | | | on line 14, and line | e 15 is more than | | |
| more than 33 1/3%, check this box ar | | | | | | ightharpoons |
| b 33 1/3% support tests - 2010. If the | • | - | · · · · · · · · · · · · · · · · · · · | | | and |
| line 18 is not more than 33 1/3%, che | | | | | | |
| 20 Private foundation If the organization | | • | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

Employer identification number

| | Carpenter-Carse Li | 03-0185083 | | | | | |
|--|--|--|--|--|--|--|--|
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the | | | | | | | |
| | organization answered "Yes" to Form 990, Part IV, lin | e 6 | | | | | |
| | - | (b) Funds and other accounts | | | | | |
| 1 | Total number at end of year | | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | |
| 3 | Aggregate grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | funds | | | | |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be use | | | | | |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring | | | | | | |
| | impermissible private benefit? | | Yes No | | | | |
| Pai | t II Conservation Easements. Complete if the or | ganization answered "Yes" to Form 990, Part | IV, line 7 | | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply) | | | | | |
| | Preservation of land for public use (e.g., recreation or e | | cally important land area | | | | |
| | Protection of natural habitat | Preservation of a certified | d historic structure | | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of a | conservation easement on the last | | | | |
| | day of the tax year | | | | | | |
| | | | Held at the End of the Tax Year | | | | |
| а | Total number of conservation easements | | 2a | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c | | | | |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structure | | | | | |
| | listed in the National Register | | 2d | | | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | ganization during the tax | | | | |
| | year ▶ | | • | | | | |
| 4 | Number of states where property subject to conservation easement is located | | | | | | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | | | | | |
| | violations, and enforcement of the conservation easements | t holds? | └ Yes | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements durin | ig the year ▶ | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during the | e year ▶ \$ | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) | | | | | | |
| | and section 170(h)(4)(B)(ii)? | | └── Yes └── No | | | | |
| 9 | In Part XIV, describe how the organization reports conservat | | | | | | |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for | | | | | | |
| _ | conservation easements. | | | | | | |
| Pa | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. | | | | | | |
| | Complete if the organization answered "Yes" to Form | | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | | | | | |
| | historical treasures, or other similar assets held for public ex | | of public service, provide, in Part XIV, | | | | |
| | the text of the footnote to its financial statements that descri | | | | | | |
| þ | If the organization elected, as permitted under SFAS 116 (A: | | | | | | |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of public | service, provide the following amounts | | | | |
| | relating to these items: | | . | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ | | | | |
| _ | (ii) Assets included in Form 990, Part X | an allow and a second s | | | | | |
| 2 | If the organization received or held works of art, historical tre | - | un, provide | | | | |
| | the following amounts required to be reported under SFAS | i 10 (ASC 958) relating to these items | • • | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ | | | | |
| ь | Assets included in Form 990, Part X | | ▶ ⊅ | | | | |

| | | ollections of A | | | | or Other | | | | Page Z |
|-------|---|-----------------------|---------------|-------------------|---------------|---------------|----------------|------------|------------|------------|
| | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) | | | | | | | | | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items | | | | | | | | | |
| | (check all that apply): Public exhibition d Loan or exchange programs | | | | | | | | | |
| а | Public exhibition | d | | | lange progra | airis | | | | |
| b | Scholarly research | е | 0 | ner | | | | | | |
| С | Preservation for future generations | | | الدين ما الدين ال | | | • | a. Dant | VIV | |
| 4 | Provide a description of the organization's co | | | | | | | e in Part | XIV | |
| 5 | During the year, did the organization solicit or | | | | | er similar as | ssers | | 1 v | |
| Dan | to be sold to raise funds rather than to be ma | | | | | "V" +- F- | | <u> </u> | Yes | No_ |
| Par | t IV Escrow and Custodial Arrang reported an amount on Form 990, Par | - | ete if the or | ganizatio | n answered | res lo ro | IIII 990, F | art IV, II | ne 9, or | |
| | | | diani far an | | a ar athar as | acts not in | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | plary for co | ntribution | s or other as | sets not inc | siuded | _ |] v | □ Na |
| | on Form 990, Part X? | 1 1 1 1 1 1 1 1 1 1 | | | | | | | Yes | ∟_ No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the to | ollowing tab | ie | | | | | A 1 | |
| | | | | | • | | | | Amount | |
| | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | 000 David V. Iva- | 040 | | | | 1f | |] v | |
| | Did the organization include an amount on Fo | | 217 | | | | | | Yes | ∟ No |
| Par | t V Endowment Funds. Complete if | | acwarad "V | es" to Fo | rm 990 Part | IV line 10 | | | | |
| Fai | Litadownient i anas. Complete ii | | 1 | | (c) Two yea | | Three yea | re back | (a) Four | years back |
| | Danish of was balance | (a) Current year | (b) Prio | і уеаг | (C) I WO yea | 15 Dack (u) | тинее уса | 15 Dack | (e) i oui | years back |
| | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | <u></u> | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | . | | | | | | | | |
| | Administrative expenses | | | | | | - | | | |
| | End of year balance Provide the estimated percentage of the curr | ront year and halan | L | column (s |)) hold as | | | | | |
| 2 | Board designated or quasi-endowment | erit year erid balari | % | COIGITITI (a | ijj rielu as | | | | | |
| a | · · | % | — ′° | | | | | | | |
| b | Permanent endowment ► Temporarily restricted endowment ► | % | | | | | | | | |
| С | • • • | | | | | | | | | |
| 2- | The percentages in lines 2a, 2b, and 2c should equal 100% | | | | | | | | | |
| sa | Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No | | | | | | | | | |
| | by: | | | | | | | | 3a(ı) | 163 110 |
| | | | | | | | | | | |
| | (ii) related organizations 3a(ii) | | | | | | | | | |
| | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | - |
| _ · u | Description of property | (a) Cost or o | | | or other | (c) Acc | umulated | | (d) Book | value |
| | Description of property | basis (invest | | | (other) | 1 | ciation | İ | (4, 200. | |
| | Land | | 575. | | , , | | - | | 58 | 3,575. |
| | Buildings | | 678. | | | 1:2 | 24,15 | 4. | | 524. |
| b | Leasehold improvements | | 769. | | | | 29,59 | | | 3,171. |
| ن | Equipment | | 316. | ··. | | | 77,17 | | | 139. |
| d | Other | | 320. | | | <u> </u> | · , <u>- ·</u> | | | |
| | Add lines 1a through 1e (Column (d) must e | ogual Form 990, Par | t X. column | (B) line : | 10(c)) | | | | 33' | 7,409. |

Schedule D (Form 990) 2011

| Schedule D (Form 990) 2011 Carpenter-C | arse Library, | Inc. | 03-0 | 185083 | Page 3 |
|---|---------------------------------------|--------------------------|---|---|---------------|
| Part VII Investments - Other Securities. Se | e Form 990, Part X, line 12 | | | | |
| (a) Description of security or category | (b) Book value | , | (c) Method of valuation | | |
| (including name of security) | \- | (| Cost or end-of year market | value | |
| (1) Financial derivatives | | | | | |
| (2) Closely-held equity interests | | | | | |
| (3) Other | | | | | |
| (A) VT Community Foundation | 29,469. | Cost | | | |
| (B) | | | | _ | |
| (C) | | · | | | |
| | | | | · | |
| (D) | | | | | |
| (E) | | | | | |
| <u>(F)</u> | | | | | |
| (G) | | | | | |
| (H) | | - | | | |
| (1) | | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | 29,469. | | | | |
| Part VIII Investments - Program Related. S | ee Form 990, Part X, line 13 | 3 | | | |
| (a) Description of investment type | (b) Book value | | (c) Method of valuation | | |
| (a) Description of investment type | (b) book value | (| Cost or end-of-year market | value | |
| (1) | | - | | | |
| (2) | | | | | |
| (3) | | | | | |
| | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | | | | | |
| | | | | | . |
| (9) | | | | | |
| (10) | | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | | |
| Part IX Other Assets. See Form 990, Part X, line | 15 | | | | |
| | Description | | | (b) Book va | lue |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | ·· ··································· | |
| | · · · | | | | |
| (4) | | | | | |
| (5) | | | | | |
| | | | | - | |
| (7) | | | | | |
| (8) | | | | _ | |
| (9) | | | | | |
| (10) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | e 15.) | | | | |
| Part X Other Liabilities. See Form 990, Part X, | line 25 | | | | |
| 1. (a) Description of liability | | (b) Book value | | | |
| (1) Federal income taxes | | | | | |
| (2) | | | | | |
| | | | _ | | |
| (3) | | | \dashv | | |
| (4) | | | | | |
| (5) | | | \dashv | | |
| (6) | | | _ | | |
| | | | _ | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (4.4) | | | | | |
| Total, (Column (b) must equal Form 990, Part X, col (B) line | e 25.) | | \neg | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740) | o the organization's financial statem | ents that reports the or | ganization's liability for uncertain ta | x positions under | |

| | dule D (Form 990) 2011 Carpenter-Carse Library, Ir | nc. | | | 03 | <u>-0185</u> | <u> 5083</u> | Page 4 |
|-----|--|-----------|-------------|-----------|-------------|--|--------------|-------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to | Audit | ed Finan | cial S | tateme | ents | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | | | 100. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | | | 214, | 813. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | | | <u>-6,</u> | 713. |
| 4 | Net unrealized gains (losses) on investments | | | 4 | | | | |
| 5 | Donated services and use of facilities | | | _5 | | | | |
| 6 | Investment expenses | | | 6 | | | | |
| 7 | Prior period adjustments | | | 7 | | | | |
| 8 | Other (Describe in Part XIV.) | | | 8_ | | | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | 9 | | | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | th Dave | 10 | or Dot | | <u>-6,</u> | 713. |
| Par | t XII Reconciliation of Revenue per Audited Financial Stateme | nts w | ith Reve | nue p | 1 | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | <u> </u> | <u> </u> | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 - 1 | | | | | | |
| а | Net unrealized gains on investments | 2a | | | | | | |
| þ | Donated services and use of facilities | 2b | | | | | | |
| C | Recoveries of prior year grants | 2c | | | | | | |
| d | Other (Describe in Part XIV.) | 2d | | - | | - | | |
| е | Add lines 2a through 2d | | | | 2 | | | |
| 3 | Subtract line 2e from line 1 | | | | -3 | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | | i | | | |
| а | investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | |
| b | Other (Describe in Part XIV) | 4b | | | | | | |
| С | Add lines 4a and 4b | | | | 4 | | | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme | onto V | lith Eyne | | nor Pe | | | |
| | | EIII V | vitii Expe | :11565 | | | | |
| 1 | Total expenses and losses per audited financial statements | | | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | ا ما | | | | | | |
| a | Donated services and use of facilities | 2a | | | | | | |
| þ | Prior year adjustments | 2b | | | | | | |
| C | Other losses | 2c | | | | | | |
| d | Other (Describe in Part XIV) | 2d | | | \dashv | | | |
| e | Add lines 2a through 2d | | | | | e | | |
| 3 | Subtract line 2e from line 1 | | | | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1.1 | | | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | |
| | Other (Describe in Part XIV) | 4b_ | | | | _ | | |
| | Add lines 4a and 4b | | | | | <u>с</u> - | | |
| Dai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIV Supplemental Information | | | | | 5 | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | L lines 1 | la and 4 De | art I\/ I | nee 1h o | nd 2h Pa | rt V. line | 4 Part |
| | e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp | | | | | | | 7, 1 all |
| ^, | 52, Part Al, line 6, Part All, lines 20 and 45, and Part All, lines 20 and 45 7466 comp | noto tine | part to pre | ovide d | ny addition | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Tallott | |
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SCHEDULE 0

(Form.990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Inspection **Employer identification number**

| Carpenter-Carse Library, Inc. | 03-0185083 |
|---|-------------------|
| Form 990, Part VI, Section B, line 11: Treasurer presents | |
| and tax return at monthly meeting to all Officers and Dir | |
| | |
| Form 990, Part VI, Section C, Line 19: All Tax Returns an | d Policies are on |
| file at the library for public inspection. | |
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