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Form . 990

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

2011

Open to Public Inspection

A	For the	2011 cale	endar year, or tax year begin	ning July 1	, 2011, a	nd ending	g Jun	e 30	, 20 12	
В	Check If	applicable	C Name of organization Quech	ee Library Association				D Employ	er identification n	umber
	Address	change	Doing Business As Quechee	Library	<del>-</del>				03-6010391	
	Name ch	nange	Number and street (or P O box	of mail is not delivered to stre	eet address)	Room/sur	te	E Telepho	ne number	
	Initial ret	urn	P.O. Box 526						802-295-1232	
	Terminat	ted	City or town, state or country, a	and ZIP + 4				•		
ō	Amende		Quechee, VT 05059-0526					<b>G</b> Gross re	eceipts \$	164,913
	Applicati	on pending	F Name and address of principal	officer Kate Schaal			H(a) is this a	aroup return	for affiliates?   Yes	No
	• •	, ,	P.O. Box 526						ncluded? Yes	
	Tax-exe	mpt status	✓ 501(c)(3) □ 50	1(c) ( ) ◀ (insert no ) [	4947(a)(1) or [	527	_		list (see instruction	
<u>.</u>	Website		vw.quechee.org	<u> </u>		<u> </u>	<b>-</b>		n number 🕨	·
ĸ			<del></del>	sociation ☐ Other ►	I Ves	r of formati			of legal domicile	VT
_	art I	Summ	<del></del>	Sociation Other >	Liea	ii or ioiinati	1004	W State	or regar domicile	
-	1		escribe the organization's r	mission or most signific	cant activities:	Ouech	oo Library fr	ooly prov	ides informative	and co
	İ		and encourage lifelong learni		ant activities.	Quecii	ee Cibial y II	eely prov	ides illioiniadivi	- and Co
8			ind encoding melong learn	ing and renection.		·		<b></b>		
Activities & Governance	1									
era										
õ	2		nis box ▶ ☐ if the organizat				of more than	1 1	its net assets.	
<u>م</u>	3		of voting members of the g							6
es	4		of independent voting mer					4		6
¥	5	Total nur	mber of individuals employ	ed in calendar year 201	11 (Part V, line	2a) .		5		4
5	6	Total nui	mber of volunteers (estimat	te if necessary)				6		40
•	7a	Total uni	related business revenue fr	om Part VIII, column (C	c), line 12 .			7a		0
	b	Net unre	elated business taxable inco	ome from Form 990-T.	line 34			7b		
_						T	Prior Ye	ar	Current Ye	ear
_	8	Contribu	itions and grants (Part VIII,	line 1h)			· · · · · · · · · · · · · · · · · · ·	171,568		154,445
enne	9		service-revenue (Part VIII,	•		`		0		0
<u>چ</u>	1100		entuncome (Part VIII, colum				-	1,236		1,298
8	REC		Venue (Part VIII, column (A)					8,668		9,170
_	12	Total rev	enue   600 lines 8 through	, iiiles 5, 60, 60, 90, 10 11 /must squal Port VIII	oolumn (A) lin	, 13\ F	<del>-</del>			164,913
$\sim$ $\vdash$							<del></del>	181,472		
Ž	EgB		hdsimilar amounts paid (P			· · -		0		0
٦	14		paid to for members (Pa		•	:		0		0
9	A 25 F	<b>11 A</b> 1	other compensation, employ	•				77,712		84,512
Sua	Mer		dnal fundraising fees (Part I		•	[	773.668 . s .rs	0		0
<u>`</u>	Ь.		idraising expenses (Part IX,			0,709				
щ	17	Other ex	penses (Part IX, column (A)	), lines 11a-11d, 11f-24	4e)	· · L		82,111		82,818
	18	Total exp	penses. Add lines 13–17 (m	iust equal Part IX, colu	mn (A), line 25	) . L		159,823		167,330
_	19	Revenue	e less expenses. Subtract li	ne 18 from line 12 .		[		21,649		(2,417)
- 5	3					E	Beginning of Cu	rrent Year	End of Ye	ar
E S	20	Total ass	sets (Part X, line 16)			[		605,241		602,791
ASS.	21		oilities (Part X, line 26)			[		0		0
Net Assets	22		ets or fund balances. Subtra	act line 21 from line 20		`		605,241		602,791
_	art II		ture Block			<u> </u>				
	· · · · · ·		ury, I declare that I have examined	this return including accome	nanying echedules	and etator	ments and to t	he hest of r	my knowledge, and	helief it is
			plete Declaration of preparer (other						ny knomiecyc dne	Denot, it is
_			1.1111 -1				<del></del>	1	· / a a · ·	<del></del>
Q;	gn	1	nature of officer	in family			l_Da	to	15 / 2013	<u>'</u>
	ere	, oigi	Lillia A. S. A.	Turk T	Toraci	000	Da		,	
114	.i C	Tyro	OVERT DE POSTO DE LA S	(WOOL) , 1	REASU	RIUK	<del></del>			
_		<u> </u>	e or print name and title	Propagario algoritura			<u> </u>		DTIN	
Pá	aid	Frintity	ype preparer's name	Preparer's signature		Da	re	Check [	☐ if PTIN	
Pı	epare	r					···	self-em	pioyea	
	se Onl		name >				Fim	n's EIN ▶		
		Firm's a	address ▶	<del>-</del>			Pho	ne no		
M	y the IF	RS discus	s this return with the prepa	rer shown above? (see	instructions)			<u></u>		3 🗌 No
Fo	r Paperv	vork Redu	ıction Act Notice, see the se	parate instructions.		Cat N	o 11282Y		Form \$	990 (2011)

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Form 99	2011) Pa	age <b>2</b>
Part		_
1	Check if Schedule O contains a response to any question in this Part III	Ц.
•	see part 1, #1	
		<b></b> -
2	Old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	orior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	ervices?	No
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	it Oi
4a	Code: ) (Expenses \$ 90,646 including grants of \$ 0 ) (Revenue \$ 0 )  Library Services: open 54 hours per week with a circulation of 41,526 items. Library collection consists of 33,000, periodicals, an actronic media. 10 computers, as well as wi-fi, are available to the public free of charge. Website offers on-line catalogues as well as several databases and downloadable portals. Library programs had a total attendance of 4,497 last year. Library is administer	<u> </u>
	by paid staff of director, technical services librarian, and assistant librarian.	
4b	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
		<b></b>
4c	Code: (Expenses \$ including grants of \$ ) (Revenue \$ )	
4d	Other program services (Describe in Schedule O.)	_
	Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses	

Part I	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
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		<b>✓</b>
	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		<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<b>\</b>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		<del> </del>
•	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		<b>/</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	┝		<del>-</del>
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b> -</b>		Ť
	complete Schedule D, Part III	8		1
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		✓
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		✓
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			, ,
	VII, VIII, IX, or X as applicable.	<u> </u>	<u>`</u>	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	✓	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of the total assets reported in Part X, line 163 if "Yes " complete School to P. Part X".	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>✓</b>
C	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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		├ <del>▼</del>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		✓
b	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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		<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			,
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		<b>✓</b>
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	-	<b>-</b>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- <del></del> -	<del></del>	١Ť
	If "Yes," complete Schedule G, Part III	19		✓
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
		Forn	990	(2011)

Form 99	0 (2011)		ı	age <b>4</b>
Part			<u> </u>	ago
			Yes	No
21	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	21		<b>√</b>
22	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		<b>/</b>
23	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	23		1
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 Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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	25a		1
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 Schedule L, Part I	25b		1
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	,	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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.	27		1
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>✓</b>

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . 35a 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 . . . . . . . . . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	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   1a   2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			L
_	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	١.		1
b	If "Yes," enter the name of the foreign country: ▶	4a		<b>-</b>
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		1
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>√</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		✓
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization have evened hypinage heldings at any time at most time.	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	١ ،		
	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		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		I	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		,	
_	100	- 4,	.	
C 1/2	Enter the amount of reserves on hand	-		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\dashv$	✓
	1 100, has it lifed a 1 offit 120 to report these payments? If two, provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	iee ins	structi	ions.		
Section	Check if Schedule O contains a response to any question in this Part VI	<del></del>	<del></del> -	<u>. U</u>		
<del>Occili</del>	on A. doverning body and management		Yes	No		
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.	.,,	•			
ь 2	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 officer, director, trustee, or key employee?	2		<b>1</b>		
3 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? .						
4 5 6 7a	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?.  Did the organization have members or stockholders?	5 6		√ √ √		
b	one or more members of the governing body?	7a		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		-		
а	The governing body?	8a	<b>✓</b>	<u> </u>		
9	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>			
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	odo	<u>                                     </u>		
3601	on b. Policies (This Section B requests information about policies not required by the internal never	iue C	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		1		
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		1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c				
13	Did the organization have a written whistleblower policy?	13		1		
14 15	Did the organization have a written document retention and destruction policy?	14		✓		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		-		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1		
	Other officers or key employees of the organization	130	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
100	with a taxable entity during the year?	16a	ľ	1		
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	102	· - ·			
	organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure	1.55				
17 18	List the states with which a copy of this Form 990 is required to be filed none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)		
19	Own website Another's website Vipon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<b>;</b>			

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box it fleither the organization no	Tarry relate	l oig	arnz		C)	umpe	1150	led any curren	it officer, director	, or trustee.
		i		•	rtion			i		
(A)	(B)	(do n	ot ch			e than o	one	(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week					or/trust		from	related	other
	(describe	Individual trustee or director	Institutional trustee	Officer	Key employee	휲축	Former	the	organizations	compensation
	hours for related	red du	Ĕ	ěř	em.	o est	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	이 의 다	nal		탕	e S		(11 27 1000 111100)		and related
	in Schedule O)	uste	ă		B B	per	1	1		organizations
	0,	ŏ	stee			Highest compensated employee				
				-			$\vdash$	-		
(1) David Izzo	-		1		}			<b>{</b>		
President	5	1		✓			L	0	0	0
(2) Richard Davis				1						
Vice president	5	✓		✓				0	0	0
(3) Brian Chaboyer										
Secretary	3	✓		✓				0	0	0
(4) William Eastwood										
Treasurer	8	1	l	✓			ĺ	о	o	0
(5) Kathleen Hickey								}		
Trustee	2	1				ŀ		0	0	0
(6) Merrilyn Tatarczuch-Koff										
Trustee	2	✓						l o	l o	0
(7) Kate Schaal										
Library Director	30	İ			1	1	}	40,620	o	o
(8)	-									
(9)						ļ ——	-			
					İ					
(10)										
					L					
(11)	-									
(12)	-						-			
(13)							-			
3							L_			
(14)										
	1	1	L		İ	L	L _			

Part	Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (	<u>continu</u>	red)		
	(A) Name and title	(B) Average hours per	Position (do not check more the box, unless person is to officer and a director/to					an	(D) Reportable compensation	(E) Reportati compensatio		Esti	(F) mated ount of	
		week (describe hours for related organizations in Schedule O)	Individua or directo	Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-N	ons	comp fro orga and	ther ensatio m the nization related nizations	1
(15)														
(16)													_	
(17)													_	
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)							•							
(25)														
1b c d	Sub-total .  Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A				·	<u> </u>	40,620 0 40,620					-
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		ore than \$1	00,000	of		
3	Did the organization list any former of		tor o	r tr	uste	۰	kev e	mn	lovee or high	est compe	neatad		Yes	No
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	ındi	vidu	ıal					3		<b>√</b>
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive o									ation or inc	 dividual			<b>√</b>
Section	for services rendered to the organization?  on B. Independent Contractors	r II "Yes," C	ompi	ete (	SCN	eau	ile J T	or s	ucn person	· · · ·	· ·	5		<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate ort compe	ed inc	lepe on fo	ende or th	ent d	contra	acto ar y	ors that receive ear ending wit	ed more that h or within	ın \$100 the org	,000 of anizatio	on's ta	ax
	(A) Name and business addi	ress							(B) Description of s	ervices	(	(C) Compens	ation	
0													-	
2	Total number of independent contracto							th	ose listed abo	ove) who				

Par	<b>WILL</b>	Statement of Revenue				_	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership dues 1b	3,304	•			
ğ,	C	Fundraising events 1c	290				
iifts ar A	d	Related organizations 1d		ŀ			
s, G	e	Government grants (contributions) 1e	110,800				
Sir	f	All other contributions, gifts, grants,	110,800				
uti	•		40.054				
di b	_	<u> </u>	40,051	]			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$					
O B	h	Total. Add lines 1a-1f	<u> </u>	154,445			
Program Service Revenue	_		Business Code				
eve	2a						
E.	b						
Ş	C						
Şe	ď						
ᇤ	e						
gu	f	All other program service revenue.					
F.	g	Total. Add lines 2a-2f	▶	0			
	3	Investment income (including divide	nds, interest,			<del></del>	<u> </u>
	ĺ	and other similar amounts)		1,298			1,298
	4	Income from investment of tax-exempt bo	nd proceeds ▶				
	5	Royalties					
	-	(i) Real	(II) Personal				
	6a	Gross rents	···				
	Ь	Less: rental expenses					
	!	·					ŀ
	C	Rental income or (loss)					
-	d	Net rental income or (loss)		0			,
ĺ	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other			,	·
	ь	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	🕨	0			
enue	8a	Gross income from fundraising					
Š		events (not including \$ 290					
ĕ		of contributions reported on line 1c)					
Other R		See Part IV, line 18 a	0				
ᅗ		Less: direct expenses b					
		Net income or (loss) from fundraising e	events . ►	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	o				
	b	Less: direct expenses b					
		Net income or (loss) from gaming activ	ities ►	0			
	10a	Gross sales of inventory, less					
		returns and allowances a	8,810				
	b	Less: cost of goods sold b	894				
		Net income or (loss) from sales of invel		7,916	7 016		J
}		Miscellaneous Revenue	Business Code	7,310	7,916		1
ł	11a	fines & fees	900099	1,254	1 254		
	b		300033	1,254	1,254	<del></del>	
	ч С	All other revenue					
	d	All other revenue [					<u> </u>
İ		Total. Add lines 11a-11d		1,254	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	12	<b>Total revenue.</b> See instructions	🕨	164,913	9,170		1,298

## 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 i	n this Part IX		<u></u>
	t include amounts reported on lines 6b, 7b, , 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				n,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	40,710	22,390	12,213	6,107
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 8	Other salaries and wages	37,833	30,266	5,675	1,892
9 10 11 a b c d e	Other employee benefits	5,969	4,001	1,359	609
f g 12 13	Investment management fees Other	1,648 4,850	1,648 4,180	670	
14 15 16	Information technology	7,212	7,179	33	
17 18	Travel	475	475		
19 20 21 22	Conferences, conventions, and meetings . Interest	23,308		23,308	
23 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 O.)				AA.
a b	collection materials fund raising printing& postage	18,630 2,101	18,630		2,101
d e	dues All other expenses fees	1,877 210 535	1,877	210 535	
25 26	Total functional expenses. Add lines 1 through 24e  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)				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			5,738	1	2,935
	2	Savings and temporary cash investments			16,870	2	19,735
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·		
	4	Accounts receivable, net			<del></del>	4	
	5	Receivables from current and former officers, employees, and highest compensated employ Schedule L	dıred ees. (	ctors, trustees, key		5	
ts	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of seemployees' beneficiary organizations (see instru	(c)(3)(E ection	3), and contributing 501(c)(9) voluntary		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Dremaid assessment deferred to				9	
	10a	Land, buildings, and equipment: cost or	ا ا	· · · · · · }		-	<del></del>
		other basis. Complete Part VI of Schedule D	10a	839,015			
	ь	Less: accumulated depreciation	10b	304,001	537,493	100	535,014
	11	Investments—publicly traded securities			45,140	-	45,107
	12	Investments—other securities. See Part IV, line 1			40,140	12	40,101
	13	Investments—program-related. See Part IV, line				13	<del></del>
	14	Intangible assets				14	<del></del>
	15	Other assets. See Part IV, line 11	• •		<del></del>	15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	605,241		602,791
	17	Accounts payable and accrued expenses	21 11110	<del>• • • • • • • • • • • • • • • • • • • </del>		17	002,731
	18	Grants payable				18	<del></del>
	19	Deferred revenue		· · · · · · · · ·		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Payables to current and former officers, employees, highest compensated employees, a	direct	ors, trustees, key			3
Ē				· · · · · ·		22	
Ë	23	Secured mortgages and notes payable to unrela		L		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, j		·		24	
	20	parties, and other liabilities not included on lines of Schedule D	17-2	4). Complete Part X		05	
	26	Total liabilities. Add lines 17 through 25		· · · · · · · · · · · · · · · · · · ·	0	25 26	0
		Organizations that follow SFAS 117, check he	ere D	☐ and complete		20	
Seo		lines 27 through 29, and lines 33 and 34.			<u> </u>		
la	27	Unrestricted net assets			605,241	27	602,791
B	28	Temporarily restricted net assets				28	
<u>n</u>	29	Permanently restricted net assets	٠	_ <u> </u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, ch complete lines 30 through 34.	neck r	lere ► 📋 and			
ध	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
Ä	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances			605,241	33	602,791
	34	Total liabilities and net assets/fund balances .	<u>·                                     </u>		605,241	34	602,791

Form 99	90 (2011)		Pa	ge <b>12</b>
Pari	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	····	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		16	4,913
2	Total expenses (must equal Part IX, column (A), line 25)		16	7,330
3	Revenue less expenses. Subtract line 2 from line 1		(2	,417)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		60	5,241
5	Other changes in net assets or fund balances (explain in Schedule O)			(33)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		60	2,791
Part	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  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		, <u>.</u>	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>\</b>
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.	· .	. 2	٠, ۱
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	n <b>990</b>	(2011)

#### **SCHEDULE A** (Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Ouechee Library Accomistion

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. Name of the organization

Employer identification number

_	Cilce Library ASSOC	_								10391
_			rity Status (All orga						nstructio	ons.
he			ation because it is: (Fo						·	
1			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).	
2			170(b)(1)(A)(ii). (Attac							
3			spital service organiza							
4			on operated in conjun-	ction with	n a hospit	al descri	bed in <b>se</b>	ction 170	D(b)(1)(A)	(iii). Enter the
		ne, city, and stat	*****************							
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	al unit described in
6	A federal, stat	te, or local gover	nment or government	al unit de	scribed ii	n section	170(b)(1	)(A)(v).		
7	An organization	on that normally	receives a substantia	al part of					nit or fron	n the general public
8	A community	trust described i	n <b>section 170(b)(1)(A</b>	<b>)(vi).</b> (Cor						
9			receives: (1) more that							
			d to its exempt funct							
			ent income and unre						n 511 ta	x) from businesses
		_	ifter June 30, 1975. Se				•	•		
10	An organization	on organized and	l operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(	4).	
11	An organizati	on organized ar	nd operated exclusive	ely for th	ie benefi	t of, to p	perform	the funct	ions of,	or to carry out the
			olicly supported organ describes the type of							
	a ☐ Type I							ite iiiles i		_
				☐ Type		-	•			Type III–Other
Е			that the organization							
	or section 509		ers and other than one	e or more	publicly	support	ea organ	izations c	iescribea	in section 509(a)(1)
f			. weston dotorminate	fram 1	the IDC :		a Tua	l Tunn l	ll av Tua	a III ayanamiya
		check this box	a written determination			mai ii is	а туре	i, type i	ii, or iyp	
			he organization acce			ontribution	n from o	n, of the		📙
g	following pers		ne organization accep	oled ally	girt or Ci	oninbuno	iii iioiii a	ny or me	;	
	(i) A person	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) ar	nd Yes No
	(III) below,	the governing be	ody of the supported	organızat	ion?					11g(i)
	(ii) A famıly m	nember of a perso	on described in (i) abo	ve?						11g(ii)
			a person described in							11g(in)
h			on about the support							\
(i)	Name of supported	(ii) EIN	(iii) Type of organization		rganization	1	ou notify	(vi)	s the	(vii) Amount of
	organization		(described on lines 1-9		sted in your	the organ	nization in	zation in organization in col support f your (i) organized in the		
			above or IRC section (see instructions))	governing	document?		port?			
			(000 11.00 00 001.0))	Yes	No	Yes	No	Yes	No	
A)										
B) 										
C)										
								<u> </u>		
D)										
E)										

Total

١.

Schedi	ule A (Form 990 or 990-EZ) 2011						Page <b>2</b>
Par		ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
Sect	Part III. If the organization fails to ion A. Public Support	o quality unde	er the tests lis	ted below, pl	ease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2009	(a) 2000	(4) 2010	(0) 0011	(O Total
1	Gifts, grants, contributions, and	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
·	membership fees received. (Do not						
	include any "unusual grants.")	44,982	34,694	28,355	24,468	23,650	156,149
2	Tax revenues levied for the						100,140
	organization's benefit and either paid						
	to or expended on its behalf	88,140	100,047	104,500	107,100	110,800	510,587
3	The value of services or facilities			-			
	furnished by a governmental unit to the						•
	organization without charge						
4	Total. Add lines 1 through 3	133,122	134,741	132,855	131,568	134,450	666,736
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. Subtract line 5 from line 4.				<del></del>		666,736
Sect	ion B. Total Support						000,700
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	133,122	134,741	132,855	131,568	134,450	666,736
8	Gross income from interest, dividends,						<del>-</del>
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9		1,823	1,252	492	1,236	1,298	6,101
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
_	loss from the sale of capital assets						
	(Explain in Part IV.)	2,287	1,885	4,099	8,668	9,170	26,109
11	Total support. Add lines 7 through 10						698,946
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re		· · · · ·			<b>▶</b> □
	on C. Computation of Public Suppor				·		
14 15	Public support percentage for 2011 (line 6	o, column (f) di	vided by line 1	1, column (f))		14	95.3 %
16a	Public support percentage from 2010 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organiz					15	98.7 %
	box and <b>stop here.</b> The organization qual						
b	331/3% support test-2010. If the organ						
	check this box and stop here. The organi	zation qualifies	as a publicly	supported orga	anization .		
17a	10%-facts-and-circumstances test—20		-				
	10% or more, and if the organization med	ets the "facts-a	and-circumstar	nces" test, che	ck this box an	d <b>stop here.</b> E	xplain in
	Part IV how the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	tion qualifies	as a publicly su	pported
	organization						
b	10%-facts-and-circumstances test - 20	<b>10.</b> If the orga	nization did no	t check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organizat	ion meets the	"facts-and-cir	cumstances" t	test, check th	is box and sto	p here.
	Explain in Part IV how the organization m						
	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 

# 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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees					· · · · · · · · · · · · · · · · · · ·	
	received. (Do not include any "unusual grants.")	1					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ŀ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				ļ		
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			]			
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000					<b> </b>	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		•				<del></del>
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6						
10a					1		
	payments received on securities loans, rents,		İ				
	royalties and income from similar sources .		ļ				
b	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				ļ		
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				1		
	(Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · · ·		🕨 🗀
	on C. Computation of Public Support						
15	Public support percentage for 2011 (line						%
16	Public support percentage from 2010 Sci					16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (						%
18	Investment income percentage from 2010						%
19a	331/3% support tests - 2011. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14.	. 19a, or 19b. d	check this box	and see instru	ctions ► □

### SCHEDULE D (Form 990)

# **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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Quech	ee Library Association		03-6010391
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo		
	Tal. 1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<del></del>
2	Aggregate contributions to (during year) .		
3 4	Aggregate grants from (during year) 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		
6	Did the organization inform all grantees, dor	-	<del>-</del> -
	only for charitable purposes and not for the		
	conferring impermissible private benefit? .	<u> </u>	· · · · · · Yes . No
Par	Conservation Easements. Comp	lete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held i		
	Preservation of land for public use (e.g.,	recreation or education)   Preservation	of an historically important land area
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		深る劇 Hald at the Fad of the Toy Vacu
•	Total number of conservation easements .		Held at the End of the Tax Year
a b	Total acreage restricted by conservation eas	· · · · · · · · · · · · · · · · · · ·	2a
C	Number of conservation easements on a cer		
ď	Number of conservation easements includ		
_	historic structure listed in the National Regis		
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	
	tax year ►		•
4	Number of states where property subject to		
5	Does the organization have a written pol	· · · · · · · · · · · · · · · · · · ·	·
	violations, and enforcement of the conservat		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
-,	<b>A</b>	in an artist and and artist are a second and artist are a second and artist are a second are a s	and the state of t
7	Amount of expenses incurred in monitoring, \$	inspecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section 170/h)/AVB)
·		· · · · · · · · · · · · · · · · · · ·	
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide, in Part XIV, the text of		
b	If the organization elected, as permitted un		
	works of art, historical treasures, or other	•	education, or research in furtherance of
	public service, provide the following amount	——————————————————————————————————————	<b>.</b> ¢
	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X	e	
2	If the organization received or held works		
_	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lin	· · · · · · · · · · · · · · · · · · ·	
- -	Aposto included in Form 000 Port V		•

Pa	ae	2

Part	Organizations Maintaining	Colle	ctions of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	ther recor	ds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams	
b	☐ Scholarly research								
C	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIV.	tion's (	collections a	and expla	un how t	hey further	the org	janization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit than t	or receive to be mainta	donation	s of art, part of the	historical ti e organizati	reasure	s, or other sim	ılar . 🗆 Ves 🗀 No
Part									
	line 9, or reported an amour					,			,
1a	Is the organization an agent, trustee	, custo	dian or oth	ner intern	nediary fo	or contribut	tions or	other assets	not
	included on Form 990, Part X?								· 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIV	and compl	ete the fo	llowing t	able:		<del></del>	Amount
С	Beginning balance						10	+	
ď	Additions during the year						1d	<del></del>	
e	Distributions during the year						1e		
f	Ending balance						11		
2a	Did the organization include an amount								. 🔲 Yes 🗌 No
	If "Yes," explain the arrangement in P			art A, iiiie			•		les llo
	V Endowment Funds. Compl			zation ar	swered	"Yes" to F	orm 9	90 Part IV lir	ne 10
	Endowner Charles Comp		Current year		or year			(d) Three years ba	
1a	Beginning of year balance	<del></del>		<del></del>	J. 700.	(0) 1110 )00		(4) ////00 /04/0 00	(0) / 02: / 02: 5 220:
b	Contributions	<u> </u>							
C	Net investment earnings, gains, and	<del> </del>				<del> </del>			1 10 1 10 2 3 2 10 10 10 10 10 10 10 10 10 10 10 10 10
·	losses	l						!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		<b></b> -				<del> </del>			1 2
d	Grants or scholarships Other expenditures for facilities and	<u> </u>		<del> </del>		<del>  </del>		<del></del>	
e	programs								
f	Administrative expenses								. , , ,
g	End of year balance					,			`
2	Provide the estimated percentage of t	the cur	rent year er	nd balanc	e (line 1g	, column (a	i)) held	as:	
а	Board designated or quasi-endowme	nt 🕨		%					
b	Permanent endowment ▶	%		·					
C	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2			00%.					
3a	Are there endowment funds not in the	e poss	ession of th	he organı	zation th	at are held	and ad	ministered for	the
	organization by:								Yes No
	(i) unrelated organizations								. 3a(i)
	(ii) related organizations								. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ	ization	s listed as r	equired o	n Sched	ule R? .			. 3b
4	Describe in Part XIV the intended use			•					<u> </u>
Part									
	Description of property		(a) Cost or of			or other basis		Accumulated epreciation	(d) Book value
	Land		<del></del>			45,000			45,000
b	Buildings	<u> </u>				696,119		243,529	452,590
c	Leasehold improvements	·				8,640	Ι	4,064	4,576
d	Equipment	·			<b></b> -	89,256		56,408	32,848
e	Other	:				55,230		30,130	
	Add lines 1a through 1e. (Column (d) r.	nust er	gual Form 9	90. Part	Columi	n (B), line 10	0(c).)		535,014
			,	,	.,		1-1-7	1	

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	value
	al derivatives			
(2) Closely	held equity interests			
(3) Other	•••••••••••••••••••••••••••••••••••••••			
(A) (B)		<del>-</del>		
(C)		<del></del>		
(D)				<del> </del>
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII		I. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	value
<u>/1</u> )			Cost of end-of-year market v	
<u>(1)</u> <u>(2)</u>				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
_(9)		<del></del>		
(10)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt Y line 15	<u> </u>	
		) Description		(b) Book value
(1)				(0,000,000
(2)				<del></del>
(3)				
(4)				···
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
(10)	<del></del>	<del></del>		
Total. (Cold	umn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	I income taxes			4
(2)		·····	, ·	
(3)				, ,
(4)				٠
(6)				
(7)				
(8)		<u> </u>		, ,
(9)		<del></del>		
(10)				
(11)				, د - ،
	(b) must equal Form 990, Part X, col. (B) line 25 ) ▶	·····		-, -, ·
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provide	the text of the footnote to t	the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Reconciliation of Change in Net Assets from Form 990 to Au al revenue (Form 990, Part VIII, column (A), line 12) all expenses (Form 990, Part IX, column (A), line 25) bess or (deficit) for the year. Subtract line 2 from line 1 tunrealized gains (losses) on investments nated services and use of facilities estment expenses or period adjustments her (Describe in Part XIV.) hal adjustments (net). Add lines 4 through 8 hers or (deficit) for the year per audited financial statements. Combine lines		1 2 3 4 5 6 7 8	
al expenses (Form 990, Part IX, column (A), line 25)		2 3 4 5 6 7	
cess or (deficit) for the year. Subtract line 2 from line 1 t unrealized gains (losses) on investments nated services and use of facilities estment expenses or period adjustments ner (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 cess or (deficit) for the year per audited financial statements. Combine lines 4 through statements.		3 4 5 6 7	
t unrealized gains (losses) on investments		5 6 7	
nated services and use of facilities		6 7	
estment expenses	· · · · · · · · · · · · · · · · · · ·	7	
or period adjustments		<del></del>	
al adjustments (net). Add lines 4 through 8		8	
cess or (deficit) for the year per audited financial statements. Combine I			
		9	
		10	
Reconciliation of Revenue per Audited Financial Stateme		r Return	
tal revenue, gains, and other support per audited financial statements		1	
	اما	1 1	
	<del></del>	-	
		_	
		-	
	<del></del>		
		<del></del>	
·		-	
	4a	1 1	
· · · · · · · · · · · · · · · · · · ·		┥ !	
,		4c	
tal expenses and losses per audited financial statements		1	
nounts included on line 1 but not on Form 990, Part IX, line 25:			
nated services and use of facilities	2a		
or year adjustments	2b		
ner losses	2c	_]∙'	
ner (Describe in Part XIV.)	2d		
d lines 2a through 2d		2e	<del></del>
btract line <b>2e</b> from line <b>1</b>		3	
ounts included on Form 990, Part IX, line 25, but not on line 1:			
estment expenses not included on Form 990, Part VIII, line 7b	4a		
ner (Describe in Part XIV.)	4b		
		4c	
	<del>)</del> 18.) <u>.</u>	5	
Supplemental Information			
	ner (Describe in Part XIV.)  d lines 2a through 2d  btract line 2e from line 1  counts included on Form 990, Part VIII, line 12, but not on line 1  estment expenses not included on Form 990, Part VIII, line 7b  ner (Describe in Part XIV.)  d lines 4a and 4b  tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Reconciliation of Expenses per Audited Financial Statements  all expenses and losses per audited financial statements  nounts included on line 1 but not on Form 990, Part IX, line 25:  nated services and use of facilities  or year adjustments  ner losses  ner (Describe in Part XIV.)  d lines 2a through 2d  btract line 2e from line 1  nounts included on Form 990, Part IX, line 25, but not on line 1:  estment expenses not included on Form 990, Part VIII, line 7b  ner (Describe in Part XIV.)  d lines 4a and 4b  tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information  this part to provide the descriptions required for Part II, lines 3, 5, and	tunrealized gains on investments	tunrealized gains on investments

### SCHEDULE Q (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB № 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Quechee Library Association

Employer identification number 03-6010391

part VI, #116: trustees are informed that 990 is complete and they may review it at their convenience. Trustees review financial statements
over the course of the year.
part VI, #19: available upon request
part 17, 710. Uranusc aportreguest
part XI, #5: unrealized losses on investments
······
·