

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form

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

81150 11/22/2013 3 02 PM OMB No 1545-0047

2012 Open to Public Inspection

· <u>A</u>	For the	e 2012 calendar year, or tax year beginning U//U1/12 , and ending Ut	<u> </u>	. 3		
В	Check if a	pplicable C Name of organization			D Emplo	yer identification number
	Address c	change ST ALBANS FREE LIBRARY			ļ	
$\overline{\Box}$	Name cha	Doing Business As			03-	-6000234
$\exists$		Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Teleph	one number
$\sqcup$	Initial retu	11 MAIDEN LANE			802	2-524-1507
	Terminate	City, town or post office, state, and ZIP code	· · · · · · · · · · · · · · · · · · ·			<del></del>
	Amended	return ST ALBANS VT 05478			G Gross reco	eipts\$ 335,914
$\Box$	Applicatio	F Name and address of principal officer	·			
Ш	Аррисаво	an pending		H(a) Is this a	group return for	affiliates? Yes X No
				H(b) Are all a	ffiliates include	ed? Yes No
				If "N	o," attach a list	(see instructions)
1	Tax-exer	mpt status	527	1		
J	Website			H(c) Group e	xemption numb	per ►
ĸ	Form of o	organization X Corporation Trust Association Other ▶	L Ye	ear of formation		M State of legal domicile
E	art I	Summary				
		Briefly describe the organization's mission or most significant activities				
Φ	1	PUBLIC LIBRARY				
Š	1					
Гa						
Activities & Governance	1 20	Check this box ▶ ☐ if the organization discontinued its operations or disposed of mo	re than 25	% of its net as	sate	
ŏ	2 )		ne man 25	70 OF ILS FIEL AS		9
•ජ ග	3 !	Number of voting members of the governing body (Part VI, line 1a)			3	9
Ę.	4 [	Number of independent voting members of the governing body (Part VI, line 1b)			4	
:	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	11
Ac	6	Total number of volunteers (estimate if necessary)			6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
	bl	Net unrelated business taxable income from Form 990-T, line 34			7b	0
	1	र <del>ब्रामकाच्या १ जिल्हे श</del> ्रम		Prior Ye		Current Year
ě	8 (	Contributions and grants (Part VIII, line 1h)	ļ		6,892	330,614
Revenue	9 1	Program service revenue (Part VIII, line 2g)		1	5,450	5,300
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	L	ġ		0
UZ.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, anஞ்ர்e) ப்டி	<u> </u>	1		0
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		· 33	2,342	335,914
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	L			0
	14 [	Benefits paid to or for members (Part IX, column (A), line 4)	72 32	,		0
Ś	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24	0,537	221,147
xpenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ſ	-		0
ĕ	.   ь	Total fundraising expenses (Part IX, column (D), line 25) ▶	) [			
ñ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13	8,851	164,724
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			9,388	385,871
		Revenue less expenses Subtract line 18 from line 12	<u> </u>		7,046	-49,957
<u>ا</u>	8	Teverine 1000 experioes Cabinate into 10 florit line 12		Beginning of Cu		End of Year
els els	20	Total assets (Part X, line 16)	Γ	1,13	4,633	1,084,676
Ass	21	Total liabilities (Part X, line 26)	Γ	97	5,000	975,000
Net Assets or	E 22 I	Net assets or fund balances Subtract line 21 from line 20			9,633	109,676
	art II	Signature Block		· ,·,		
_	· ·	nalties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts and to the h	est of my kn	owledge and helief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which				owicago and boner, it is
	7-				10	Dec 13
Si		Signature of officer		<del></del> -	Date	<u></u>
1	=	l' Di b	rpucmi	ana ( ( .	<b>S</b> .	. a ch
ПĖ	ere		THODE	- C(b	rang DI	KUREY
		Type or print name and title		The	<del></del>	D. PTIM
		Print/Type preparer's name  Preparer's agnatue		Date	Check	If PTIN
Pâi		CHRISTOPHER BRANAGAN			/13 self-em	
_	parer	Firm's name > Kittell, Branagan & Sargent, CP	'A's	!	Firm's EIN	03-0302296
Us	ề Only	154 N. Main St.				
		Firm's address > St. Albans, VT 05478			Phone no	802-524-9531
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)				Yes No
For	Paperw	vork Reduction Act Notice, see the separate instructions.				Form 990 (2012
DAA	٠ .					

	) SI ALDANS FREE L.		6000234	Page 2
Part III	Statement of Program Serv	rice Accomplishments s a response to any question in this Pa	<del>d</del> III	X
1 Briefly des	scribe the organization's mission	s a response to any question in this Fa	IUIII	
	LIBRARY			
2 Did the or	ganızatıon undertake any significant p	program services during the year which were not I	sted on the	
	n 990 or 990-EZ?			Yes X No
	escribe these new services on Sched			
3 Did the or services?		e significant changes in how it conducts, any prog	ram	Yes X No
	escribe these changes on Schedule (	О.		[ 100 5] 110
		complishments for each of its three largest progra		
		anizations are required to report the amount of gra	ants and allocations to others,	
tne total e	xpenses, and revenue, if any, for each	n program service reported		
4a (Code	) (Expenses \$	339,268 including grants of \$	) (Revenue \$	5,300)
	LIBRARY - BOOKS,	PERIODICALS, PROGRAMS AN		,
		PULATION IN ST ALBANS AT	ND THE	
SURROU	NDING AREA			
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4- (O-d-	\ /F			
4c (Code.	) (Expenses \$	including grants of \$	) (Revenue \$	)
V				
4d Other prog	gram services (Describe in Schedule	0)	· · · · · · · · · · · · · · · · · · ·	
(Expenses		-	Revenue \$	)
	gram service expenses <b>&gt;</b>	385,871		
AA				Form 990 (2012)

## Part IV ' Checklist of Required Schedules

1 2 3 4 5 6 7 8	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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  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  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  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 II  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  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, inne 21, for escrow or custodial account liability, 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 IIV  Did the organization, directly or through a related organization, hold assets in temporarily restricted	1 2 3 4 5 6 7	x	x x x x x x
3 4 5 6	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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  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  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  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  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  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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  Did the organization, directly or through a related organization, hold assets in temporarily restricted	2 3 4 5 6 7		x x x
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	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  Did the organization, directly or through a related organization, hold assets in temporarily restricted			
9	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	
		9		<u>X</u>
10				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	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		1	
а				
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	441	ŀ	v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		х
м	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate or consolidated infancial statements for the tax year include a roomote 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			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		Ì	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			77
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ļ	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
n	If "Yes," complete Schedule G, Part III	19		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_ <u>b</u> _	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	

Part IV 'Checklist of Required Schedules (continued) No Yes 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 19 If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 employees? If "Yes." complete Schedule J 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 X 24a through 24d and complete Schedule K. If "No," go to line 25 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes." complete Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X or IV, and Part V, line 1 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

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

X Form 990 (2012)

37

38

X

38

Part VI

Pa	rt V 'Statements Regarding Other IRS Filings and Tax Compliance			
	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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ŀ	70
	reportable gaming (gambling) winnings to prize winners?	1c		X
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 11		ŀ	v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u>X</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	30		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
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	4a		x
<b>L</b>	account)? If "Yes," enter the name of the foreign country ▶	1		
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		<u> </u>
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		<u>X</u>
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			4.
	required to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	'''		
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.			
э a	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a		i	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	, , , , , , , , , , , , , , , , , , , ,	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b				
	the organization is licensed to issue qualified health plans	<b></b> [		
С	Enter the amount of reserves on hand	14a		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		m 990	(2012)
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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uction	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			_ <del></del>
	1.10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 9	-		
	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			İ
	committee, explain in Schedule O			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7.7
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			7.5
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	İ		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	Х	<u> </u>
9	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		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode)		
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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		<del></del>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			i
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	X
b		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		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	ļ	X
	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			٠,,
	with a taxable entity during the year?	16a	<b> </b>	X
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?	<u>  16b</u>	L	Ь
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	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			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► Mary Pat Larabee 11 MAIDEN LANE	) E ?	<u>4 - 1</u>	507
S'	r. Albans VT 05478 802	<u>2 - 52</u>	<del>4</del> - T	<u> </u>

## 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 organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unie icer a	Pos check ess pe	more rson	than or	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related related organizations below dotted line)    Note		from the organization and related organizations							
(1) LINDA LANG										
	0.00								_	_
TREASURER .	0.00	X		-		-		0	0	0
(2) JON HAYNES	0.00									
TDIICTER OF T	0.00 0.00	x						o	o	О
TRUSTEE-as n (3) D. JOE DAVISON	0.00	<del>  ^</del>	-	$\vdash$		1-1		0		
(3)D. OOE DAVISON	0.00									
CHAIR	0.00	x						o	o	0
(4) SUE WADE		+	-	_	┢	1			<del>_</del>	
(,, = = ==	0.00									
TRUSTEE-as n	0.00	x						0	0	0
(5) DONNA HOWARD										
	0.00	ł								
SECRETARY	0.00	X						0	0	0
(6) SHELAGH MUNROE		ł	l	1		1 1		į		
	0.00				1				_	
TRUSTEE-as n	0.00	X		ļ	<u> </u>	$\perp \perp$		0	0	0
(7) NATALIE GOOD										
	0.00			l					_	o
TRUSTEE-as n	0.00	X				{		0	0	<u> </u>
(8) PATTY THOMPSON	0.00									
VICE-CHAIR	0.00	x			l			o	o	0
(9) MEAGHAN MALBOEUR		1		<del> </del>	<del> </del>				<u> </u>	
(5) 1121 GIFM FAILE OLD I	0.00									
TRUSTEE-as n	0.00	x			ĺ			o	0	0
(10)										
(11)		$\vdash$				+	_			
DAA		Ь.	L	L	<u> </u>	لـــــا		<u> </u>		Form <b>990</b> (2012)

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Pai	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
,	' (A) ' Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than co	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe ompens	ited it of r	
		hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee		organization	(W-2/1099-MISC)	c	from torganization	he ation ated	
(12)														
(13)								-						
(14)								_						
(15)					-									
(16)					-		-							
(17)			-											
(18)														
(19)														
1b c	Sub-total Total from continuation she	ets to Part VII,	Sect	ion A	Δ.	<u>.                                    </u>	1	<b>&gt;</b>						
2 2	Total (add lines 1b and 1c)  Total number of individuals (ir reportable compensation from				thos	e lis	ted a	abov	ve) who received more than	\$100,000 in				-
3	Did the organization list any for employee on line 1a? If "Yes,"								oloyee, or highest compensa	ated	[	3	Yes	No X
4	For any individual listed on lin organization and related organindividual	e 1a, is the sum	of re	port	able	com	pens	satio				4		x
5	Did any person listed on line 1 for services rendered to the or	rganization? If "Y								ındıvidual		5		х
1	ion B. Independent Contractor Complete this table for your five compensation from the organic	ve highest comp	ensa omp	ited i	inde	penc for t	lent of	cont	tractors that received more	than \$100,000 of sin the organization's tax ye	ear			
		(A) business address								(B) tion of services		Ço	(C) mpensa	tion
		··						-						
				-										
2	Total number of independent received more than \$100,000								ose listed above) who	0			<del>, 990</del>	1,000

۲a	rt V	Check if Sch			a response to	any question in th	nis Part VIII		
+		5/100K II 00I				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512, 513, or 514
fts, Grants Amounts	b c	Federated campaigns Membership dues Fundraising events	1	a b c					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organizations Government grants (contributions), gifts, g	rants, ded above	d e	314,480				######################################
Cont	_	Noncash contributions include  Total. Add lines 1a-1		\$	•	330,614			
Revenue	2a b	LATE FEES AN		HARGES	Busn Code 812900	5,300	5,300		
Program Service Revenue	c d e								
rogra	f	All other program ser	vice revenue						
<u> </u>		Total. Add lines 2a-2		landa intar	· · ·	5,300			T
	4	Investment income (in and other similar amo Income from investme	ounts)		<b>▶</b>				
	5	Royalties	(ı) Real		ii) Personal	<u></u>			
	6a	Gross rents	(1) 11021	`	,	ŧ	-		
	b	Less rental exps	_						
	c d	Rental inc or (loss)  Net rental income or	(loss)			1	Ì		
		Groce amount from	(i) Secunties		(a) Other				
		Less cost or other basis & sales exps Gain or (loss)							
	d	Net gain or (loss)	<del> </del>		<b>•</b>				
Other Revenue	8a	Gross income from fundi (not including \$ of contributions reported See Part IV, line 18	-	a					
ther	b	Less direct expenses	S	b		1			‡ ‡
Ö	C	Net income or (loss)	from fundrais	ing events	<b>&gt;</b>				
		Gross income from game See Part IV, line 19		a					
		Less: direct expenses		b		<b>†</b>			<b>‡</b>
		Net income or (loss) to Gross sales of invent		activities					
		returns and allowance		a		1			
		Less cost of goods s		b		<b>!</b>			1
	<u>_</u>	Net income or (loss)		inventory	Busn. Code			······································	
	11a								
	b								
	C	All sales					<del></del>		
	ď	All other revenue  Total. Add lines 11a-	-11d		<b> </b>				1
	e 12	Total revenue. See				335,914	5,300	(	0
									5 990 (0040)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must contains a responsible.  Check if Schedule O contains a responsible.			piete column (A)	X
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and general expenses	Fundraising expenses
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	cxperises
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
•	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
٠	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	187,258	187,258		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,793	19,793		
10	Payroll taxes	14,096	14,096	<u></u>	
11	Fees for services (non-employees)				•
а	Management				
b	Legal				
С	Accounting	1,795	1,795		<del> </del>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	0 007	0 007		
16	Occupancy	8,897	8,897		
17	Travel				
18	Payments of travel or entertainment expenses				
4.5	for any federal, state, or local public officials			<del></del>	
19	Conferences, conventions, and meetings			<u> </u>	
20	Interest  Reymonts to offiliates				
21	Payments to affiliates	46,603	46,603	<del></del>	
22 23	Depreciation, depletion, and amortization Insurance	10,000	10,003		
24	Other expenses Itemize expenses not covered				
24	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)				
а	MISC EXPENSES	22,659	22,659		
b	SURPLUS EXPENDITURES	14,798	14,798		
c	Green Mountain Power	10,307	10,307		
d	ADULT .	9,340	9,340		
e	All other expenses	50,325	50,325		
25	Total functional expenses Add lines 1 through 24e	385,871	385,871	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)				L
DAA					Form 990 (2012)

03-6000234

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 1 Cash-non-interest bearing 277,643 274,289 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,461,634 10a other basis Complete Part VI of Schedule D 651,247 856,990 810,387 10c 10b b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 1,084,676 1,134,633 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 975,000 975,000 25 of Schedule D 975,000 975,000 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 109,676 159,633 Retained earnings, endowment, accumulated income, or other funds 32 32 109,676 159,633 33 Total net assets or fund balances 33 1,084,676 1,134,633 34 Total liabilities and net assets/fund balances

orm	990 (2012) ST ALBANS FREE LIBRARY	03-6000234		_	Pa	ge <b>12</b>
Par	t XI ' Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in	this Part XI				$\Box$ _
1	Total revenue (must equal Part VIII, column (A), line 12)		1	33	35,	914
2	Total expenses (must equal Part IX, column (A), line 25)		2	38	35,	871
	Revenue less expenses Subtract line 2 from line 1		3	- 4	19,	957
	Net assets or fund balances at beginning of year (must equal Part X, line 33, o	olumn (A))	4	15	59,	633
	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
	Other changes in net assets or fund balances (explain in Schedule O)		9			
	Net assets or fund balances at end of year Combine lines 3 through 9 (must e	equal Part X, line				
	33, column (B))	·	10	10	9,	<u>676</u>
Pai	t 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 Accr	ual Other				
	If the organization changed its method of accounting from a prior year or chec	ked "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an inde	pendent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated an	d separate basis				
b	Were the organization's financial statements audited by an independent accou	ıntant?		2b		_ X_
	If "Yes," check a box below to indicate whether the financial statements for the					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated an	d separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume	s responsibility for oversight		1 1		
	of the audit, review, or compilation of its financial statements and selection of			2c		
	If the organization changed either its oversight process or selection process d					
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an au	dit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organ	ization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps ta		<del></del>	3b		<u></u>
				For	m 990	0 (2012)

· SCHEDULE A (Form 990 or 990-EZ)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

ST ALBANS FREE LIBRARY

Employer identification number 03 - 6000234

Pa	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se	e inst	ruction	ns			
Γhe	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	y one box	)							
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	170(b)(1	I)(A)(i).							
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)										
3				ce organization described in sec	ction 170	(b)(1)(A)(	iii).							
4	П			d in conjunction with a hospital of			•	)(1)(A)(i	ii). Ente	er the ho	ospital's	s name	ŧ.	
	LJ	city, and stat	•	,				,	,				•	
5		•		of a college or university owned	or operat	ed by a o	overnme	ental uni	t descri	bed in				
•	ш		(b)(1)(A)(iv). (Complete Part		о. оро.ш.	oc 5, a 5	0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
6				•	ection 17	70(b)(1)(A	)(v)							
7	X	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												
•			section 170(b)(1)(A)(vi). (Co		on a gove		dint or	1,0111 1110	genere	n pabilo				
8				i70(b)(1)(A)(vi). (Complete Part	. 11. 5									
9	H	-			•	contributi	one ma	mhorchi	n foos	and are				
3	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													
		•		nd unrelated business taxable in	-		•							
			-		•			c) HOIII L	usines	562				
10		•	•	0, 1975 See section 509(a)(2).	•		•							
		_	•	exclusively to test for public safe	-				. a.ut th					
11		_	•	exclusively for the benefit of, to				-						
				ed organizations described in se he type of supporting organizati						section	ı			
		<u> </u>	C			•	. 1	— ·		<b>6</b>		4	41	
_		a Type	- ··	c Type III-Functions anization is not controlled direct			d d			n-funct	•	megra	iea	
е	Ш	, ,	, ,		•	• •				•				
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
				rmination from the IDS that it is	o Typo I	Type II	or Typo	III suppe	rdina					
f		-	check this box	rmination from the IRS that it is	a Type I,	rype II, t	Ji iype	iii suppe	rung					Г
_		<u> </u>		tion accounted any sift or contrib	ution from	any of th								
g			<del>-</del>	tion accepted any gift or contrib	ulion non	i ally of th	ie							
		following per					ا جداد جداد							T
		* *	•	ontrols, either alone or together	with perso	JIIS GESCI	inea iii (	ii) aiiu				44 (1)	Yes	No
			w, the governing body of the	• • •								11g(ı)		├
			member of a person describ	, .								11g(II)		<del> </del>
			controlled entity of a person of									[11g(iii)		<u> </u>
<u>_n</u>				he supported organization(s)	(5.3), 4.		63.04		6.0.1	- 45 . ]				
(1	-	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify	organizat	s the	(VII) /	Amount o supp		tary
		<b>,</b>	!	above or IRC section	,	document?	col (i)	of your	(i) organi	zed in the				
				(see instructions))			Yes	oort?	Yes					
•					Yes	No	162	No	168	No				
A)							'							
B)					<del>                                     </del>									
0)														
C)					<del> </del> -			<u> </u>						
C)														
D)					-									
-1					1									
E)														
				· · · · · · · · · · · · · · · · · · ·	<del> </del> -									
<u>ota</u>	<u> </u>		<u> </u>		<u> </u>			ļ	L	<u></u> 1				

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03-6000234

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.)

	tion A. Public Support					<del></del>		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	283,450	294,916	326,530	326,892	330,	614	1,562,402
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_						
4	Total. Add lines 1 through 3	283,450	294,916	326,530	326,892	330,	614	1,562,402
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							1,562,402
	tion B. Total Support							
Calen	dar year (or fiscal year beginning ın) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
7	Amounts from line 4	283,450	294,916	326,530	326,892	330,	614	1,562,402
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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)							
11	Total support. Add lines 7 through 10	<u></u>				<del></del>		1,562,402
12	Gross receipts from related activities, etc	(see instructions)				Ĺ	12	5,300
13	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)		▶ □
Sec	tion C. Computation of Public Su		age		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2012 (line 6			n (ft)		1	14	100.00%
15	Public support percentage from 2011 Sche	• •	•	. (//			15	100.00%
16a	33 1/3% support test—2012. If the organi			3. and line 14 is 3	3 1/3% or more, c	_		
	box and stop here. The organization quali				,			<b>▶</b> X
b	33 1/3% support test—2011. If the organi	• •			5 is 33 1/3% or mo	ore,		
_	check this box and stop here. The organiz			•		•		▶ □
17a	10%-facts-and-circumstances test—201	•			a, or 16b, and line	14 is		
	10% or more, and if the organization meet							
	Part IV how the organization meets the "fa							
	organization				, , , , , , , , , , , , , , , , , , , ,			▶ []
b	10%-facts-and-circumstances test—201	1. If the organization	n did not check a	box on line 13, 16	a, 16b, or 17a, and	d line		
_	15 is 10% or more, and if the organization	_						
	Explain in Part IV how the organization me							
	supported organization			<b>5</b>	,	•		▶ 🗌
18	Private foundation. If the organization did	d not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	e		
	instructions							▶ □

Schedule A (Form 990 or 990-EZ) 2012 ST ALBANS FREE LIBRARY

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

, ,		, , , ,
(Complete only	if you checked the be	ox on line 9 of Part I or if the organization failed to qualify under Part II
		ter the tests listed below, please complete Part II.)

800	tion A Bublic Support	quality under th	ie tests listeu t	below, please c	omplete i art i	<del></del>	
	tion A. Public Support dar year (or fiscal year beginning in) ▶	(2) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2008	(b) 2009	(0) 2010	(d) 2011	(6) 2012	(i) Total
2	grants ")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				<u> </u>		
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 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	·					
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				<del>r</del>	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						<del></del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her				<del> </del>	·· <del>···································</del>	<u> </u>
Sec	tion C. Computation of Public Su				<del>.</del>	<del></del>	
15	Public support percentage for 2012 (line 8			nn (f))		15	<u>%</u>
16	Public support percentage from 2011 Scho				<del></del>		%
Sec	tion D. Computation of Investme						· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 2012 (I			3, column (f))		17	%
18	Investment income percentage from 2011					18	
19a	33 1/3% support tests—2012. If the orga						⊾ □
	17 is not more than 33 1/3%, check this be						-
b	33 1/3% support tests—2011. If the orga						▶ [7]
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						. H
20	Frivate foundation, if the organization of	a HOLCHEUN BUUX	on mic 14, 13a, 01	THE DISTRICT THE DE	A GING SOO INSUIDE		

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions)

#### 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. OMB No 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Inspection Employer identification number Name of the organization 03-6000234 ST ALBANS FREE LIBRARY Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 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 to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) 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 Complete lines 2a through 2d if the organization held a qualified 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 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

che	dule D (Form 990) 2012 ST ALBANS				03-6000		-		ge 2
Pa	rt III ' Organizations Maintaining	Collections of A	Art, Historical T	reasures, o	<u>r Other Sir</u>	nilar Assets	(continue	(d)	
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records	, check any of the fol	llowing that are	a significant	use of its			
а	Public exhibition	d∏L	oan or exchange pro	ograms					
b	Scholarly research		Other	5					
c	Preservation for future generations	• 🗆 •							
4	Provide a description of the organization's coll	ections and evoluin	how they further the	organization's	evernet nurno	se in Part			
7	XIII	ections and explain	now they further the	Organization 3	exempt purpo	So mir un			
5	During the year, did the organization solicit or	receive donations of	f art, historical treasu	ires, or other si	mılar				
	assets to be sold to raise funds rather than to						Yes	Ц	No
Pa	rt IV Escrow and Custodial Arra	ngements. Con	plete if the organ	nization ansv	wered "Yes	" to Form 99	0, Part IV,		
	line 9, or reported an amount								
1a	Is the organization an agent, trustee, custodial			or other assets	not				
	included on Form 990. Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table				_		
		•	•				Amount		
c	Beginning balance					1c			
	Additions during the year					1d		_	
	Distributions during the year					1e			
f	Ending balance					1f			_
20	5	m 000 Bort V line	212			<u> </u>	Yes		No
	Did the organization include an amount on For			roydod in Bort	VIII		ies	H	NO
	If "Yes," explain the arrangement in Part XIII C  rt V Endowment Funds. Comple					IV line 10			
ΓĢ	tt v Lildowinent i ulius. Comple	(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Four ye	are ha	ack
4-	Parameter and the large	(a) Current year	(b) Filol year	(c) (wo years	Dack (u)	Tillee yours back	(e) rour ye	als De	
	Beginning of year balance	<del>-</del>	· · · · · · · · · · · · · · · · · · ·						
	Contributions						ļ		
С	Net investment earnings, gains, and								
	losses			<u> </u>	·				
d	Grants or scholarships			ļ <u></u>					
е	Other expenditures for facilities and								
	programs	<del></del>							
	Administrative expenses						<del></del>		
g	End of year balance		<del></del>	1			<u> </u>		
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a))	held as					
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ► %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	d equal 100%							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held and	administered f	or the		_		
	organization by						Y	es	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)	_	
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds						
Pa	rt VI Land, Buildings, and Equip	ment. See Forn	n 990, Part X, line	e 10.					
	Description of property	(a) Cost or other ba	isis (b) Cost or	other basis	(c) Accumu	lated	(d) Book val	ue	
		(investment)	(oth	ier)	deprecia	ion			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		1	10,989	11	0,989			
	Other			50,645		0,258	810	, 3	87
	Add lines 1a through 1e. (Column (d) must en	ual Form 990 Part				•	810		

975,000

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2012 ST ALBANS FREE LIBRARY		03-6000234	Page (
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	_2d		
е	Add lines 2a through 2d		2e	<del> </del>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		•
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per Return	<u> </u>
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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments \	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	·
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	et XIII Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII · Supplemental Information (continued)

Page 5

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

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

ST ALBANS FREE LIBRARY

Employer identification number 03-6000234

Form 990, Part III, Line 4d - All Other Accomplishment PUBLIC LIBRARY - BOOKS, PERIODICALS, PROGRAMS AND SERVICES ARE PROVIDED TO LOCAL POPULATION IN ST ALBANS AND THE SURROUNDING AREAS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Form 990 is made available to the public upon request.

Form 990, Part IX, Line 24e - Other Expenses

		Amount			
\$	8,171	\$	0	\$	0
\$	7,397	\$	0	\$	0
\$	6,951	\$	0	\$	0
ENCES					
\$	5,881	\$	0	\$	0
\$	5,542	\$	0	\$	0
			,		
\$	4,083	\$	0	\$	0
	\$ \$ ENCES \$ \$	\$ 7,397 \$ 6,951 ENCES \$ 5,881 \$ 5,542	\$ 8,171 \$ \$ \$ \$ 7,397 \$ \$ \$ \$ 6,951 \$ \$ ENCES \$ \$ 5,881 \$ \$ \$	\$ 8,171 \$ 0  \$ 7,397 \$ 0  \$ 6,951 \$ 0  ENCES \$ 5,881 \$ 0  \$ .	\$ 8,171 \$ 0 \$ \$ 7,397 \$ 0 \$ \$ 6,951 \$ 0 \$ ENCES \$ 5,881 \$ 0 \$ \$ 5,542 \$ 0 \$

Schedule O (Form 99	00 or 990-EZ) (20	12)				Page 2
Name of the organization		NS FREE LIBRA	ARY		Employer identification numb	oer
GAS						
	\$	3,513	\$	0	\$	0
MISCELLAN	EOUS					
	\$	2,966	\$	0	\$	0
POSTAGE						
	\$	2,485	\$	0	\$	0
INTERNET	SERVICE					
	\$	1,485	\$	0	\$	0
WORKERS C	OMP					
	\$	1,369	\$	0	\$	0
DESIGNATE	D FUNDS	(CARRYOV				
	\$	305	\$	0	\$	0
DESIGNATE	D FUNDS (	CURRENT				
	\$	158	\$	0	\$	0
OUTSTANDI	NG BILLS	TO PAY				
	\$	19	\$	0	\$	0
Form 990,	Part XI	, Line 9 - Otl	ner Changes i	n Net Asset	ts Explanation	
Prior Per	iod Adju	stment			\$	0

Form **4562** 

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172 2012

■ Department of the Treasury
Internal Revenue Service (

y (99) ► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Identifying number

179

	ST ALBA	NS FREE L	IBRARY				03	<u>-600</u>	0234
	ss or activity to which this form relates								
	ndirect Depreciati								·
Pa	rt I Election To Expen								
	Note: If you have ar		<u>, complete Part V</u>	before you co	omple	te Part	<u> </u>	<del></del>	E00 000
1	Maximum amount (see instructions							1	500,000
2	Total cost of section 179 property	•						2	2,000,000
3	Threshold cost of section 179 prop	-		uctions)				3	2,000,000
4	Reduction in limitation Subtract lin		•	El				5	
5	Dollar limitation for tax year Subtract lin			filling separately, so Cost (business use on			Elected cos		
6	(a) Description	or property	(6)	ost (business use on	''y/	(0)	Liected wa		
			· · · · · · · · · · · · · · · · · · ·						
7	Listed property Enter the amount to	from line 29		-	7		<del></del>		
8	Total elected cost of section 179 p		ts in column (c) lines f	and 7				8	
9	Tentative deduction Enter the small	•		, und ,				9	
0	Carryover of disallowed deduction							10	
1	Business income limitation Enter t	•		an zero) or line	5 (see	nstruction	ns)	11	
2	Section 179 expense deduction A		•	•	•		•	12	
3	Carryover of disallowed deduction			•	13				
lote	: Do not use Part II or Part III below								
Pa	rt II Special Depreciati	on Allowance a	nd Other Depreci	ation (Do no	t incl	ude liste	ed prop	erty.) (	(See instructions)
4	Special depreciation allowance for	qualified property (c	ther than listed proper	y) placed in ser	vice				
	during the tax year (see instruction	s)						14	
5	Property subject to section 168(f)(1) election						15		
6	Other depreciation (including ACR							16	46,603
Pa	rt III MACRS Depreciati	on (Do not inclu			ctions	)			
			Section /					<del></del>	
7	MACRS deductions for assets place	ced in service in tax	years beginning before	2012			. 🗀	17	
8	If you are electing to group any assets placed					I Dame		Sustam	
	Section B—A		rvice During 2012 Tax	1	e Gene	rai Depre	T	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) C	onvention	(f) Me	thod	(g) Depreciation deduction
9a	3-year property								
b	5-year property								
С	7-year property					<del></del>			
	10-year property								
	15-year property						<del> </del>	<del></del>	
f				25		,	S/		
	25-year property			25 yrs			3/   S/		<u> </u>
n	Residential rental property			27 5 yrs		<u>MM</u> MM	S/		
-	Nonresidential real			27 5 yrs 39 yrs	_	MM	S/		
i	property				<del></del>	MM	S/		
	· · /	sets Placed in Serv	ice During 2012 Tax \	ear Using the					<u></u> m
n 2	Class life		100 5 411119 2012 144		1		S/		
	12-year			12 yrs			S/		
	40-year	<u> </u>		40 yrs		MM	S/		
	rt IV Summary (See inst	ructions.)	<del></del>				. <u> </u>		
1	Listed property Enter amount from		<del></del>					21	
2	Total. Add amounts from line 12, I		lines 19 and 20 in colu	mn (g), and line	21 En	ter here			
	and on the appropriate lines of you	ır return Partnership	s and S corporations—	-see instructions				22	46,603
:3	For assets shown above and place portion of the basis attributable to		ne current year, enter	uie	23				
	PARTION OF THE DUSIS ATTRIBUTION OF TO 3	コヒしいいい たいづか しいろしろ							

orm .8868

ev January 2013)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

•	filing for an Automatic 3-Month Extension, complete filing for an Additional (Not Automatic) 3-Month Ext	_		of this form).				► X
-	lete Part II unless you have already been granted an				868			
Electronic fil	ing (e-file). You can electronically file Form 8868 if you	ı need a 3-m	onth automatic extension of ti	me to file (6 mo	nths f	or		
	required to file Form 990-T), or an additional (not auton							
8868 to reque	st an extension of time to file any of the forms listed in	Part I or Part	II with the exception of Form	8870, Informati	on			
Return for Tra	insfers Associated With Certain Personal Benefit Contr	acts, which r	nust be sent to the IRS in pap	er format (see				
instructions)	For more details on the electronic filing of this form, visi	t www irs go	v/efile and click on e-file for C	harities & Nonp	rofits			
Part I	Automatic 3-Month Extension of Time.	Only sub	mit original (no copies r	needed)				
A corporation Part I only	required to file Form 990-T and requesting an automati	ic 6-month e	xtension – check this box and	complete				<b>▶</b> []
All other corpo	orations (including 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to reque	est an extension	of tim	ne		
to file income	tax returns							
		<del></del>	· · · · · · · · · · · · · · · · · · ·	Enter filer's ide				
Type or	Name of exempt organization or other filer, see instr	uctions		Employer ide	ntifica	tion number	(EIN) o	r
print	OM ALDANO EDDE LIDDADY			03 600	000	A		
	ST ALBANS FREE LIBRARY	<del></del>		03-600				
File by the due date for	Number, street, and room or suite no If a P O box, 11 MAIDEN LANE	see instructi	ons	Social secuni	ly nun	nber (SSN)		
filing your return See instructions	City, town or post office, state, and ZIP code For a town ST ALBANS VT							
Enter the Reti	urn code for the return that this application is for (file a s	separate app	lication for each return)					01
Application	1	Return	Application					Return
ls For		Code	Is For					Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)					07
Form 990-E	BL	02	Form 1041-A					8
Form 4720	(ındıvıduat)	03	Form 4720					09
Form 990-F	PF	04	Form 5227					10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990-T	(trust other than above)	06	Form 8870					12
	Mary Pat Larabee							
	11 MAIDEN LANE							_
The books	are in the care of ▶ ST. ALBANS					VT	0547	8
Telephon	e No ▶ 802-524-1507	FAX No	•					
If the orga	anization does not have an office or place of business in	the United	States, check this box					▶ 🗌
• If this is fo	or a Group Return, enter the organization's four digit Gro	oup Exempti	on Number (GEN)	If this i	s			
for the whole	group, check this box 🕨 🔲 . If it is for part of	the group, cl	heck this box	and attach				
a list with the	names and EINs of all members the extension is for			· · · · · · · · · · · · · · · · · · ·				
	st an automatic 3-month (6 months for a corporation rec $02/18/14$ , to file the exempt organization return							
for the	organization's return for.							
▶ ∐	calendar year or							
	tax year beginning $07/01/12$ , and ending		13					
	x year entered in line 1 is for less than 12 months, chec	k reason	Initial return Fi	nal return				
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069. enter t	he tentative tax, less any					
	ndable credits See instructions		· · · · · · · · · · · · · · · · · · ·	- 1	3a	\$		
	oplication is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refun	dable credits and			<u> </u>		
	ed tax payments made Include any prior year overpayr	•		ĺ	3b	\$		
	e due. Subtract line 3b from line 3a Include your paym							
	(Electronic Federal Tax Payment System) See instruct				3c	\$		
	u are going to make an electronic fund withdrawal with		368, see Form 8453-EO and F	Form 8879-EO f			ctions	
	Act and Paperwork Reduction Act Notice, see instru							Rev 1-2013)
DAA		<del>-</del>						•