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SCANNED MAR 0 5 2014

# **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>		2012 calendar year, or tax year beginning July 1 , 2012, and e	nding Ju	ine 30	<u>, 20 13</u>
В	Check if a	pplicable C Name of organization Quechee Library Association		D Employ	er identification number
닠	Address c			<b>!</b>	03-6010391
닏	Name cha	nge Number and street (or P O box if mail is not delivered to street address) Roo	E Telepho	one number	
Ц	Initial retur			1	802-295-1232
Ш	Terminate	City, town or post office, state, and ZIP code			
ᆜ	Amended			<b>G</b> Gross r	eceipts \$ 188,108
	Applicatio	pending F Name and address of principal officer Kate Schaal	H(a) Is this	a group return	for affiliates? Yes V No
		same as C above	H(b) Are	all affiliates i	ncluded? Yes V No
<u>.                                    </u>	Tax-exem	ot status	7 If "	No," attach	a list (see instructions)
J	Website:	www.quecheelibrary.org	H(c) Grou	up exemptio	n number 🕨
		ganization ☐ Corporation ☐ Trust ☑ Association ☐ Other ► L Year of fo	rmation 1884	M State	e of legal domicile VT
_ P	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities: Qu	echee Library f	reely prov	ides informative and
Ф	F	leasurable reading materials, media, technology and programs to foster comm	unity and encou	rage lifelo	ong learning and
Ę		eflection.			·
Governance					
ĕ	2 (	Check this box $ ightharpoonupigcup\Box$ if the organization discontinued its operations or dispos	ed of more tha	n 25% of	its net assets.
<u>ಇ</u>	3 1				7
es	4 1	lumber of independent voting members of the governing body (Part VI, line			7
¥		otal number of individuals employed in calendar year 2012 (Part V, line 2a)			4
Activities	6 7	otal number of volunteers (estimate if necessary)		. 6	45
•				. 7a	0
		let unrelated business taxable income from Form 990-T, line 34		. 7b	0
	J 1	2 3	Prior Y	'ear	Current Year
ø	8 70	ontributions and grants (Part VIII, line 1h)	154,445	175,744	
Ž	9 / 6	rogram service revenue (Part VIII, line 2g)	<del></del>	0	0
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,298	243
œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	9,170	11,264
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12	) <del>                                    </del>	164,913	187,250
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14 E	Benefits paid to of for members (Part IX, column (A), line 4)		0	
တ	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	84,512	111,414
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		04,012	,414
ē		otal fundraising expenses (Part IX, column (D), line 25) 13,00	,	5,5,	PRINTED TO THE TANK
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		82,818	92,036
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		167,330	203,450
		levenue less expenses. Subtract line 18 from line 12		(2,417)	(16,200)
= S			Beginning of C		End of Year
ets or	20 T	otal assets (Part X, line 16)		602,741	
Aga Bag	21 T	otal liabilities (Part X, line 26)		002,741	
Net Asser Fund Bala	22 N	let assets or fund balances. Subtract line 21 from line 20			604
	art II	Signature Block		602,741	585,806
		es of perjury, I declare that I have examined this return, including accompanying schedules and	tatements and to	the best of a	my knowledge, and heliof it is
		and complete Declaration of preparer (other than officer) is based on all information of which pre			my knowledge and belief, it is
		1/11/1-4-100 Trans		2./	110/12011
Sig	ın İ	Signature of officer	L	ate	4/2019
He		WILLIAM EASTWOODS THORY	سرجه		
		Type or print name and title	rcr	<del> </del>	
_	L	Print/Type preparer's name Preparer's signature	Date	<u> </u>	PTIN
Pa				Check self-em	<b>□</b> "
	eparer	Eurola nama	L		5.0350
Us	e Only	Firm's name		m's EIN ▶	
Ma	v the IRS	Firm's address ► discuss this return with the preparer shown above? (see instructions)	Ph	one no	Yes No
				· · · ·	
rur	raperwo	rk Reduction Act Notice, see the separate instructions.	at No 11282Y		Form <b>990</b> (2012)

	0 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	<u>. D</u>
1	Briefly describe the organization's mission:	
	see Part I, #1	
		<b></b> -
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	<b></b> No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<b>_</b>
	services?	<u>√</u> ] No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the program services and the organization of the organization o	rod by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	reu by others
	the total expenses, and revenue, if any, for each program service reported.	J.11.01.0,
4a	(Code:) (Expenses \$112,624 including grants of \$0 ) (Revenue \$0	)
	Library Services: open 57 hours per week with a circulation of 42,963 items. Library collection consists of 33,736 books, period	
	and electronic media. 14 computers, as well as wi-fi, are available to the public free of charge Website offers on-line catalogue	
	well as several databases and downloadable portals. Library programs had a total attendance of 5,752 last year. Library is	
	administered by paid staff of director, technical librarian, and 2 assistant librarians.	
	······································	
	·	
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
	•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	•	
	•••••••••••••••••••••••••••••••••••••••	
	······	
4d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 112.624	
4 <del>0</del>	Total program service expenses ► 112,624	

Part	IV Checklist of Required Schedules			Page .
rait	Officialist of nequired Scriedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	-
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>V</b>	/
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	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	9		1
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		<i>,</i>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		10.74	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		· Marie
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
đ	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<b>√</b>
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		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
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		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form 99	90 (2012)		ı	Page 4
Part	Checklist of Required Schedules (continued)			
			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		1
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		1
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
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<b>√</b>
d 25a	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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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):	1		A STATE OF
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			

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

Part				_
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2		163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	1
<b>2</b> a	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	✓	
_	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	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>✓</b>
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			ļ
	account)?	4-		1
b	If "Yes," enter the name of the foreign country: ▶	4a		<del>  •                                     </del>
-	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		<b></b>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
_	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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
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?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		<b>-</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<del>                                     </del>
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		1
9	Sponsoring organizations maintaining donor advised funds.	.		:
a	Did the organization make any taxable distributions under section 4966?	9a		<u>/</u>
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>-</b>
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
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	Ì		
b	Gross income from other sources (Do not net amounts due or paid to other sources			,
	against amounts due or received from them.)	.		ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
а	Note. See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		,
-	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	990	(2012)

Part	The state of the s	gh 7b below,	and	for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response to any question in this Part VI	scriedule O. S	ee ins	struct	ions. ☑		
Sect	ion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·	<u>· · · · </u>		· <u>  \                                  </u>		
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7					
	If there are material differences in voting rights among members of the governing body, or				ŀ		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	_					
2							
	any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under	er the direct	2		1		
	supervision of officers, directors, or trustees, or key employees to a management company or other pe	erson?	3		1		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		✓		
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?.	5		1		
6	Did the organization have members or stockholders?		6		<b>/</b>		
7a	Did the organization have members, stockholders, or other persons who had the power to election one or more members of the governing body?	t or appoint	_		١,		
b	Are any governance decisions of the organization reserved to (or subject to approval by		7a		<b>✓</b>		
•	stockholders, or persons other than the governing body?	, members,	7b		✓		
8	Did the organization contemporaneously document the meetings held or written actions undert		7.0		-		
	the year by the following:						
а	The governing body?		8a	✓ -			
b	Each committee with authority to act on behalf of the governing body?	[	8b	✓			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached at					
Sacti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. ion B. Policies (This Section B requests information about policies not required by the Inc.		9	d - \	<b>✓</b>		
<u> </u>	ion B. Folicies (This Section B requests information about policies not required by the in	ternai Revent	Je Co	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a		<b>√</b>		
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	ch chapters,	iou		_		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ng the form?	11a		1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	<b>-</b>	12b		<b>V</b>		
С	Did the organization regularly and consistently monitor and enforce compliance with the polic describe in Schedule O how this was done.	:y? If "Yes,"	120		,		
13	Did the organization have a written whistleblower policy?		12c		1		
14	Did the organization have a written document retention and destruction policy?	: : : :	14		7		
15	Did the process for determining compensation of the following persons include a review and	approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and						
a	The organization's CEO, Executive Director, or top management official		15a		✓		
ь	Other officers or key employees of the organization		15b		✓_		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrangomont					
104	with a taxable entity during the year?	-	16a	- 1	./		
b		L	iva		11		
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa						
	organization's exempt status with respect to such arrangements?		16b	-			
	on 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 9	990-T (Section	501(	c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.	(- O)					
19	Own website Another's website Upon request Other (explain in Schedule Describe in Schedule O whether (and if so, how), the organization made its governing documer		into-	oot c	olio:		
	and financial statements available to the public during the tax year.	no, confide of	mer	est b	oncy,		
20	State the name, physical address, and telephone number of the person who possesses the books	and records of	of the				
	organization: ► Kate Schaal, Quechee Library, 1957 Main St., Quechee, VT 05059, 802-295-1232						

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Form	990	(2012	1

Form 990 (2012)

_		3-
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.

Check this box if neither the organization no	r any relate	d org	anız	atıo	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box office or director	unles er and	Pos neck ss pe	rson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David Izzo	5		ď			ated				
President	ļ	✓		✓	<u> </u>		<u> </u>	<u> </u>	0	
(2) Merrylyn Tatarczuch-Koff Vice-President	5	1		1				o	0	
(3) Brian Chaboyer	5									
Secretary		✓		✓				0	0	
(4) William Eastwood Treasurer	8	1		1				o	0	
(5) Katherine Hickey	2	1						0	0	
(6) James Schmidt	2	1						0	0	
(7) Katie McCarthy	2	1						0	0	
(8)										
(9)										
(10)									-	
(11)							_			
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (c	ontinue	d)		r age O
	(A)	(B)			•	C) ition			(5)	<b>(</b> D			·	
	Name and title	(B) Average	box, ι	unles	s pe	rson	than o	n an	(D) Reportable	(E) Reportable		Estı	( <b>F)</b> mated	
		hours per week (list any	_		_	_	or/trust	<del>,</del>	compensation	compensation related		0	ount of ther	
		hours for related	dividi r direc	stituti	Officer	ey err	ighes! mploy	Former	the organization	organization (W-2/1099-MI		fro	ensation m the	
		organizations below dotted line)	Individual trustee or director	onal t		Key employee	ee comp		(W-2/1099-MISC)			and	nzatior related iization	t
		iiie,	stee	Institutional trustee		ě	Highest compensated employee					organ	lization	ıs
(15)				_			e e	_						
(16)														
(17)														
(18)											+			
														_
(19)									;					
(20)														_
(21)									-	-				
(22)											$\perp$			
(23)														
(24)														
(25)								_						<del></del> -
								L						
1b c	Sub-total		 n Δ	•	•		•	<b>&gt;</b>	o		0			0
<u>d</u>	Total (add lines 1b and 1c)	•			· .	<u></u>	<u>.</u>	<u> </u>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000 c	of		
													Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete \$1.00 or an incomplete \$1.00 or							emp	oloyee, or high	est compen	sated	3	-	
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	nsatio							
	organization and related organizations individual	greater that		50,				s," 	complete Sch	edule J for 	such	4		-
5	Did any person listed on line 1a receive of		•				-							
Section	for services rendered to the organization?  on B. Independent Contractors	r if "Yes," c	ompi	ete .	Scr	ieau	ile J t	or s	sucn person	· · · ·	-	5	-	<b> </b>
1	Complete this table for your five highest of													
	compensation from the organization. Repyear.	ort compe	nsatio	n to	or th	ie c	alend	ar y	ear ending wit	h or within th	ne orga	nızatıc	on's ta	ax
	(A) Name and business add								(B)	0711000		(C)	otion	
none	Name and Dusiness add	1622							Description of s	ervices		ompens		
								-						
	Total number of independent neutronic	ro (noderale	o b	+ -	ot '		od to	44	one listed at	240)				
2	Total number of independent contractor received more than \$100,000 of compens							, (I)	ose listed add	שיים (שיים <sub> </sub>				

Par	VIII	Statement of Revenue				
	·	Check if Schedule O contains a response to any ques	tion in this Part VI (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
9 9	1a	Fodorated comparate		revenue	<u>.                                    </u>	512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a				
ទីខ្ល	b	Membership dues 1b 3,200				
ŢŞ,	C	Fundraising events 1c 556				
פֻ ٰ≅	d	Related organizations 1d				
Sin	e	Government grants (contributions) 1e 133,700				
ž ž	f	All other contributions, gifts, grants, and similar amounts not included above				
<u> </u>		1. ** 1				
g g	9	Noncash contributions included in lines 1a-1f·\$				
	h_	Total. Add lines 1a–1f ▶  Business Code	175,744			
Ĕ		Business Code	-			
eke	2a					
9	b					
ڲٙ	C					 
တ္တ	d					
ш	e	All other and an arrangement of the second				
Program Service Revenue	l f	All other program service revenue .				
<u> </u>	3	Total. Add lines 2a-2f	0			<del></del>
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	243			243
	5					
	"	Royaltres	-			
	6a	Gross rents				
	Ь	Less: rental expenses				
	6	Rental income or (loss)				
	ď	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other	0			
	''	assets other than inventory	]			
	ь	Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				·
	ď	Net gain or (loss)	o			
	"	The gam of (1888)	<del>-</del>			
nue	8a	Gross income from fundraising				
		events (not including \$ 556				!
Other Reve		of contributions reported on line 1c).	1			
7	j	See Part IV, line 18 a	1			ł
棄	ь	Less: direct expenses b				
O		Net income or (loss) from fundraising events .	0	-		
		Gross income from gaming activities.				,
	1	See Part IV, line 19 a				!
	ь	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				
		returns and allowances a 10,181				
	ь	Less: cost of goods sold b 858				i
	c	Net income or (loss) from sales of inventory	9,323	9,323		-
		Miscellaneous Revenue Business Code		5,020		
	11a	fines, fees 900099	1,941	1,941		-'
	b			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	С					
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a–11d	1,941			
	12	Total revenue. See instructions ▶	187 250	11 264		243

Part IX	Statement of Functional Expenses	

	Chook if Cohodula O contains a recons	pioto un columnia. Al	U D UV	s must complete colu	
<u> </u>	Check if Schedule O contains a respons	se to any question in	n this Part IX	<del> </del>	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	42,057	23,131	12,617	6,309
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	61,486	49,189	9,223	3,074
9 10	Other employee benefits	7,871	5,497	1,660	714
11 a	Fees for services (non-employees):  Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	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	445	445		
13	Office expenses	7,090	6,661	424	
14	Information technology	2,997	2,921	76	
15	Royalties				
16	Occupancy	23,565		23,565	
17	Travel [	1,444	1,444		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	23,839		23,839	
23	Insurance				
24	Other expenses. Itemize expenses not covered				1
	above (List miscellaneous expenses in line 24e. If				1
	line 24e amount exceeds 10% of line 25, column				'
	(A) amount, list line 24e expenses on Schedule O.)				
а	collection materials	20,726	20,726		
ь	fund raising, print&postage	2,905			2,905
С	public programs	2,610	2,610	·	<u></u>
d	dues, fees	415		415	
е	All other expenses wilder a/c	6000		6000	
25	Total functional expenses. Add lines 1 through 24e	203,450	112,624	76,661	13,002
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)				

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Total liabilities and net assets/fund balances . . .

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X \_ . . . . . . (A) (B) Beginning of year End of year 2,935 1 2,612 2 Savings and temporary cash investments . . . . . . 2 19,735 21,661 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 Inventories for sale or use . . . . . . . . . . . . 8 Prepaid expenses and deferred charges . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a l 845,658 b Less: accumulated depreciation . . . . 10b 327,841 535,014 10c 11 Investments—publicly traded securities . . . . . 11 45,107 Investments—other securities. See Part IV, line 11 . . . 12 12 13 Investments—program-related. See Part IV, line 11 . . . . . . . . 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 602,791 586,410 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 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 25 604 26 Total liabilities. Add lines 17 through 25 . . . . . 26 ol 604 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 602,791 27 Temporarily restricted net assets . . 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances . . . . . . . . . . . . . . . . . . 33 33 602,791 585,806

Form 990 (2012)

586,410

602,791

34

	_	
	Pa	ge <b>12</b>
		П
	18	7,250
		3,450
		6,200)
		2,791
		(785)
	58	15,806
	Yes	No
2a		1
2b		<b>√</b>
		1
		18 20 (11 60 58 Yes

**Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI . . . . . Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 . . . . 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 5 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII . . . . . . . . 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," exp Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?... If "Yes," check a box below to indicate whether the financial statements for the year were compi reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes." check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis 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. 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?.......... За 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 Form 990 (2012)

Form 990 (2012)

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

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization Quechee Library Association

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? . . . . . . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(i:i) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (i) Name of supported (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization col (i) of your (i) organized in the US? governing document? above or IRC section support? (see instructions)) Yes Yes Yes No No (A) (B) (C) (D) (E)

**Total** 

Part		ations Descr	ibed in Secti	ions 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
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	•
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	ınclude any "unusual grants.")	34,694	28,355	24,468	23,650	17,044	128,211
2	Tax revenues levied for the						
	organization's benefit and either paid						
•	to or expended on its behalf	100,047	104,500	107,100	110,800	133,700	556,147
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	424.744	400.055	404 500		1-0	
	•	134,741	132,855	131,568	134,450	150,744	684,358
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on			İ			
	line 1 that exceeds 2% of the amount			İ			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		-				684,358
	on B. Total Support						004,330
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	134,741	132,855	131,568	134,450		684,358
8	Gross income from interest, dividends,						33.,533
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,752	492	1,236	1,298	243	4,521
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.)	1,885	4,099	8,668	9,170	11,264	35,086
11	Total support. Add lines 7 through 10	(					723,965
12 13	Gross receipts from related activities, etc.					12	32,979
13	First five years. If the Form 990 is for the organization, check this box and stop her	-			•		
Section	on C. Computation of Public Suppor				• • • • •		· · · · <u>-</u> <u>-</u>
14	Public support percentage for 2012 (line 6			1 column (fl)		14	94.5 %
15	Public support percentage from 2011 Sch					15	95.3 %
16a	331/3% support test—2012. If the organization						
	box and stop here. The organization qual						
b	331/3% support test-2011. If the organ		-	_			
	check this box and stop here. The organi						. ▶ 🗆
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization med						
	Part IV how the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly su	
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m				ne organizatioi	n qualifies as a	publicly
40	supported organization					Labora Inc.	· <b>P</b> 📙
18	Private foundation. If the organization die	u not cneck a l	oox on line 13,	10a, 16b, 1/a	, or 1/D, cneci	k this dox and s	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	Ш
If the organization fails to qualify under the tests listed below, please complete Part II.)	

	if the organization falls to quality	under the te	sta liated beit	ow, picase ce	inpicte i ait	··· <i>/</i>	
	on A. Public Support		·		<del>r</del>		
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						_
2	received. (Do not include any "unusual 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	ļ					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
_	_						
4	Tax revenues levied for the						
	organization's benefit and either paid				i		
E	to or expended on its behalf			-	<del> </del>		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6					<del> </del>	<del>  </del>	
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons .						
h	Amounts included on lines 2 and 3						
b	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	Part of the second		· .		, * b, \$	
	line 6.)	Control of the contro			ļ , , ,		
Secti	on B. Total Support	Service Street Services Servic	Management of the control of the	1vz	lac <u>' / 8</u>	in the mount on Management 1	·
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	· · · · · · · · · · · · · · · · · · ·		1	`	'- '	• • • • • • • • • • • • • • • • • • • •
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business				1		
	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.)			<u> </u>		ļ	
13	Total support. (Add lines 9, 10c, 11,	,					
	and 12.)	L	<u> </u>	<u> </u>	L.,,,,		- 5047 1/61
14	First five years. If the Form 990 is for the	=					
	organization, check this box and stop he				<u> </u>		🏲 📙
	on C. Computation of Public Suppor			01: (0)	-	las l	
15	Public support percentage for 2012 (line		-				<u>%</u> %
16	Public support percentage from 2011 Sci			· · · · ·	· · · · ·	16	<u> %</u>
	on D. Computation of Investment In Investment income percentage for 2012 (			v line 12 colu	mn (fl)	17	%
17 10	Investment income percentage for 2012 ( Investment income percentage from 2011						<del></del>
18	33 <sup>1</sup> / <sub>13</sub> % support tests—2012. If the organ						
19a	17 is not more than 331/3%, check this box						
<b>L</b>	33 <sup>1</sup> / <sub>3</sub> % support tests—2011. If the organiz						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_				

	Form 990 or 990-EZ) 2012 Page <b>4</b>
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
<u>Unusual G</u>	rants: 2008\$10,000; 2009\$10,000; 2010\$10,000, \$30,000; 2011\$10,000, \$10,000; 2012\$10,000, \$15,000
Part II, line	10: 2008 - related activities \$1,885; 2009 - related activities \$1,992, special event 2,107; 2010 - related activities 8,668; 2011 - related
activities 9	,170; 2012 - related activities 11,264

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

201

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Quechee Library Association 03-6010391 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 Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . 4 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? . . . . . . 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 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 Total number of conservation easements . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. 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. 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: 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: Assets included in Form 990, Part X . . . . . . . . . . . .

:hedule	D (Form	9901	2012	

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check at lithat apply):  a  □ Public exhibition	Part	III Organizations Maintaining 0	Collections of	Art, His	torical T	reasures	, or O	ther Similar As	sets (continued)
b   Scholarly research     Other		Using the organization's acquisition, ac	ccession, and ot	ther reco	rds, chec	k any of th	e follo	wing that are a s	significant use of its
b	а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams	
c	b	☐ Scholarly research							
XIII.  Summy the year, clid the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C	☐ Preservation for future generations							
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		on's collections a	and expla	ain how t	hey further	the org	ganızation's exer	npt purpose in Part
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    In	5	During the year, did the organization sassets to be sold to raise funds rather t	olicit or receive	donation	s of art,	historical ti	reasure	es, or other simil	ar
Inne 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Beginning balance  Beginning balance  Amount  Beginning balance  Amount  Beginning balance  Amount  Beginning balance  Beginning the year  Ending balance  It   Ind	Part								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance   1c   Amount    d Additions during the year   1d   1e    E Ending balance   1ft   1e    E Ending balance   1ft   1e    Distributions during the year   1e    E Ending balance   1ft   1e    E Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    E Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    Grants or scholarships   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    E Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    Grants or scholarships   (e) Courrent year   (e) Two years back   (e) Four years back   (e) Four years back    Grants or scholarships   (e) Four years back    ı aı					jailization	answe	ied les lore	onn 990, Fart IV,	
included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance  Amount  1c  Additions during the year  Distributions during the year  1 Ending balance  Distributions during the year  1 Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance  Contributions  Net investment earnings, gains, and losses  Contributions  Net investment earnings, gains, and losses  Contributions  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶  Permanent endowment ▶  Permanent endo						or contribut	ione oi	r other assets n	<del></del>
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance .	ıa	included on Form 990 Part X?	custogian or on	iei iiileiii	leulary it	or Continuu	nons o	Other assets in	
c Beginning balance .	h								☐ Yes ☐ No
d Additions during the year  Distributions during the year  Ending balance  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year  (b) Prior year  (c) Two years back  (d) Three years back  (e) Four years back  (e) Four years back  (f) Three years back  (e) Four years back  (f) Three years back  (e) Four years back  (f) Three years back  (f) Three years back  (f) Three years back  (f) Three years back  (f) Four years back  (f) Three years back  (f) Four years back  (f) Three years back  (f) Four years back  (f) Four years back  (f) Three years back  (f) Four years back  (f) Four years back  (f) Four years back  (f) Three years back  (f) Four years  (f) Four years  (f) Four years  (f) Four years  (f) Four years  (f) Four years  (f) Four	D	ii res, explain the arrangement in Par	t Alli and compi	ete the ic	niowing ta	abie:	_		mount
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10.    Part V Endowment Endowment Funds and programs.	_	Reginning halance					4	<del></del>	
e Distributions during the year f Ending balance.  1	_						<u> </u>	<del></del>	<del></del>
f Ending balance								<del></del>	<del></del>
Did the organization include an amount on Form 990, Part X, line 21?    Yes   No   If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.									<del></del>
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.    Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part VI									
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Three yea									
1a   Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four ye									
Beginning of year balance	r ai	Endowment Funds. Comple	<del></del>						
b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Property (a) Cost or other basis (c) Cost or other basis (c) Cherical depreciation (d) Book value depreciation (minestment) b Buildings (ii) Rescribed improvements (a) Cost or other basis (c) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d)	10	Paginning of year balance	(a) Current year	(0)	Oi yeai	(c) I wo yea	- Dack	(d) Three years bac	(e) I our years back
c Net investment earnings, gains, and losses	_		<del></del>						<del> </del>
d Grants or scholarships	_	F-				<u> </u>			<del> </del>
d Grants or scholarships e Other expenditures for facilities and programs	C								1
e Other expenditures for facilities and programs	_	<del>-</del>	<del></del>	ļ		ļ		ļ <del></del> -	<del> </del>
f Administrative expenses	_	· –		ļ		<del> </del>		ļ	<del> </del>
f Administrative expenses	е			}					
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations 3a(ii)    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b    1 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation  1 Land (d) Book value depreciation  1 Land (a) Cost or other basis (other) (c) Accumulated depreciation  2 A 5,000 45,000 45,000  4 B 5,000 45,000 45,000  4 B 5,000 45,000 45,000  4 B 699,586 260,936 438,650  5 C Leasehold improvements 8,640 4,496 4,144  6 Equipment 92,432 62,409 30,023		<del> </del>		<del> </del>					<del> </del>
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations . 3a(ii)   (ii) related organizations . 3a(ii)   (iii) related organizations . 3a(iii)   (iii) related organ		· · · · · · · · · · · · · · · · · · ·							<del> </del>
a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  c Temporarily restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations . 3a(ii)    (ii) related organizations . 3a(ii)    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b    4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land . 45,000 (a) Cost or other basis (o) Accumulated depreciation  5 Buildings . 699,586 260,936 438,650  5 C Leasehold improvements . 8,640 4,496 4,144  6 Equipment . 92,432 62,409 30,023  6 Other . 9		· · · · · · · · · · · · · · · · · · ·	<del></del> _	<u> </u>	_ <u></u>	l		l	·l
b Permanent endowment  %  c Temporarily restricted endowment  %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations			-		e (line 1g	i, column (a	i)) held	as:	•
Temporarily restricted endowment       The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations       (ii) related organizations       5a(i)    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?    Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value depreciation   45,000   (d) Book value   45,000   (d) Book va	_	Board designated or quasi-endowment		%					
The percentages in lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С	•		2001					
organization by:  (i) unrelated organizations	0-				4 41_4			lancara da a da a da	
(i) unrelated organizations	Sa		possession of the	ie organi	zauon ina	at are nelo	and ad	iministered for tr	
(ii) related organizations		-							
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  45,000  45,000  b Buildings							• •		<del></del>
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (d) Book value (	h	.,		· · ·	 n Sahadi	 ulo P2	• •		<del></del>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         45,000         45,000         45,000         45,000         45,000         45,000         45,000         45,000         438,650         438,650         699,586         260,936         438,650         4,144         4,496         4,144	_						• •		30
Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation									
(investment)         (other)         depreciation           1a Land         45,000         45,000           b Buildings         699,586         260,936         438,650           c Leasehold improvements         8,640         4,496         4,144           d Equipment         92,432         62,409         30,023           e Other         30,023         30,023         30,023	rait		<del></del>				(c)	Accumulated	(d) Book value
b Buildings		Description of property							(d) Book value
b Buildings	12	Land	<del> </del>		<del> </del>	45 000	7.0	1 1 7 7 1 5 1 1 9	45 000
c Leasehold improvements       8,640       4,496       4,144         d Equipment       92,432       62,409       30,023         e Other       92,432       62,409       30,023			<del></del>		<del> </del>		·- · ·	: <u>19 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>	
d Equipment		•	<del> </del>		<del> </del>				
e Other	_		<del></del>		<del> </del>				
		• •	<del></del>			32,432		02,403	30,023
			ıst equal Form 9	90. Part 2	K. column	(B), line 10	)(c).)		517,817

Part VII	Investments—Other Securities.	See Form 990, Part X,	line 12.	
(8	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	derivatives			<del></del>
	held equity interests			
(A)				
(B)				
(C)				
(D)		<del></del>		<del></del>
(E)			<del> </del>	<del></del>
(F) (G)		<del></del>	<del> </del>	
(H)		<del></del>		
(I)				
	(b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments—Program Related	. See Form 990. Part X	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
	,,,	(-)	Cost or end-of-year n	
(1)		<del> </del>		
(2)				
(3)				
(4)				
_(5)				
_(6)				
_(7)		<del></del>		
(8)	<del></del>	·		
(9)		<del></del>		<del></del>
(10)	(b) must equal Form 990, Part X, col. (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	rt X line 15	<del></del>	
Tartix		) Description		(b) Book value
(1)	<del></del>	<u></u>		
(2)		<del></del>		<del> </del>
(3)				
(4)				
(5)				
(6)		<del></del>		<del></del>
_(7)				<del></del>
(8)				
(9)	<del></del>			<del></del>
(10)	mn (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		
(1) Federal	income taxes		1	
(2) state in	come tax	604		t I
(3)			]	
(4)				
(5)				:
(6)				1
(7)				
(8)			1	•
(9)			-	,
(10)			1	†
(11)	(h) must equal form 000. Don't V and 70 time 05 to			
	b) must equal Form 990, Part X, col. (B) line 25 )  C 740) Footnote. In Part XIII, provide the t	ext of the footnote to the ore	anization's financial statements that	reports the organization!
	ncertain tax positions under FIN 48 (ASC 7			

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Schedule	$\boldsymbol{\nu}$	(LOUIL	コマレリ	2012	

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Part XI Reconciliation of Revenue per Audited Financial Statements With 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:		2270		
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		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<b>\</b>	্ব সক্ষর মা ১৯১৯ ব		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b			
С	Add lines <b>4a</b> and <b>4b</b>		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5		
Part	XII Reconciliation of Expenses per Audited Financial Statem		er Return		
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:		3.4		
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	- ' = - ' 1012		
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)	5		
Part 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.					

schedule D (Po	111 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	<u> </u>
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	***************************************	·- <b></b>
		<b>-</b>
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		<b></b>
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<del>-</del>		

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

## Supplemental Information to Form 990 or 990-EZ

2012

**Employer identification number** 

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Quechee Library Association	03-6010391
Part VI, 11b: trustees are informed that the 990 is complete and invited to view it at their convenience.	Trustees review financial statements
on a monthly basis throughout the year.	
on a monthly basis throughout the year.	
Part VI, 19: available upon request	
Part XI, 5: unrealized losses on investments	