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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

2012

OMB No 1545-1150

Open to Public Inspection

		f the Treasury at the end of the year may use this form.		Inspection
		nue Service ► The organization may have to use a copy of this return to satisfy state reporting requirement	<u>. </u>	
_		2012 calendar year, or tax year beginning , 2012, and ending		, 20
_	heck if ap	-	ployer ic	lentification number
$\overline{}$	Address c	Controlle de la control de la		26-3789866
	Name cha		ephone r	number
=	Initial retui Terminate	One Winooski Park, Box L	80	02-185-2169
=	Amended	I City or town, state or country, and ∠IP + 4	oup Exe	emption
=			mber	<u> </u>
G /	Account	ting Method ✓ Cash Accrual Other (specify) H Check	▶ 🗸	if the organization is not
1.1	Nebsit			tach Schedule B
			990, 99	0-EZ, or 990-PF)
	Check >		its aros	s receipts are normally
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re		
		inization chooses to file a return, be sure to file a complete return.	•	,
		5 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	I,	
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ 9	.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uction	s for Part I)
	al C	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	2	Program service revenue including government fees and contracts	2	0
	1	Membership dues and assessments	3	2 072 12
	3		4	3,873 13
	4	Investment income	1	0
	5a	,	<u>o</u>	
	b		0 5 5 5	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events	71-74	
a	а	Gross income from gaming (attach Schedule G if greater than	2 3 9	
Ž		\$15,000) · · · · · · · · · · · · · · · · · ·	<u>o</u>	
Revenue	b	Gross income from fundraising events (not including L\$1 V L L) of contributions	F=13	
æ		from fundraising events reported on line 1) (attach Schedule G if the	Ē1 - 1	
		sum of such gross income and contributions exceeds \$15,808) . ၁ 6b	<u>o</u> l"	
	С		<u>o </u>	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	om täller.	
		line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	<u>o</u>	
	ь	Less: cost of goods sold	<u>o</u>	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	3,873 13
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
Ø	12	Salaries, other compensation, and employee benefits	12	0
ıse	13	Professional fees and other payments to independent contractors	13	0
Je.	14	Occupancy, rent, utilities, and maintenance	14	0
Expenses	15	Printing, publications, postage, and shipping	15	0
_	16	Other expenses (describe in Schedule O)	16	1,391 00
	17	Total expenses. Add lines 10 through 16	17	1,391 00
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,482 13
sts	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		2,402 13
SS	'3	end-of-year figure reported on prior year's return)	19	0.570.00
Ä	00	Other changes in net assets or fund balances (explain in Schedule O)	20	9,579 22
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	21	12 061 35
_	1 21	Met aggete of thor balances at end of year. Combine lines to infolion /u	1 41	1 72 (161 75

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Form **990-EZ** (2012)

Cat No 10642I

	990-EZ (2012)					Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	
			Ļ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			9,579.22		12,061 35
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		· · · · · ·	9,579.22		12,061.35
26	Net assets or fund balances (line 27 of column			9,579.22	26	12.001.25
27 221	t III Statement of Program Service Accom				21	12,061 35
· ai	Check if the organization used Schedule	•		•	/D	Expenses
Wha	t is the organization's primary exempt purpose?		., 4440	<u> </u>		uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accompli	shments for each or	f its three largest p	rogram services.	orga	nizations and section
as n	neasured by expenses. In a clear and concise m	nanner, describe the				'(a)(1) trusts, optional thers)
pers	ons benefited, and other relevant information for ea	ach program title.	·			
28						

	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	28a	0
29						
	- 					
	(Grants \$) If this amount	includes foreign are	nto chook horo		29a	
30					298	- 0
30						
	(Grants \$) If this amount	ıncludes foreign gra	nts. check here	▶ □	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	0
Par	t IV List of Officers, Directors, Trustees, and Ke		·	•	struct	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar				<u> </u>
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC)			ther compensation
A + +		· ·				
Attac	المماد	-	(if not paid, enter -0-)	deferred compensation		
	hed		(if not paid, enter -0-)	deferred compensation	1	¢0 for all
	ched			deferred compensation	1	\$0 for all
	hed		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
	hed		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
	ched		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
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	ched		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
	ched		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
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	hed		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
	hed		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
	ched		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
	ched.		(if not paid, enter -0-)	deferred compensation	1	\$0 for all
	ched		(if not paid, enter -0-)	deferred compensation	1	\$0 for all

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	.00	<u>√</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b c	if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,	,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		,,,,,	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u></u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		14.5	, <u>1</u>
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	112 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	, † t	√
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ►			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	1 - 1 - 1	✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		-
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	√
	Form 990-EZ (see instructions)	45b	1	<u> </u>

orm 990	0-EZ (20	012)							Р	age 4
46		ne organization engage, directly or in						در د	Yes	No
	to car	ndidates for public office? If "Yes," o	omplete Schedule C,	Partl	<u> </u>		·	46		
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51	s must answer que			plete the	e tabl	les fo	or line	∍s
		Check if the organization used Sch	nedule O to respond	to any question ir	n this Part VI	· · ·	<u> </u>	• •		
47	Did th	ne organization engage in lobbying If "Yes," complete Schedule C, Parl	activities or have a s	section 501(h) elec	tion in effect d	uring the	tax [47	Yes	No
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes." complet	e Schedule E		. [48		1
49a		ne organization make any transfers to					. [49a		/
		s," was the related organization a se					1	49b		1
50	Comp	olete this table for the organization's objects) who each received more than	five highest compen	sated employees (d	other than office ganization. If the	ers, direct ere is non	ors, ti e, ent	ruste	es an one "	d key
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health be contributions to benefit plans, a compens	employee nd deferred			d amou pensat	
							•			
f 51		number of other employees paid ovo		. ►(<u> </u>	who each	rece	ived	more	
	\$100,	000 of compensation from the organic address of each independent contractor pa	nization. If there is no				Comp			
(a)		nd address of each independent contractor pa		(6) 1996 013	ISI VICE	(0)				
										
d 52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach	A? Note: All section 5	01(c)(3) organizatio	. ► ons and 4947(a)		0 ▶	Yes		No
Inder p	enalties	of perjury, I declare that I have examined this is disconplete. Declaration of preparer (other than	eturn, including accompan	ying schedules and state	ements, and to the t er has any knowled	pest of my kr				
Sign Here		Signature of office Doreen J. McCullough (VCAL Trea	ough		Date	131/2	013	<u> </u>		
.0.6		Type or print name and title	341317							
		Print/Type preparer's name	Preparer's signature		Date	Check	ı, F	PTIN		

Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Paid

Preparer Use Only

► ☐ Yes ☐ No

Check if self-employed

Firm's EIN ▶

Phone no

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

Employer identification number

Pai	tl Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ons.
The	organization is not	a private founda	ation because it is: (Fo	r lines 1	through 1	1, check	only one	box.)		
1	A church, con	vention of churc	hes, or association of	churche	s describ	ed in sec	tion 170((b)(1)(A)(i).	
2	☐ A school desc	ribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)					
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation des	cribed in	section 1	170(b)(1)(A)(iii).		
4		earch organizatine, city, and stat	on operated in conjun	ction with	n a hospit	tal descril	oed in se	ction 170)(b)(1)(A)	(iii). Enter the
5	☐ An organization		the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal unit described in
6 7	☐ A federal, state☐ An organization	e, or local gover on that normally	rnment or government receives a substantia (A)(vi). (Complete Pai	al part of					nit or fron	n the general public
8			in section 170(b)(1)(A		mplete Pa	art II.)				
9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gro									ship fees, and gross	
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								e than 331/3% of its		
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(4).	
11	purposes of o	one or more put	nd operated exclusive olicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2) See section
	a 🗹 Type I	b 🗌 Type	II c 🗌 Type II	I–Functio	nally inte	grated	d □	Type III–N	lon-funct	tionally integrated
е		indation manage	that the organization ers and other than on							
f	If the organization	ation received	a written determinatio	on from	the IRS	that it is	а Туре	I, Type I	I, or Typ	• • • • • • •
g	•	check this box 17, 2006, has t		· · pted any	gift or c	 ontributio	 n from a	ny of the		📙
	following pers	ons?								
			indirectly controls, eithody of the supported of the supp					described	a (II) al	nd Yes No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(u) 🗸
		•	a person described in							11g(III) 🗸
h			ion about the support							1 30-7
(i)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y	ization in of your	organizat (i) organiz	s the ion in col zed in the S ?	(vii) Amount of monetary support
	!			Yes	No	Yes	No	Yes	No	
	tached on separate		2 for all			1	-	4		\$0
(B)			2 for all							
(C)										
(D)	<u> </u>		2 for all					-		
			2 for all							
(E)		Man and the second second	2 for all	·글램(왕다고	"English wents	M-69 (#1753)	J Z g C , Patts	<u> </u>		
						Fair Stand				

Part	Support Schedule for Organiza (Complete only if you checked the	ations Descr	ibed in Sect	ions 170(b)(1 Part I or if the)(A)(iv) and 1 e organizatio	70(b)(1)(A)(vi) alify under			
	Part III. If the organization fails to						,			
Secti	on A. Public Support	y quality diluc	37 1110 10010 110	л.ов волон, р	.oaoo oompio					
	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.")	(a) 2000	(0) 2000	(0) 2010	(6) 2011	(6) 25.12	(i) rotal			
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									
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)		The second of th							
6	Public support. Subtract line 5 from line 4.		,同时的"国际"	建加州公司						
	on B. Total Support	·				·	·			
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4									
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			新年中的11年 11年 11年 11年 11年 11年 11年 11年 11年 11年		[] [] [] [] [] [] [] [] [] []				
12	Gross receipts from related activities, etc	· · ·	-			12				
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here									
	organization, check this box and stop he						· · P [
	on C. Computation of Public Suppor			(A)						
14 15	Public support percentage for 2012 (line Public support percentage from 2011 Sci		•			15	<u>%</u>			
16a		ization did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, cl	neck this			
b	331/3% support test—2011. If the organ check this box and stop here. The organ					15 is 33 ¹ / ₃ %	or more,			
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	inces" test, che st. The organiz	eck this box ar	nd stop here. E	xplain in			
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the	e "facts-and-ci s-and-circums	ircumstances"	test, check th	nis box and sto	op here.			
18	Private foundation. If the organization d	ıd not check a			a, or 17b, chec	k this box and	see			

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

(Complete only if	f you checked the box	on line 9 of Part I or if the organization failed to qualify under Part	II.
If the organization	n fails to qualify under	the tests listed below, please complete Part II.)	

<u></u>	if the organization fails to quality	runder the te	Sts listed bei	ow, piease co	inplete Fart	<u> </u>	
	on A. Public Support	() 655	# \ casa	(1) 6010	(1) 0044	(-) 6040	(6 T-4-1
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Totai
1	Gifts, grants, contributions, and membership fees	}					
^	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			ļ			
	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						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			1		ļ	
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge	1					
6	Total. Add lines 1 through 5	<u></u>	L				
	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						
_	<u>.</u>	<u> </u>	-	 			
	Add lines 7a and 7b	TT WE STORES	Laurang ang p	Figure 200 All March 18	1.311 1.22		
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)	The Line of the last	[4월인 40일] ([설립(전) - 캠타일(14 3.85 FELCOLE HISBYL, 12.5.	다네트 (FPH) (FPF		
	on B. Total Support			T	1		
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				,		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	1					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d. third. fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2012 (line			3 column (f)		15	%
16	Public support percentage from 2011 Sc					16	
-	on D. Computation of Investment In				<u>· · · · · · · · · · · · · · · · · · · </u>	1 10	
17	Investment income percentage for 2012			v line 13 colu	mn (fl)	17	%
	Investment income percentage for 2012 investment income percentage from 201					18	
18	33 ¹ / ₃ % support tests—2012. If the organ						
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	pox on line 14	, 19a, or 19b, 0	Check this box	and see instru	ctions 🟲 📋

Part IV	Supplemental Information. 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).	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

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

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization Line 16. We incurred \$391 00 in expenses associated with our annual meeting 26-3789866 Line 16. Vermont Library Association Librarian Relief Fund - \$1,000 contribution to assist librarians in Hurricane Irene Relief.

VCAL Member Institutions for tax year 2012 – 2013, with EINs

Bennington College

03-0179414 One College Drive Bennington, VT 05201

Burlington College

03-0229504 95 North Avenue Burlington, VT 05401

Castleton State College

03-0213787 178 Alumni Drive Castleton, VT 05735

Champlain College

03-0220266 163 South Willard St. Burlington, VT 05402, USA

College of Saint Joseph

03-0213180 71 Clement Road Rutland, VT 05701-3899

Community College of Vermont

03-0213787 PO Box 120 Waterbury, VT 05676

Goddard College

03-0179419 123 Pitkin Rd. Plainfield, VT 05667

Green Mountain College

03-0179299 One Brennan Circle Poultney, VT 05764

Johnson State College

03-0213787 337 College Hill Johnson, Vermont 05656

Landmark College

22-2586208 PO Box 820 River Road South Putney, Vermont 05346

Lyndon State College

03-0213787 1001 College Road Lyndonville, Vermont 05851

Marlboro College

03-0179593 P.O. Box A 2582 South Road Marlboro, VT 05344-0300

Middlebury College

03-0179298 Middlebury College 14 Old Chapel Rd. Middlebury, Vt. 05753

Norwich University

03-0179424 158 Harmon Dr. Northfield, VT 05663

Saint Michael's College

03-0179403 1 Winooski Place Colchester, VT 05439

SIT/World Learning

03-0179592 PO Box 676 1 Kipling Road Brattleboro, VT 05302

Southern Vermont College

03-0214106 982 Mansion Drive Bennington, VT 05201 Sterling College 03-0197728 PO Box 72 Craftsbury Common, VT 05827

University of Vermont and State Agricultural College 03-0179440 85 South Prospect Street 340 Waterman Building Burlington, Vermont 05405-0160

Vermont Law School 23-7251952 164 Chelsea Street, PO Box 96 South Royalton, VT 05068

Vermont Technical College 03-0213787 PO Box 500 Randolph Center, VT 05061

Institutional Representatives for tax year 2012 - 2013

Board of Directors

Emily Alling Doreen McCullough Janet Cottrell

President Treasurer Secretary

30 minutes/month 1 hour/month 15 min./month

Marlboro College College of St. Joseph Champlain College

Board of Directors

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Clara Bruns

Pamela Contakos Sandy Duling

Joe Farrara Jennifer Lann

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Sarah Sanfilippo Mara Saule

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Terry Simpkins

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Goddard College

School for International Training

Castleton State College Johnson State College Landmark College

Green Mountain College St. Michael's College Southern Vermont College

University of Vermont

Lyndon State

Middlebury College

Vermont Technical College/CCV

Norwich University **Sterling College** Bennington College Vermont Law School