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Form **9.90-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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the vear may use this form

2008

OMB No 1545-1150

year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

B Considerate Cases Cons		Α	For the 2008 calendar	r year, or tax year beginning	7/01	, 2008, and end	ding 6/30_		, 2009
Termination	l	<u>B_</u>		C				D Employe	r identification number
Termination			Address change Please use IRS	FRIENDS OF STOWE F	'REE LIBRARY			20-5	452898
**Section 501(C/3) organizations and 4947(A/1) nonexempt charitable trusts projectation posting large			Name change label or	' P O ROY 1029			ļ	E Telephon	e number
### Secretary of the complete form in the complete		Ц	Initial return type	STOWE, VT 05672				(802) 253-6145
**Section 501(c/3) organizations and 4947(a/1) nonexampt charitable trusts must ritach a completed Schedule A (Form 990 or 590-EZ). Website: N/A		\sqcup	Termination Specific				ŀ	1002	7 233 0143
**Section 501(C(X) organizations and 4947(x(X)) moneyempt charitable trusts must stack a completed Schedule A (Form 998 or 996-EZ). Website: N/A White organization is not a section 509(a)(C) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a certain \$39,000 or more, file Form 990. Add lines 5b, 5b, and 7b, to line 9 to determine gross receipts, if \$3,000,000 or more, file Form 990. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1.) Revenue, Expenses and Sales (Form 990 or more, file Form 990 or more) A investigation income and assessment or more income for the form 990. A investigation income or description or more income for the form 990. A investigation income and assessment or more income for the form of the form of the form 990. A investigation income or description or more income for the form of the f		=	tions	`			į	F Group	Exemption
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Website: N/A	_		• Section 501(c)(must att	3) organizations and 4947(a)(1 each a completed Schedule A () nonexempt charitab Form 990 or 990-EZ).		Other (speci	fy) ►	
Transaction to tracket check entropy									
State Stat				1	 		required to a	attach Sch	edule B (Form 990,
Add Inces 55, 65, and 75, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 \$ 39,545.	4			$\frac{\text{only one}}{\text{only one}} - \frac{X}{501(c)} \left(\frac{3}{3} \right)$					
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Part			(See the instruction	ons.)		Expenses	
What is to Describ describ progra	the organization's primary exempt purpose? See be what was achieved in carrying out those the services provided, the number of m title	e Statement 4 e organization's exempt purp persons benefited, or other	poses. In a clear and corelevant information for	oncise manner, each	and (4947	uired for 501(c)((4) organizations (a)(1) trusts; op thers)	s and
	DIRECT SUPPORT FOR THE ST	OWE PUBLIC LIBRARY					
	Grants \$ 17,111.) If th DIRECT SUPPORT FOR STOWE	is amount includes foreign gi PERFORMING ARTS, C		>	28 a		763.
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							427
31 C	Other program services (attach schedule	is amount includes foreign gi) See Statement 5 is amount includes foreign gi		<u> </u>	30 a 31 a	-	437. 285.
	otal program service expenses (add lii			•	32		485.
Part	IV List of Officers, Directors,			ne even if not cor	npens	ated See the ii	nstrs)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	is and	(e) Expense as and other allow	ccount vances
See S	Statement 6		0.		0.		0.
							
						-	
BAA		TEEA0812L C	01/14/09	<u></u>		Form 990-EZ	(2008)

TEEA0812L 01/14/09

BAA

			Yes	No
33		22		.,
34	each activity Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33		X
35				
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			ļJ
	proxy tax requirements?	35 a		<u>X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	7a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0.		*,	₹.
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	Ba 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 unpaid at the start of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	e	>	3i- ~
39	amount involved 38b N/A 501(c)(7) organizations Enter	<u> </u>	۶,	879-7
	a Initiation fees and capital contributions included on line 9 N/A	ž ~4.	,	
	b Gross receipts, included on line 9, for public use of club facilities N/A	.	*	*
40	Da 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	* .		₩ *
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the		, <u>, , , , , , , , , , , , , , , , , , </u>	
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the		* *	₩. »
	year under sections 4912, 4955, and 4958	* *	,	-
	d Enter amount of tax on line 40c reimbursed by the organization □ 0.	<u> </u>	8	**
	e 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	40 e		X
41	List the states with which a copy of this return is filed None			
42	2a The books are in care of ► JOHANNA DARROW Telephone no ► (802) Located at ► P O BOX 1029 STOWE VT ZIP + 4 ► 05672	_ <u>253</u>	- <u>61</u> 4	1 <u>5</u>
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country	,		;
				3
			164	\$:
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	40.	&	J X
	c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country	42 c	1	
	The Too, Critical the Hallie of the following accountry			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
43	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
_	• B. H.		162	140
44	4 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
_		rm 990	E7 /	

Form 990-E	EZ (2008) FRIENDS OF STOWE FF		501(a)(2) argor		-5452898		age 4
Part VI	Section 501(c)(3) organization and complete the tables for line	es 50 and 51.	our(c)(s) organ		wer questions See Stateme		.9
46 Did th	ne organization engage in direct or indire	ct political campaign ag	ctivities on behalf			Yes	No
for pu	ublic office? If 'Yes,' complete Schedule	C, Part I			46	 -	X
	ne organization engage in lobbying activi		·		47	┼—	X
	e organization operating a school as desc ne organization make any transfers to an			•	49 2	-	X
	s,' was the related organization(s) a sect	•	Tolatou organizati		491	-	
	olete this table for the five highest compe ved more than \$100,000 of compensation				key employees) v	vho ea	ch
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to en benefit plans an deferred compensa	d acco	xpense unt and llowance	s
None							
-	~						
Total number	of other employees paid over \$100,000						
51 Comp	olete this table for the five highest competence the organization of there is none, enter '	ensated independent co None.'	ntractors who eac	h received more than \$	\$100,000 of comp	oensati	ion
	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Con	pensatio	эп
None							
							
			- -				
Total numb	per of other independent contractors rece	eiving over \$100,000	•				
	Under penalties of perjury, I declare that I have examinue, correct, and complete. Declaration of preparer (nined this return, including according than officer) is based on	mpanying schedules and all information of which	d statements, and to the best opreparer has any knowledge	of my knowledge and t	elief, it i	S
		1 -		h 7 /	9 -	010	2
Sign Here	Signature of officer	lauren _		Date	1,0		
TICIC	TOHONO M. I	DARROW TR	EASURER	<u>. </u>	O		
	Type or print name and title.		20				
Paid	Preparer's (Arrie A)	Lamberl,	CPA Date	Check if self-	Preparer's Ident (See instruction	lifying Nu s)	mber
Pre-	Firm's name (or CARRIE LAMBERT		INC.	employed •	N/A		
parer's Use	Firm's name (or yours if self-employed). CARRIE LAMBERT P.O. BOX 417	a ASSOCIATES, I	LIVE.	EIN	► N/A		
Only	1 1 4 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	05661		Phone no	_ 	-7611	

►X Yes No

Form 990-EZ (2008)

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

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

FRI	ENDS OF STOWE I								452898		
Par	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	(see i	ınstruct	ions)	
The o	organization is not a pri	vate foundation becau	ise it is (Please check o	nly one	organiza	ation)		·		_	_
1	A church, conventi-	on of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)				
2	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule	E)							
3	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l)(1)(A)(iii). (At	tach Scl	hedule H)	
4	A medical research	n organization operate	d in conjunction with a h	nospital (describe	d in sec	tion 17	0(b)(1)(A	<mark>A)(iii)</mark> Er	iter the hosp	ıtal's
	name, city, and sta										
5	An organization op	erated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a gover	nmenta	l unit des	scribed in se	ction
6 7	An organization that		governmental unit descri substantial part of its si art II)					t or fron	n the ger	neral public o	described
8			170(b)(1)(A)(vi). (Comple	te Part I	1)						
9	X An organization that	normally receives (1)	more than 33-1/3 % of its	support f	rom con	tributions	s. memb	ership fe	es, and o	ross receipts	
•	from activities relate investment income	d to its exempt function	is – subject to certain exc ess taxable income (less	eptions, a	and (2) r	io more t	:han 33-	1/3 % of	its suppo	ort from gross	
10	\vdash	3	exclusively to test for pu		•		٠,,			•	
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete line	a)(1) or	section	509(a)(2	ctions (2). See	of, or ca section	rry out th 509(a)(3	ne purposes). Check the	of one or box that
	a Type I	b Type II	□ ′′	I – Fund	•	•			d 📙	Type III— C	
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led directupported	tly or in d organi	directly zations	by one describ	or more ed in se	disquali ction 509	fied person (a)(1) or sec	s other ction
f	If the organization check this box	received a written def	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,	
g	Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	7	
											Yes No
			controls, either alone or	together	with pe	rsons d	escribe	d in (ii) i	and (III)	11 (1)	
	· · · · · · · · · · · · · · · · · · ·		upported organization?							11 g (i)	
	` '	nber of a person desc	**	hovo?						11g (iii)	_
L	• •		n described in (i) or (ii) a		n cunno	rtc				119(11)	
h			the organizations the org				au aalıfı	()	la tha	(uu) Amount	of Support
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold d in your erning ment?	(v) Did y the organ col your su	iization în (i) of	lorganizat	is the ion in col zed in the S ?	(vii) Amount (ог эцирогс
				Yes	No	Yes	No	Yes	No		
											
					<u> </u>						
				1				İ			
		I .		1	l .	ı	I	I	1 I		
											
		. %				~ ~					
Total		· %		è			ý	2,))	n 990 or 990	

	Capport Concuant for	organizacions	5 7 0 (n			a ., o(b)(.)(, \)	. • • •
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	tl)			
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		,		_		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3						
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)				資本意 第八 八章 海 八八章 一人表 日本		
6	Public support. Subtract line 5 from line 4					* * *	
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		-				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						<u>-</u> .
11	Total support. Add lines 7 through 10		<u>*</u>	* * *	* / /	4,	
12	Gross receipts from related activ	rities, etc (see in	structions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
	tion C. Computation of Pu	~					
	Public support percentage for 20					14	<u>%</u>
15	Public support percentage for 20	007 Schedule A, F	art IV-A, line 26f			<u> 15 </u>	
16	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	ox on line 13, and rganization	d the line 14 is 33	-1/3 % or more, cl	heck this box ►
	33-1/3 support test — 2007. If the and stop here. The organization	qualifies as a pul	olicly supported o	rganization			- 🗆
17 <i>a</i>	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	'e. Explain in Part	IV now
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a:	s a publicly suppo	rted organization.	► □
18	Private foundation. If the organi				a, or 17b, check th	nis box and see in	structions 🕨 📗
BAA					Scl	hedule A (Form 99	90 or 990-EZ) 2008

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

	(Complete only if you che	cked the box on li	ne 9 of Part I)	<u> </u>								
<u>Sec</u>	tion A. Public Support											
Caler	dar year (or fiscal yr beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total					
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		305.	5,943.	18,803.	27,01	52,068.					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.					
3	Gross receipts from activities that are not an unrelated trade or business under section 513			780.	3,981.	12,09						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,	0.					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
6	Total. Add lines 1-5	0.	305.	6,723.	22,784.	39,11	15. 68,927.					
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.		0. 0.					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.		0. 0.					
С	Add lines 7a and 7b	0.	0.	0.	0.		0. 0.					
8	Public support (Subtract line											
	7c from line 6)	· , 💰 🐔	₹	· · · · · · · · · · · · · · · · · · ·	.« <u>.</u> .	Ä,	68,927.					
Sec	tion B. Total Support					,						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008						
-	Amounts from line 6	0.	305.	6,723.	22,784.	39,11	L5. 68,927.					
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						1. 1.					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0	387.	324.		54. 975. 55. 976.					
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	387.	324.	2.0	0.					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				AT -		0.					
13	Total support. (add Ins 9, 10c, 11, and 12)			* ;		5 ²	<u></u> <u>∗</u> 69,903.					
14	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	or fifth tax year as	s a section 50	D1(c)(3) ► X					
	tion C. Computation of Pu			12 column (6)			15 %					
	Public support percentage for 20					-	16 %					
	Public support percentage from tion D. Computation of Inv			y			70					
<u>Sec</u>				Lby line 13 colum	mn (f))		17 %					
17			COMMITTER (1) GIVIGEO	by line 15, colum	•••• (•)/	-						
17 18	Investment income percentage f			Investment income percentage from 2007 Schedule A, Part IV-A, line 27h a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
18 19 a	Investment income percentage f 33-1/3 support tests – 2008. If the more than 33-1/3%, check this b	rom 2007 Schedul organization did not oox and stop here.	e A, Part IV-A, Iin check the box on lii The organization	e 27h ne 14, and line 15 i qualifies as a pul	biiciy supported t	organization	is not					
18 19 a	Investment income percentage f	from 2007 Schedul organization did not sox and stop here. he organization die this box and stop	e A, Part IV-A, Iin check the box on Iii The organization d not check a box bere. The organization	e 27h ne 14, and line 15 i qualifies as a pul on line 14 or 19a zation qualifies as	blicly supported to i, and line 16 is n s a publicly suppo	organization nore than 33- orted organiz	is not In 1/3%, and line 18 ation					

Schedule /	4 (Fotm 990 o	990-EZ)	2008	FRIEN	IDS OF	STO	OWE	FREE	LIB	RAR	Y	20-5452898	Page 4
Part IV	Suppleme	ntal Info	rmatio	on. Coi	mplete	this	part	to pr	ovide	the	explanation re-	quired by Part II, mation. (see ins	line 10;
	Part II, line	e 17a or	17b; d	or Part	III, lın	e 12.	Pro	vide a	any ot	her	additional infor	mation. (see ins	tructions)
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Schedule A (Form 990 or 990-EZ) 2008

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BAA

2008	Federal Statements		Page 1
	FRIENDS OF STOWE FREE LIBRARY		20-5452898
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid	d		
Donee's Name:	STOWE FREE LIBRARY STOWE, VT 05672		
Cash Amount Given:	SIOWE, VI 03672	\$	17,111.
Donee's Name:	STOWE PERFORMING ARTS STOWE, VT 05672		
Cash Amount Given:	SIOWE, VI 03672	\$	1,000.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses ADVERTISING DUES & SUBSCRIPTIONS INSURANCE LECTURE SERIES NEWSLETTER SUMMER READING PROGRAM SUPPLIES		\$ Total <u>\$</u>	18. 399. 350. 2,056. 72. 904. 1,531. 5,330.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets			
Inventories	Tota	\$ 256. \$	Ending 90.

Statement 4 Form 990-EZ, Part III
Organization's Primary Exempt Purpose

THE ORGANIZATION WAS FORMED TO PROVIDE SUPPORT FOR THE STOWE VERMONT PUBLIC LIBRARY. MEMBERS IN ADDITION TO PROVIDING FUNDS FROM DUES WILL PROVIDE TIME FOR THE DELIVERY AND PICK UP OF BOOKS ETC FOR PEOPLE WHO CANNOT EASILY GET TO THE LIBRARY. THEY TRANSPORT ELDERLY AND PEOPLE WITHOUT TRANSPORTATION TO LIBRARY FUNCTIONS. THEY WILL HOST VISITING AUTHORS.

008	Federal Statement	s		Page 2
F	RIENDS OF STOWE FREE LIE	BRARY		20-545289
Statement 5 Form 990-EZ, Part III, Line 31 Statement of Program Service Accor	mplishments			
Desci	ription		0. Grants	Program Service Expenses
YOUTH SUMMER READING PROGRAM	Includes Foreign Gran	nts: No Total <u>\$</u>	0. \$	1,285.
Statement 6 Form 990-EZ, Part IV List of Officers, Directors, Trustees, Name and Address	and Key Employees Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Account/
HELEN BECKERHOFF P O BOX 1029 STOWE, VT 05672	Director 0	\$ 0.	\$ 0.	\$ 0
DAVID BRYAN PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0
JOHANNA DARROW PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0
CAROL GOOD PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0
CAREN GOODHUE P O BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0
LISA GRADY PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0
MARGOT HALL P O BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0
BONNIE KNIGHT	Director 0	0.	0.	0
P O BOX 1029 STOWE, VT 05672				

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2008

Federal Statements

Page 3

FRIENDS OF STOWE FREE LIBRARY

20-5452898

Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SYLVIA POPE PO BOX 1029 STOWE, VT 05672	Director \$	0.	\$ 0.	\$ 0.
DEE REEVER PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0.
ROBIN COOPER SUTTON PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0.
LOUISE THOMPSON P O BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0.
DARLA WITMER PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0.
RONNA ZIEGEL PO BOX 1029 STOWE, VT 05672	Director 0	0.	0.	0.
	Total 🖺	0.	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 7 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No