Form 990

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)

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	ZUII calend	dar year, or tax year begin	nning	, 2011, and endir	ng		,					
В	Check if a		С		114	D	Employer Id	lentification Number					
	Addre	ess change	WEST TISBURY LIB	RARY FOUNDATION			27-178	85670					
	Name		P.O. BOX 1238			E	Telephone n						
	Initia	I return	WEST TISBURY, MA	02575				80-3068					
	Term	inated				-	300-20	50-3066					
		nded return											
		cation pending	F Name and address of principa	NDDEN HADE	MAN		Gross receip						
	Мрри	cation pending				H(a) Is this a gro							
-			76 PANHANDLE ROA	D WEST TISBURY, N		H(b) Are all affilia	h a list. (see						
1			X 501(c)(3) 501(c) () ◄ (insert no.) 4	947(a)(1) or 527			mod octions)					
7	Webs		W.WTLIBRARYFOUND	ATION.ORG		H(c) Group exem	ption numbe	r >					
K	and the second second second		X Corporation Trust	Association Other ►	L Year of Forma	tion: 2010	M State	of legal domicile: MA					
Pa	art I	Summary											
	1 B	riefly describ	e the organization's miss	ion or most significant activ	vities: TO PROMO	TE AND AL	WOCATI	F FOR THE					
•	M	AINTENA	NCE, IMPROVEMENT	RENOVATION EXP	ANSTON AND SI	IPPORT OF	THE I	TRDADV					
anc	MAINTENANCE, IMPROVEMENT, RENOVATION, EXPANSION AND SUPPORT OF THE LIBRARY BUILDINGS, COLLECTIONS, PROGRAMS AND SERVICES OF THE WEST TISBURY FREE PUBLIC												
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ove	2 CI	neck this box	x F if the organization	n discontinued its operation	ns or disposed of mo	ore than 25%	of its not						
Activities & Governance	3 Nu	umber of vot	ting members of the gove	rning body (Part VI, line 1a).	ore triair 25 %	3						
80	4 N	umber of ind	lependent voting member	s of the governing body (Pa	art VI, line 1b)		4						
itie	5 To	otal number	of individuals employed in	n calendar year 2011 (Part	V. line 2a)		5						
₹	6 To	otal number	of volunteers (estimate if	necessary)			6						
¥	7a To	otal unrelate	d business revenue from I	Part VIII, column (C), line 1	2		7	20					
-	b Ne	et unrelated	business taxable income	from Form 990-T, line 34.			7						
						Prior		Current Year					
	8 C	ontributions	and grants (Part VIII, line	1h)			23,769						
nne	9 Pr	ogram servi	ce revenue (Part VIII, line	1.	25, 105	1,222,340.							
Revenue	10 In	vestment inc	come (Part VIII, column (A		14	2 011							
	11 Ot	her revenue	(Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and	116)		-2,924						
	12 To	tal revenue	- add lines 8 through 11	(must equal Part VIII, colu	mn (Δ) line 12)		20,859						
-			milar amounts paid (Part I		10,039								
								239,635.					
	15 00	derice ether	to or for members (Part I)	X, column (A), line 4)									
9			r compensation, employee										
nse	16a Pr	ofessional fi	undraising fees (Part IX, o	column (A), line 11e)									
Expenses	b To	tal fundraisi	ing expenses (Part IX, col	16,630.									
Ð				nes 11a-11d, 11f-24e)			5,638	21 410					
				equal Part IX, column (A),									
	19 Re	wanua lasa	s. Add lines 13-17 (must be	equal Part IX, column (A),	iine 25)		5,638						
. 0	19 16	evenue less	expenses. Subtract line 13	8 from line 12			15,221						
ncos		1-1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Beginning of							
Net Assets Fund Balanc	20 To	ital assets (art X, line 16)			. 13	15,221	. 1,070,151.					
Pt A	21 To	ital liabilities	(Part X, line 26)				0	. 0.					
	22 Ne	et assets or	fund balances. Subtract li	ne 21 from line 20		1:	15,221	. 1,070,151.					
Pa	irt II	Signature	Block										
Und				urn including accompanying schodu	los and statements and to	the heat of the							
com	plete. Decla	aration of prepar	er (other than officer) is based on	urn, including accompanying schedu all information of which preparer ha	s any knowledge.	the best of my kno	wleage and	belief, it is true, correct, and					
					,								
Sig	ın	Signature	e of officer			Date							
He	re	ANDR	EA HARTMAN				-						
			print name and title.			TREASUR	ŁR						
_		-	eparer's name	Despesado alexatura	la v		[]	I Dawn					
_				Preparer's signature	Date	Chec	k X if	PTIN					
Pai			RD N. ABELSON			self-	employed	P01379664					
	parer	Firm's name	► ABELSON & COM	MPANY									
Us	e Only	Firm's addres	s > 27 CONGRESS S	STREET, SUITE 203		Firm	s EIN ► O	4-2742962					
			SALEM, MA 019					8-744-5206					
May	the IRS	discuss this		shown above? (see instruc	tions)		e 110. 971						
				he separate instructions.		A LONG TO THE PARTY OF		X Yes No					
	TOIPE	Per WOLK KE	duction Act Notice, see the	ne separate instructions.	TEE	A0113L 08/18/11		Form 990 (2011)					

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es, as measured by expenses. unt of grants and allocations to	are required to report the amo	1) trusts a	47(3)(section 49	ations and	(c)(4) organiza	Section 501 (c)(3) and 50	3
occurrently positional set of	three largest program consist	ati to dae	o 101 3.	taemdzilam				
oN X seySee	t conducts, any program servi	ı mou uı s	usudea	o Jueomingi			seso noussinagio enu bic la pese,' describe these ch	
							if 'Yes,' describe these ne	
oN X sey		• • • • • • • • • • • • • • • • • • • •					Form 990 or 990-EZ?	
	ear which were not listed on t	ring the y	np səɔ	gram servi	ificant pro	stake any signi		
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27-1785670 Page		3.				SBORY LIBI		Part
- 0131011 10			IVO	THAMIN	DADY E	griny rang	TT TOTAL (110C) 000	Eorm

TAGINERS NOTE

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II. X X 9 Did the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 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.... X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. X b 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. X 3 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 1 ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, complete ON Xes Part IV Checklist of Required Schedules Page 3 0L998LT-LZ Form 990 (2011) WEST TISBURY LIBRARY FOUNDATION xsT emoon from From Income Tax

or X as applicable. If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, 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. OL

Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D Part IV

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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.

f 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... e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

14a Did the organization maintain an office, employees, or agents outside of the United States?....

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. **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.

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. 91

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).

Pid 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. lines 1c and 8a? If Yes, complete Schedule G, Part II. 86 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.

AA8

Form 990 (2011) TEEA0103L 01/23/12 b If 'Yes' to line 20s, did the organization attach a copy of its audited financial statements to this return?..... 20 P

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Form 990 (2011) WEST TISBURY LIBRARY FOUNDATION

Part IV Checklist of Required Schedules (continued)

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X	1 0	C	O SUPPLIES OF THE PROPERTY OF	AA
	8	3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	88
X		3.	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, Part VI	۷8
X	9	3	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	98
X	2p	3	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	q
X	58	3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	253
X	b	3	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	
X	3	3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 307.707.5 and 307.7707-3? If 'Yes,' complete Schedule R, Part I	83
X	z	3	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	
X	L	3.	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	
X	0		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	
X	6	2	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	67
X	28	2	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.	
<	q8	2	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	q
X	68	2	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	
			Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	
X		Z	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.	LZ
X	9	2	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	
X	qs	2	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.	q
X	e2	2	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	
	Pb	2	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	
	240		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	
	q _p	2	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	q
ζ	54	2	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	
X	8	2	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.	
<	Z	2	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.	
	X L	2	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	
	SəX		Did the organization report more than \$5 000 of grants and other assistance to government and organizations is	

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Form 990 (2011) WEST TISBURY LIBRARY FOUNDATION

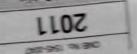
Part V Statements Regarding Other IRS Filings and Tax Compliance

		146	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q
X		149	14a Did the organization receive any payments for indoor tanning services during the tax year?
No.			c Enter the amount of reserves on hand
			b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
			Note. See the instructions for additional information the organization must report on Schedule O.
		13a	a Is the organization licensed to issue qualified health plans in more than one state?
		Will the	33 Section 507(c)(29) qualified nonprofit health insurance issuers.
			b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year
		IZa	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
17 11			b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
			a Gross income from members or shareholders
			71 Section 501(c)(12) organizations. Enter:
			b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
			a Initiation fees and capital contributions included on Part VIII, line 12 10a
			10 Section 501(c)(7) organizations. Enter:
		96	b Did the organization make a distribution to a donor, donor advisor, or related person?
		B6	a Did the organization make any taxable distributions under section 4966?
			9 Sponsoring organizations maintaining donor advised funds.
	SECUROPS	8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
			Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the
		44	Form 1098-C?
			h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a
		67	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
X	-	14	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
X		ə∠	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
	調源調		d If 'Yes,' indicate the number of Forms 8282 filed during the year
X	2014/2012/2012	٥٧	
			c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file
		9Z	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?
X		sΓ	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
			7 Organizations that may receive deductible contributions under section 170(c).
		99	not tax deductible?
			b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were
X		69	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?
		2C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?
X		qç	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
X		23	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
			See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
			b If 'Yes,' enter the name of the foreign country: ►
X	15/2/19/2/19/2/miles	48	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
		38	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q
X		33	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
CHINA	E0157		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)
5043030	部部がある様子	SP	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
			ments, filed for the calendar year ending with or within the year covered by this return 2a
		21	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-
1000	2 37 33	ΣL	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
			b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b
			7 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.
oN	SəX		
			Check if Schedule O contains a response to any question in this Part V

Page	0L9S8LT-

					If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body as expensive committee or similar committee.						
			TT	5 F	I a Enter the number of voting members of the governing body at the end of the tax year						
N	SƏX										
					Section A. Governing Body and Management						
					Check if Schedule O contains a response to any question in this Part VI						
					Schedule O. See instructions.						
	и	I səb	esses, or chan	es, proce	a 'No' response to line 8a, 8b, or 10b below, describe the circumstance						
10	i bne	'MO	through 7b bei	S sənil (Part VI Governance, Management and Disclosure For each 'Yes' response to						
sde	Ь		0L9S8LT-LZ		Form 990 (2011) WEST TISBURY LIBRARY FOUNDATION						

		of eld	, and financial statements avails	yoilog	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year.	61
					Own website Another's website X Upon request	
oilduc	a for p	eldelie	vs (Vino 2(5)(3) 1-099, ,	5 pu	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply.	81
					List the states with which a copy of this Form 990 is required to be filled ► MA	41
					ction C. Disclosure	pag
-		991	our numberne		organization's exempt status with respect to such arrangements?	
			sti etselits equate the	SV9 C	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and taken ateps	1
X		E9F	s ryw tromegna	arr.	a Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	91
					If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	
X		qsl		• • • •	b Other officers of key employees of the organization	1
X		15a			a The organization's CEO, Executive Director, or top management official	:
			oroval by independent	abb	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	SL
X		ÞL	*******************		Did the organization have a written document retention and destruction policy?	DL
X		13	******************		Did the organization have a written whistleblower policy?	13
		12c			Schedule O how this is done.	
			ni adinasah ' 29X' Il	SVO	c Did the organization regularly and consistently monitor and enforce compliance with the pol	,
		126	nst could give rise	tt et	b Were officers, directors or trustees, and key employees required to disclose annually interesto conflicts?	1
X		12a		• • • •	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	15
		Mark	SEE SCHEDOTE O		b Describe in Schedule O the process, if any, used by the organization to review this Form 99	
	X	6 LT	1	moof	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	LL
		10b	ranches to ensure their	q pue	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	
X		FOL		• • • •	a Did the organization have local chapters, branches, or affiliates?	OL
oN	SaY		The second secon			
			Кечепие Соде.)	rnal	ction B. Policies (This Section B requests information about policies not required by the Inte	pas
X		6	t be reached at the	ouu	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who conganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	6
	X	d8		• • • •	b Each committee with authority to act on behalf of the governing body?	
	X	58		• • • •	The governing body?	
			ken during the year by	ertak	Did the organization contemporaneously document the meetings held or written actions und	8
X		٩٧	ske,	oqui	b Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?	
X		εT	or appoint one or more		a Did the organization have members, stockholders, or other persons who had the power to e	1
X		9			Did the organization have members or stockholders?	
X		S	sasses	uon	Did the organization become aware during the year of a significant diversion of the organiza-	
X		b			since the prior Form 990 was filed?	-
					Did the organization make any significant changes to its governing documents	+
X		3	er the direct supervision	-¿uo	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other person of officers, directors or trustees, or key employees to a management company or other persons and the organization and the organization and the organization are controlled by the organization and the organization and the organization are controlled by the organization are controlled by the organization and the organization are controlled by the organ	
X	TALKS IN	2			Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	
				_		
			TT 9	-	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	
and I	STEEL STEEL	GENERAL STREET			of the governing body, or if the governing body delegated broad	



ranization Exempt From Income Tax

	***********************************	Check if Schedule O contains a response to any question in this Part VII.	
pue 's	inest compensated Employees	REVILE Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors	
1 -6-		TIVIII Compensation of Officers Directors Trustees Key Employees Hi	FP
Page 7	27-1785670	MEST TISBURY LIBRARY FOUNDATION	Forn

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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, frustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

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										(£r)
										(<u>sr</u>)
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.0	.0	.0				X			S	TREASURER
.0	.0	.0	1			X			S	(10) VADREA HARTMAN
.0	.0	.0	1			X			S	(8) TKNN MHLINC BESIDENT OF HUNTER MOORMAN
.0	.0	.0							S	CO TYCK BOLZ
.0	.0	.0							S	DIBECTOR (6) CHUCK HUGHES
.0	.0	.0							S	© SAM HISER
.0	.0	.0							S	OF TERRY CUTLER
.0	.0	.0							S	DIKECTOR (3) NANCY COLE
.0	.0	.0							S	(S) CAROL D. BRUSH
.0	.0	.0							S	(I) KIM BAUMHOFER
compensation from the organization and related organizations	(C)SIM-6601/Z-W)	(OSIW-660L/Z-M)	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	(describe hours for related organiza- tions in Schedule O	
(F) Estimated amount of other	(E) Reportable compensation from related organizations	(D) Reportable Compensation from the organization (W-2/1099-MISC)	ox,	an one b an offic	tion re that both tor/tru	Posi om k	s beug cyec	səlun ou op)	(B) Average hours per week	(A) etid bins ameN

TEEA0108L 07/06/11 0 ◄ noisanization from the organization ► 0 Total number of independent contractors (including but not limited to those listed above) who received more than Compensation Description of services Name and business address (0) (B) Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year. Section B. Independent Contractors

X

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77-1785670 Page 9

Form 990 (2011) MEST TISBURY LIBRARY FOUNDATION

Form 990 (2011) WEST TISBURY LIBRARY FOUNDATION

.0	0	.954,8	1,225,984.	◀		12 Total revenue. See inst	
		TEN STATE OF THE S	425.	◀	b	e Total. Add lines 11a-11	
]	d All other revenue	
						₀	
	- '					q	
		425.	425.			11 MERCHANDISE SAI	
	NAME OF THE PERSON OF THE PERS	301	301	anno scallishe		Miscellaneous Reveni	
		(4) 计设计分类 建热进程	思考如此特别的特殊人会	Business Code			-
						c Net income or (loss) fro	
						b Less: cost of goods sold	
						Oross sales of inventory and allowances	
						c Net income or (loss) fro	
	建设加州 农政府			25		b Less: direct expenses	
					ing activities.	9a Gross income from gam See Part IV, line 19	
			CHARLESTO WITTER FOR	vents	m rundraising e	c Net income or (loss) fro	
						b Less: direct expenses	OTHER REVENUE
				100			Ē
						See Part IV, line 18	R
					(of anil no b	of contributions reported	E
					raising events	8a Gross income from fund \$ including. \$	E
第四日的公司						d Net gain or (loss)	
						c Gain or (loss)	
						b Less: cost or other basis and Less: cost or other basis	
						As Gross amount from sales of assets other than inventory.	
				netto (ii)	(i) Securities	to soles most tanome sport of	
				◀	(ss	d Net rental income or (los	
		PROGRAMMA		87		c Rental income or (loss)	
						p ress: rental expenses.	
						6a Gross rents	
				1000000 1 (u)	movi (A)	-	À
				lsnozia (ii)	(i) Real	5 Royalties	
						4 Income from investment	
		3,011.	3,011.		sbnabivib gnibu	S Investment income (inclinater smounts)	
	CARSON DEFINITION			◀		g Total. Add lines 2a-2f	PR
PRESIDENCE AND	William Control of the Control of th	AND THE PROPERTY OF A STREET OF THE PARTY OF			e revenue	f All other program service	PROGRA
							Ã
						_p	AM SERVICE REVENUE
							R
							CE
						q	R
						ES	E
				Business Code			E E
MINISTER CONTRACTOR			1,222,548.	◀		h Total. Add lines 1a-1f	>8
					a :11-61 2ml ni	g Noncash contributions included	SA
				1,221,853.		similar amounts not included al	의 R
				1 331 063	ants, and	f All other contributions, gifts, gr	CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS
					9 F(2n	e Government grants (contribution	MILS, C
				75	PL	d Related organizations	AF
				.269	31	c Fundraising events	AMC
				303	91	b Membership dues	ORA OFRA
					er	7 a Federated campaigns	STN
				SO	Charles and an analysis of the same	Tapicames haterahal	SEASON FROM
under sections 512, 513, or 514	revenue	function revenue			1000 m 1000 m		
excluded from tax	ssənisud	tdməxə	A CANADA SANTA				
Revenue	Unrelated	Related or	Total revenue				U A STATE
(a)	(၁)	(a)	(A)				

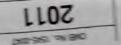
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

amooni Frempit From Income

(d) Fundraising	(C) Management and	(B) Program service	(A) Total expenses	Check if Schedule O contains a rea
səsuədxə	general expenses	\$39, 635.	.239,635.	Grants and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21
				Grants and other assistance to individuals in the United States. See Part IV, line S2
		-		Grants and other assistance to governments, organizations, and individuals outside the
				United States. See Part IV, lines 15 and 16
				Benefits paid to or for members,
0	.0	.0	.0	Compensation not included above, to
)	.0	.0	.0	Competition (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B).
				Other salaries and wages
				Pension plan accruals and contributions (include section 403(k) and section 403(b) employer contributions)
				Other employee benefits
				Payroll taxes
				Fees for services (non-employees):
				ManagementtnəməgemeM
				Accounting
				Lobbying
	ALTERNATION OF THE PROPERTY OF		00 TH	Professional fundraising services. See Part IV, line 17
				Investment management fees
				Other
	. TZ4, 2		. TZ4. 2	Advertising and promotion
L0'T	2,903.	. ISP, S	. TSP , 8	Offlice expenses
/ -	1.006/=	1.707./-	11.07.12	Information technology.
				Royalties.
				Occupancy
				Travel
				Payments of travel or entertainment
				expenses for any federal, state, or local
				public officials
				Interest convenions, and moduling
				Psyments to affiliates Depreciation, depletion, and amortization
				Insurance
		第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		of line 25, column (A) amount, list line 24e
	a badapana anakana mutu			expenses on Schedule O.)
SS'ST		319 9	. 788, RI	COZIZ OF PUBLIC EVENTS
	CVO	·SI9'9	.213,8	PRINTING AND PUBLICATIONS
	243.		243.	OTHER COMMUNICATION COSTS
	120.		120.	BYNK EEES
05 51	COL 3	102 000	V30 120	All other expenses
9'91	.627,23.	.107,842	. \$20, LTS	Total functional expenses. Add lines 1 through 24e
	,			Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational
	1			campaign and fundraising solicitation.
				Check here ► if following

Form 990 (2011)



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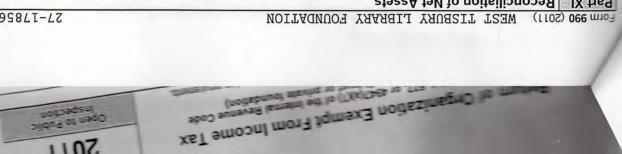
Page 11

From Income Tax

Form 990 (2011) WEST TISBURY LIBRARY FOUNDATION

Form 990 (2011) AAB TST'OLO'T 112,221 34 Total liabilities and net assets/fund balances..... 34 MAJAZOMO Total net assets or fund balances..... TST'OLO'T 33 115,221 33 32 Retained earnings, endowment, accumulated income, or other funds...... 35 LE Paid-in or capital surplus, or land, building, or equipment fund...... 31 Capital stock or trust principal, or current funds...... 30 30 W.DZO lines 30 through 34. Organizations that do not follow SFAS 117, check here OB Permanently restricted net assets..... 62 58 ANNIE N 1,033,149. 82 Temporarily restricted net assets 28 Unrestricted net assets..... 37,002 115,221 27 .AE bns EE sand lines 33 and 34. ZET 26 Total liabilities. Add lines 17 through 25.

Organizations that follow SFAS 117, check here ► X and complete lines 0 97 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 52 Unsecured notes and loans payable to unrelated third parties..... 54 24 Secured mortgages and notes payable to unrelated third parties..... 23 23 22 Payables to current and former officers, directors, trustees, key employees, inighest compensated employees, and disqualified persons. Complete Part II 22 LZ Escrow or custodial account liability. Complete Part IV of Schedule D... 12 20 Tax-exempt bond liabilities.... 20 6L Deferred revenue..... 6L Crants payable...... 81 Accounts payable and accrued expenses...... LL TST'OLO'T 91 115,221 Total assets. Add lines 1 through 15 (must equal line 34)..... 91 SL Other assets. See Part IV, line 11...... SL Intangible assets DL. PL 13 Investments - program-related. See Part IV, line 11..... 12 Investments - other securities. See Part IV, line 11...... Investments - publicly traded securities..... LL 201 b Less: accumulated depreciation 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 6 Prepaid expenses and deferred charges..... ANNETS Inventories for sale or use...... 8 Notes and loans receivable, net L organizations (see instructions)..... 9 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 9 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L...... 9 5 b Accounts receivable, net......Accounts receivable, net..... '0S9'SSL 3 Pledges and grants receivable, net 667'LLZ 7 Savings and temporary cash investments...... Cash — non-interest-bearing...... 115,221 37,002 (B) Eud of year Beginning of year Balance Sheet Part X



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	48	tibus	required	ndergo the	in fon bib noi	tesinegro	s? If the c	tibus to tibu	red au	the requi	nudergo	noitazi	the organ	bib ',esY' 1	19
X	5.5	9	gni2 ədi	ni dtrot tə	or audits as s	tibus ne	nuqergo s	required to	noite	zinegao ər	rd, was t A-133?.	al awa	of a federa	As a result of Act ar	38
		e u	o pənss	year were	nents for the					below to in the first posts of t	basis, c	lidated	ne 2a or 2 isis, conso ate basis	separate ba	S
				nislqxə ,	the tax yea	ss quring	tion proce	ses or selec	broce	oversight	either its	pəbue		f the organ n Schedule	
	X 2c X	udit,	c 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?												
	X ds		b Were the organization's financial statements audited by an independent accountant?												
X	2a			State	dent accounta	nadebni	ved by an	d or review	eliqmo	ements c	incial stat	enit s'i	oitezineg.	Were the or	787
				nie	'Other,' expl	срескед	or year or	from a pri	unting	ooos jo po	odtem eth	pəbue		t the organ n Schedule	
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1221	renue less expenses. Subtract line 2 from line 1								Vet assets o	J t					
930									Sevenue les	3 1					
DSO'TLZ		ses (must equal Part IX, column (A), line 25)							Total expen	. 2					
₽86 '	1,225,		Total revenue (must equal Part VIII, column (A), line 12).									. 1			
						art XI	A sidt ni n	iny question	s of 9s	s respons	contains	O əlul	Sk if Scheo	Сћес	

Does to Public