

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



Form 990-EZ

Department of the Treasury

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)

2012

OMB No. 1545-1150

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.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning Vecember 31,2012 2012, and ending January C Name of organization Check if applicable: D Employer identification number Address change Five Colleges Book Sale 026044797 Name change Number and street (or P.O. box, if mall is not delivered to street address) Room/suite E Telephone number Initial return 14 Franklin Hill Road 603-795-2456 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Lyme, N.H. Application pending Other (specify) ▶ H Check ▶ ☑ If the organization is not I Website: ► www.five-collegesbooksale.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ☐ 527 If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check If the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 56038 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 21 58 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . 7a C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 56039 10 Grants and similar amounts paid (list in Schedule O) 10 43000 11 11 ೫ Salaries, other compensation, and employee benefits . . . 12 12 13 Professional fees and other payments to independent contractor 13 14 Occupancy, rent, utilities, and maintenance . . 14 15 Printing, publications, postage, and shipping . . . 15 12548 16 Other expenses (describe in Schedule O) . . . 16 792 17 Total expenses. Add lines 10 through 16 17 56340 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -281 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 5638 ž 20 Other changes in net assets or fund balances (explain in Schedule O) . 20

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED WAY 0 3 2013

5357

Form 990-EZ (2012)

21

Cat. No. 106421

Form	990-EZ (2012)					Page 2
Pa	irt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[5638	22	5357
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			5638	25	5357
26	Total liabilities (describe in Schedule O)				26	0007
27	Net assets or fund balances (line 27 of column			5638		5357
Par	Statement of Program Service Accom				سنت	
	Check if the organization used Schedule	•		,	/ C	Expenses
Wha	at is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
						anizations and section
	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m					7(a)(1) trusts, optional
pers	sons benefited, and other relevant information for ea	ach program title.	s services provided	, the number of	tor	others)
28	\$8,5000 given to each college(Mt. Holyoke, Simmons		polov) for coholorohi	no to Now Home		
	shire and Vermont students.					
	Sille dia velimin stacents.					
	(Grants \$) If this amount	includes foreign gra	nte chack hara	▶ □	28	640 500
29	For assistance collecting used books-Hanover Co-o				2.00	\$42,500
	\$200; Hanover Public Library-\$100.					1
	(Grants \$) If this amount	includes foreign gra	ente chock horo		298	
30				<u> </u>	2.50	\$500
00						}

	(Grants \$) If this amount	includes foreign gra	nte chock horo		30a	.
31		includes foreign gra		· · · • ·	308	*
٠.		includes foreign gra			318	.
32	Total program service expenses (add lines 28s t	through 31a)	ins, check here .	· · ·		
32 Total program service expenses (add lines 28a through 31a)						
Par	List of Officers Directors Trustees and Key	Fmnlovees list each	one even if not com	neneated (see the ins		
Par	List of Officers, Directors, Trustees, and Key	Employees List each	one even if not com	pensated (see the ins		
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees List each O to respond to an	one even if not com	pensated (see the ins		
Par	List of Officers, Directors, Trustees, and Key	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated (see the ins Part IV	struc	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar (b) Average	n one even if not comp ny question in this (c) Reportable	pensated (see the ins Part IV	struc	ctions for Part IV)
Par	Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the ins Part IV	struc	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the ins Part IV	e (e)	tions for Part IV)
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title by Heath, Co-Chairman	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the ins Part IV	struc	tions for Part IV)
Cind	Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the ins Part IV	Struc (e)	tions for Part IV)
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the ins Part IV	e (e)	tions for Part IV)
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title by Heath, Co-Chairman	(b) Average hours per week devoted to position 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the ins Part IV	estrución (e)	tions for Part IV) Estimated amount of other compensation
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the ins Part IV	Struc (e)	tions for Part IV)
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	(b) Average hours per week devoted to position 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	censated (see the ins Part IV	estrución (e)	tions for Part IV) Estimated amount of other compensation
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0
Cind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ly Heath, Co-Chairman ly Dripchak, Co-Chairman Wood, Secretary	Pemployees List each O to respond to an (b) Average hours per week devoted to position 15hrs. 15hrs.	n one even if not compay question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	censated (see the ins Part IV	(e)	tions for Part IV) Estimated amount of other compensation 0

Part				_	
	Instructions for Part V) Check If the organization used Schedule O to respond to any question in this	Part	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	103	√	
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		1	
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		1	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-	
c	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	35c		1	
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		1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
b	Did the organization file Form 1120-POL for this year?	37b		ļ	
38a	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?	امما		' ,	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓	
39	Section 501(c)(7) organizations. Enter:	-		ı	
а	Initiation fees and capital contributions included on line 9]			
b	Gross receipts, included on line 9, for public use of club facilities	1			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶ ; section 4955 ▶				
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	40ь		1	
C	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		,	,	
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		. ,	,	
	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		✓	
41	List the states with which a copy of this return is filed ▶				
42a		03-79 03768			
h	Located at ► 14 Franklin Hill Road, Lyme, N.H. 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: ▶	72.0			
	See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		,	•	
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	Na	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	一十	162	No	
	completed instead of Form 990-EZ	44a		✓	
	completed instead of Form,990-EZ '	44b	- 1	√	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓_	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				
AEC		44d 45a		√	
45b	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," Form 990 and Schedule R may need to be completed instead of		j		
	Form 990-EZ (see Instructions)	45b	Ì	1	

Form 990)-EZ (20	012)						F	eage 4	
	-	,				<u> </u>		Yes	No	
		Old the organization engage, directly or indirectly, in political campalgn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I							,	
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the ta							or lin	L_ Y _ es		
		50 and 51 Check If the organization used Sch	adula O to respond	to any guestion i	in this Part	M				
		Check if the organization used Sci	iedule O to respond	rto any question	iii tiiiş i art	VI	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	No	
47	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								1	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								7	
		ne organization make any transfers to	•	•					1	
						ors, truste				
	(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	contribution	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other con			
None			·							
										
							<u></u>			
51	Com ₁ \$100	number of other employees pald over plete this table for the organization's ,000 of compensation from the organ and address of each independent contractor pai	s five highest compenization. If there is no	ensated independe		1	received Compensati		than	
None							<u> </u>			
							_			
									_	
							_			
					-		· · · · · · · · ·			
	Total	number of other lades and an actual	ators cook receiving	1 \$100.000						
52	Did t	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach a	? Note: All section 5	01(c)(3) organization	ons and 49	47(a)(1)				
	nalties	of perjury, I declare that I have examined this rid d complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and stat			owledge and		It is	
		Merget H. Medde	rk	The action of Which propa	roi nas any ka		2013	3		
Sign Here	Signatur of officer Date Margot H Maddock, treasurer									
	Type or print name and title									
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date Check if self-employed						
Use (Firm's name ▶		Firm's EIN ▶						
	Firm's address ► Phone no e IRS discuss this return with the preparer shown above? See instructions									
iviay lil	9 IUO	discuss this return with the preparer	SHOWIN ADDVER SEE			<u> !</u>	Yes Yes		No	

SCHEDULE A (Form 990 or 990-EŽ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer Identification number

Five Colleges Book Sale Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I c Type III-Functionally integrated b Type II **d** Type III-Non-functionally integrated e 🗆 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11**a**(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (Iv) is the organization (i) Name of supported (ii) EIN (lii) Type of organization (v) Did you notify (vi) Is the vii) Amount of monetary in col. (1) listed in your organization (described on lines 1-9 the organization in organization in col. support col. (i) of your support? above or IRC section governing document? (i) organized in the (see instructions)) No (A) (B) (C) (D) (E) Total

	(Complete only if you checked the Part III. If the organization fails to						alify under
	on A. Public Support				,		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Glfts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,855	54,703	70,973	55,500	43,000	301,031
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	76,855	54,703	70,973	55,500	43,300	301,031
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)				AND THE STATE OF T		
6	Public support. Subtract line 5 from line 4.	3個時間聯盟(3)	建产品的 提供的	- 病代 生活性がなる	hysipeth is		301,031
	on B. Total Support	1		r			
	dar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	76,855	54,703	70,973	55,500	43,300	301,031
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22	25	30	54	21	152
9	Net income from unrelated business activities, whether or not the business is regularly carried on		20	30		4.1	132
10	Other Income. Do not Include gain or loss from the sale of capital assets (Explain in Part IV.)						
11		心理技术发展的				•	301,183
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			•	ear as a section	
Secti	on C. Computation of Public Suppor						· · · ·
14	Public support percentage for 2012 (line			1. column (fl)		14	99.95 %
15	Public support percentage from 2011 Scl		•			15	99.95 %
16a	331/3% support test-2012. If the organi						
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			. ▶ ☑
b	b 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,						or more,
17a							
b	b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly						
	supported organization						
18	Private foundation. If the organization di instructions						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

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

► Attach to Form 990 or 990-EZ.

Five Colleges Book Sale	02 6044797
Part 1:line 10 Grants and Similar Amounts Paid	
Funds were provided for scholarships to each of the five colleges: Mt. Holyoke, Simmons, Smith, V	assar and Wellesley. \$8,500 was given
to each. There are no contracts or agreements with the colleges; they make decisions as to the recipie	ents of the scholarships.
The colleges and their contacts are listed below:	
Jane E. Zachary, Executive Director, Alumnae Assoc. of Mt. Holyoke College, 50 College St., South Ha	dley, M 01075-1486
Kelly Fagan, Director of Alumnae Relations, Simmons College, 300 the Fenway, Boston, MA 02115-589	8
Carrie Caldwell Brown, Alumnae Assoc. of Smith College, Alumnae House, 33 Elm St., Northhampton,	MA 01063
Susan Lohin, Wellesley College Alumnae Assoc., 106 Central St., Wellesley, MA, 02481	
Catherine Lumm, Director, Alumnae/i Relations, Vassar College, 161 College Avenue, Poughkeepsie, N	IY, 12604-0014
In addition, funds were given to local institutions that provided space for boxes for the collection of us	sed books;
\$200 to the Hanover Co-operative Society, P.O. Box 663, Hanover, NH; \$200 to Lebanon Public Librari	es, 9 Park St., Lebanon and 57 Main St.,
Lebanon, NH; and \$100 to the Howe Public Library, 13 South St., Hanover, NH.	
***************************************	••••••
	.
	······
·	
,.	