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990 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)

OMB No 1545-0047

2011

	beliefit trast of private foundation,
Department of the Treasury	
Internal Rovenue Service	The organization may have to use a copy of this return to satisfy

Open to Public Inspection state reporting requirements

FC	r the	2011 calendar year, or tax year beginning , 2011, and en	ding	, 20
		plicable C Name of organization Trust UW William W. Thayer		D Employer identification no.
Add	dress cl			02-6004336
_	me cha		Room/suite	E Telephone number
-	al retu		500	(603) 334-6938
,	minate			832,411
•	ended			G Gross receipts \$
,		pending F Name and address of principal officer Charles F Leahy		G Glass recorpts
ا ب	Jiicalioi	Same as C above	H(a) Is this a group raffiliates?	eturn for Yes 🔀 No
Tax		t status	H(b) Are all affiliates	
	bsite		If "No," attach a	list (see instructions)
			60 M State of fe	
			State of te	gai donnette 1411
Part		Summary Briefly describe the organization's mission or most significant activities Support of Design	atod Organiz	
	1	Briefly describe the organization's mission or most significant activities Support of Design	aceu Organiz	acton
G				·····
v				
e		Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25%	1	1
n a		Number of voting members of the governing body (Part VI, line 1a)		
n		Number of independent voting members of the governing body (Part VI, line 1b)		
c e		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)	6	
		Total unrelated business revenue from Part VIII, column (C), line 12		1
	b	Net unrelated business taxable income from Form 990-T, line 34	7	b
			Prior Year	Current Year
R e	8	Contributions and grants (Part VIII, line 1h)		
v e	9	Program service revenue (Part VIII, line 2g)		
n	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,92	117,01
u e	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,92	27 117,01
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,0	126,23
_	14	Benefits paid to or for members (Part IX, column (A), line 4)		
E x	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,1	37 1,12
p e		Professional fundraising fees (Part IX, column (A), line 11e)		
n		Total fundraising expenses (Part IX, column (D), line 25)	1'	
s e		Other and (Park IV and the Add Add Add Add Add Add Add Add Add Ad	19,8	20,87
s		Other expenses (Part IX, column (A), lines 1) a 1 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	135,0	
	19	Revenue less expenses Subtract line 18 from line 12/42 1 1.2012	(53,0	
			eginning of Current Year	End of Year
et isets	20	[<u>U</u>]	2,639,22	
and .	20	Total assets (Part X, line 16)	2,033,22	2,007,93
i -	21	Total liabilities (Part X, line 26)	2 630 21	26 2,607,99
ces	22	Net assets or fund balances Subtract line 21 from line 20	2,639,22	2,607,9
Pair		Signature Block of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno	wdedge and belief it is	<u> </u>
		d complete Declaration of pupparer (other than officer) is based on all information of which preparer has any knowledge	miedge and belief, it is	
<u> </u>		11/19/1		(- a) a
္ ign		- Chale Coly		5-06-201
1911		Signature of officer	<u>.</u>	210
ere	•	Charles F. Leahy, Trustee		
		Type or print name and title		-
aid		Print/Type preparer's name Preparer's signature Date	Check X f	PTIN
		Dawn E Whiting 03-18-2012	self-employed	P00650823
ron	arer		Firm's EIN ▶26	-1417495
ICH	Only	Firm's address > 93 North Water Street	Phone no	
				COO 40C 07E0
Jse	,	Boscawen NH 03303		603-496-2753

'Form	n 990 (2011) Trust UW William W. Thayer	02-6004336	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		_
	Support of Designated Organization		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes [X No
	If "Yes," describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes [X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	unt of	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 126,239 including grants of \$ 126,239) (Revenue	\$)
	City of Concord Public Library		
	45 Green Street		
	Concord, NH 03301		
			-
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
4c	(Code) (Expenses \$ Including grants of \$) (Revenue	\$)
			·
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 126,239		

02-6004336 'Form 990 (2011) Trust UW William W. Thayer Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? if "Yes." 2 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 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 98-197 If "Yes," complete Schedule C. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," R X 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," X 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 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

17

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X b 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 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 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV........ 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Part V	State	ements I	Regarding	Other	IRS	Filings	and	Tax	Complian	ce

	Check if Schedule O contains a response to any question in this Part V			
	A CONTRACTOR OF THE CONTRACTOR		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	`		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		 ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		_ <u>X</u> _
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3.7
	organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	- 00		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			- 11
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		, ,	,
11	Section 501(c)(12) organizations. Enter	.	,	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	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			1
С	Enter the amount of reserves on hand	44		
14a		14a	_	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ıs		
_	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	•	,	
	If there are material differences in voting rights among members of the governing body, or	'		
	If the governing body delegated broad authority to an executive committee or similar		-	1
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			[
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following]
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u> _	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
4.			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-		٠,,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	425		
13		12c		37
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	-14		<u>X</u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15a		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		.		
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Charles F. Leahy (603)334-6938 11 S Main Street Concord, NH 03301			

Form 990 (201	11) Trust	UW William W	v. Thayer			02-60	704336	Page
Part VIII	Compensation of	Officers, Dire	ctors, Trustees	, Key Employ	ees, Highest	Compensated	Employees	, and
	Independent Con	tractors						
	Check if Schedule O co	ontains a response	to any question in t	this Part VII				\sqcap

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	ated organization compensated any current of (B) (C)							(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	nrinrfelelom odursufygmpr liseltsi hplm			F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
(1) Charles F Leahy			<u> </u>			l				
Trustee	1.00	Х		Х				1,121	0	0
(2) John C Ransmeier										
Trustee (3)	1.00	X						C	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)				<u> </u>						
(9)				-						
(10)					-					
(11)										
(12)										
(13)						 				
(14)										

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Part VII	Section A. Officers, Directors, Trustee		oyees,	and			st Con	per				
•	(A) Name and Title	(B) Average			-	C) lition			(D) Reportable	(E) Reportable	1	(F) nated
,	Name and Title	hours per			eck m	ore th	nan one		compensation	compensation from	I	unt of
·		week (describe			-		s both an ustee)		from the	related organizations		her nsation
		hours for	1 1 d	l t	0	к	Нсө	F	organization	(W-2/1099-MISC)		n the
		related	n r ı	ln r		e y	ı o m	0	(W-2/1099-MISC)		-	nzation elated
		organizations in Schedule	ı s e	t s	C	יסו	g m p h p l e e o	e m			I	izations
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	tal		• • •	• •	• •	• •	• • •					
	om continuation sheets to Part VII, Secti		• • •		• •	• •	• • •		1,121		0	0
2 Total n	add lines 1b and 1c)	d to those liste	ed abo	ve) v	who	rece	eived n	nore		il	<u> </u>	<u> </u>
	ole compensation from the organization	a (0 (1)000 110(,							0	
											Ý	es No
3 Did the	organization list any former officer, director	or trustee, ke	y emp	loye	e, o	r hıg	hest c	omp	ensated		Z.O.	7
	ee on line 1a? If "Yes," complete Schedule										. 3	X
	individual listed on line 1a, is the sum of re											
	ation and related organizations greater than						chedul	e J f	for such		20,212	
	al						• • •	• •			. 4	X
•	person listed on line 1a receive or accrue of ices rendered to the organization? If "Yes,"	•		-			-				. 5	
	Independent Contractors	complete Sch	euule .	3 101	Suc	ii pe	513011	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·		X
	ete this table for your five highest compensa	ted independe	nt con	trac	tors	that	receiv	ed r	nore than \$100,00	0 of		
•	nsation from the organization Report compe	· · · · · · · · · · · · · · · · · · ·										
year	3				•		·		J			
	(A)								(B)		(C)
	Name and business addre	ss							Description of s	ervices	Compens	ation
									 			
									 			
2 Total n	umber of independent contractors (including	but not limite	d to the	084	liete	d ah	nove) u	vho.	<u> </u>		利用品质	-969-5°
	d more than \$100,000 of compensation from		_			- aL	.5.5, 4) 王建建建	等了第 法

Part \	/111	Statement of Revenue			- /A\	(D)	(C)	(D)
	٠			3 3 4	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
Contn-	b	Membership dues	1b					
		Fundraising events	1c					į
butions, Gifts,		Related organizations	1d					į
Grants		Government grants (contributions)	1e					
and Other		All other contributions, gifts, grants,	- 					
Similar	'	and similar amounts not included above	1f					
Amounts			$\overline{}$					
	g	Noncash contributions included in lines 1						1
	n	Total. Add lines 1a-1f	• • • •	Business Code				
	_		}	Business Code				
	2a		 					
Program	b		}					
Service	С							<u> </u>
Revenue	d							
	е				<u>- 1130</u>		ļ · · · · · · · · · · · · · · · · · ·	
	f	All other program service revenue	• • •					
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, if and other similar amounts)			78,717			78,717
	4	Income from investment of tax-exempt bo	nd prod	eeds 🕨				
		Royalties						
		(ı) Rea		(II) Personal				
	6a	Gross rents						
		Less rental expenses						
		Rental income or (loss)						
	i .	Net rental income or (loss)		>				
	1			(II) Other				
	/a	Gloss amount nom sales of	3,694					
	١.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,
	D	Less cost or other basis and sales expenses 715	5,396			•		
0	_		3,298					
t h	7	Net gain or (loss)		<u> </u>	38,298			38,298
e		Gross income from fundraising	• • •	· · · · · · · ·	30,200			
r	oa	· · · · · · · · · · · · · · · · · · ·						
R		events (not including \$						
e	Ì	of contributions reported on line 1c)	_			}		
V	١.	See Part IV, line 18			ł	ļ.		<u> </u>
e n		Less direct expenses		L		1		ļ
u		Net income or (loss) from fundraising eve	nts .		<u> </u>	 		
е	9a	Gross income from gaming activities				1		
		See Part IV, line 19				-		
		Less direct expenses		L			<u> </u>	
	C	Net income or (loss) from gaming activities	s	P				
	10a	Gross sales of inventory, less returns and allowances	. а					
	b	Less cost of goods sold	. b			ļ 	L	
	c	Net income or (loss) from sales of inventor	ory					
		Miscellaneous Revenue		Business Code				
	11a							
	ь							
	С							
	d	All other revenue						
	1	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		▶	117,015		o (117,015

* Form 990 (2011)

Part IX Statement of Functional Expenses

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

	. Check if Schedule O contains a response to any ques				
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and	1			
	organizations in the United States See Part IV, line 21.	126,239	126,239		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u> </u>
3	trustees, and key employees	1,121		1,121	
e	Compensation not included above, to disqualified				
6					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				. <u> </u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,100		1,100	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees	16,107		16,107	· -
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	·			
15	Royalties				
16	Occupancy				
17	Travel	·			
18	Payments of travel or entertainment expenses				
10	•				
19	for any federal, state, or local public officials				
. •					<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.100		2 100	
23	Insurance	2,100		2,100	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Foreign Tax Paid	1,439		1,439	
þ	ADR Fee	52		52	
С	NH Annual Report	75		75	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	148,233	126,239	21,994	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
					Form 000 /2011)

Fait		Daidlice Sileet	(4)		(0)
	•		(A)		(B)
			Beginning of year		End of year
1	1	Cash - non-interest-bearing	00 674	1	0.65 400
	2	Savings and temporary cash investments	29,674	2	267,489
ĺ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
1		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,		
A S		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)		6	
e t	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
Ì	11	Investments - publicly traded securities	2,609,552	11	2,340,508
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	, . 	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,639,226	16	2,607,997
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities		20	
а	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
b	22	Payables to current and former officers, directors, trustees, key	•		
i		employees, highest compensated employees, and disqualified persons			
i		Complete Part II of Schedule L		22	
t i	23	Secured mortgages and notes payable to unrelated third parties		23	
e	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
S	25	Other liabilities (including federal income tax, payables to related third			··
		parties, and other liabilities not included on lines 17-24) Complete Part X			
1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and complete		 	
NF		lines 27 through 29, and lines 33 and 34.			
e u	27	Unrestricted net assets		27	
t n	28	Temporarily restricted net assets		28	
Α	29	Permanently restricted net assets		29	
s B s a		Organizations that do not follow SFAS 117, check here ▶ ☒ and		 	
s a e l		complete lines 30 through 34.		1	
t a	30	Capital stock or trust principal, or current funds		30	
s n C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	.
о е	32	Retained earnings, endowment, accumulated income, or other funds	2,639,226	32	2,607,997
rs	33	Total net assets or fund balances	2,639,226	33	2,607,997
	34	Total liabilities and net assets/fund balances	2,639,226	34	2,607,997
		EEA	_,,,		Form 990 (2011)

Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	· • • ·	· · ·	<u>. X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		117,	
2	Total expenses (must equal Part IX, column (A), line 25)		148,	
3	Revenue less expenses Subtract line 2 from line 1		(31,	218)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,6	539,	226
5	Other changes in net assets or fund balances (explain in Schedule O)			(11)
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	2,6	507,	997
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	. .		. 🗆
-			Yes	No
1	Accounting method used to prepare the Form 990 💢 Cash 🔲 Accrual 🔲 Other			
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	and the second s	2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
a	issued on a separate basis, consolidated basis, or both			
٥-				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a	-	
	the Single Audit Act and OMB Circular A-133?	Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	2		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	I	1

EEA

Trust UW William W. Thayer

· Form 990 (2011)

02-6004336

Page **12**

Form 990 (2011)

· SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ.

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

► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Tru	st	UW William W.	Thayer						02-6	004336			
Pa	rt I	Reason for	Public Charity	Status (All organiza	ations mus	t complete	this part)	See instr	uctions				
The	orga	nization is not a priva	te foundation beca	use it is (For lines 1 thr	ough 11, c	heck only	one box)						
1		A church, conventio	n of churches, or a	issociation of churches of	described i	n section	170(b)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	ıle E)								
3		A hospital or a coop	erative hospital se	rvice organization descri	ıbed ın se d	tion 170(t	o)(1)(A)(iii)	•					
4		A medical research	organization opera	ited in conjunction with a	a hospital c	lescribed ii	n section	170(b)(1)(A)(iii). Ent	er the hos	pital's na	ame,	
		city, and state											
5		An organization ope	rated for the benef	fit of a college or univers	ity owned	or operated	d by a gove	ernmental	unit desci	ribed in			
		section 170(b)(1)(A)(iv). (Complete Pa	art II)									
6		A federal, state, or l	ocal government o	r governmental unit des	cribed in s	ection 170	(b)(1)(A)(v	/).					
7		An organization that	normally receives	a substantial part of its	support fro	m a gover	nmental u	nit or from	the gener	al public			
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust d	lescribed in sectio	n 170(b)(1)(A)(vi). (Com	nplete Part	II)							
9		An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from co	ontribution	s, membe	rship fees	, and gross	5		
		receipts from activiti	ies related to its ex	empt functions - subject	t to certain	exceptions	s, and (2) r	no more th	nan 33 1/3	% of its			
		support from gross	investment income	and unrelated business	taxable in	come (less	s section 5	11 tax) fro	m busines	sses			
		acquired by the orga	anization after June	e 30, 1975 See section	509(a)(2).	(Complete	e Part III)						
10		An organization organization	anized and operate	ed exclusively to test for	public safe	ety See se	ction 509	(a)(4).					
11	X	An organization org	anized and operate	ed exclusively for the bei	nefit of, to	perform the	e functions	of, or to	carry out th	ne			
		purposes of one or	more publicly supp	orted organizations des	cribed in se	ection 509((a)(1) or se	ction 509	(a)(2) See	section			
		509(a)(3). Check the	e box that describe	es the type of supporting	organızatı	on and cor	mplete line	s 11e thro	ugh 11h				
		a 🗌 Type I	b 🗌 Тур	_	Type III					🔀 Typel	II-Other		
е	X	By checking this bo	x, I certify that the	organization is not contr	olled direc	tly or indire	ectly by one	e or more	dısqualıfie	d			
		persons other than	foundation manage	ers and other than one o	r more put	olicly suppo	orted organ	nizations o	lescribed i	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written d	etermination from the IR	RS that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check	this box										[
g		Since August 17, 20	006, has the organ	zation accepted any gift	or contrib	ution from	any of the						
		following persons?											
				y controls, either alone o								Yes	No
		and (III) below,	the governing bod	ly of the supported organ	nization?						11g(i)		Х
		(ii) A family memb	er of a person des	scribed in (i) above?							11g(ii)		X
		(iii) A 35% controll	ed entity of a perso	on described in (i) or (ii)	above? .						11g(iii)		Х
h	I	Provide the followin	g information abou	it the supported organiza	ation(s)								
	(ı) I	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Did yo	-	(vi)			Amount	of
		organization		(described on lines 1-9 above or IRC section	governing of		the organi col (i)		organizati (i) organiz		*	upport	
				(see instructions))			supp	oort?	U	S ?			
				<u> </u>	Yes	No	Yes	No	Yes	No			
(A)						1		ı					
Cit	ty c	f Concord, Pub	02-6000177	8	X		X		X		<u> </u>	126,2	239
(B)													
(C)									1				
											ļ		
(D)							1						
		·-·			1	L			ļ	ļ			
(E)													
					_	ļ			ļ			<u>.</u>	
Tot	al		I	i	1	1	1	I	1	I	1	126,2	ود،

· SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection Employer identification number

Name	of the organization	Employer identification number
Trı	ast UW William W. Thayer	02-6004336
Pa		or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	Yes No
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education) Preservation of an historic	cally important land area
	Protection of natural habitat Preservation of a certified	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation
-	easement on the last day of the tax year	
	easoment on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	` <u> </u>
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
u	structure listed in the National Register	_ 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	·
•	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ŭ	violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
•	b	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during th	e vear
•	S	- ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense s	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	
	the organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
تتنا	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	0540,440,400,050	ent and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶s
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	-
а	Revenues included in Form 990, Part VIII, line 1	▶ s
b		· · · · · · · · · · · · · · · · · · ·
-		· · · · · · · · · · <u></u>

Part VI Land, Buildings, and Equipment	. See Form 990, Part	X, line 10		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
la Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial	derivatives	•		
(2) Closely-h	neld equity interests	•		
(3) Other			<u></u>	
(A)		_		
(B)				
(C)				
(D)				
(E)		-		
(F) (G)		-		·
(H)				
(l)		- 		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				<u></u>
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets. See Form 990, Part X, I	ine 15		
	()	a) Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)	11			
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, col. (B) lin		>	
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Book value		
	al income taxes		-	
(2)			1	
(3)			†	
(5)			†	
(6)				
(7)			1	
(8)]	•
(9)			_	
(10)			_	
(11)			4	
Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> </u>	

Par		Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ements
1	Total	revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total	expenses (Form 990, Part IX, column (A), line 25)	2
3.	Exces	ss or (deficit) for the year Subtract line 2 from line 1	3
4	Net u	nrealized gains (losses) on investments	4
5	Dona	ted services and use of facilities	5
6	Inves	tment expenses	6
7	Prior	period adjustments	7
		(Describe in Part XIV)	8
		adjustments (net) Add lines 4 through 8	9
		ss or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
Par	t XII		
1		revenue, gains, and other support per audited financial statements	1
		unts included on line 1 but not on Form 990, Part VIII, line 12	
		nrealized gains on investments	
		ted services and use of facilities	
С		veries of prior year grants	- i
d		(Describe in Part XIV)	
е		ines 2a through 2d	2e
3		act line 2e from line 1	3
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	<u>.</u>
а		tment expenses not included on Form 990, Part VIII, line 7b	<u>-</u> '
b		r (Describe in Part XIV)	
С		ines 4a and 4b	4c
5		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
	t XIII		
1		expenses and losses per audited financial statements	1
2		unts included on line 1 but not on Form 990, Part IX, line 25	1320
a		ted services and use of facilities	- - -
b		year adjustments	-
C			-
d		r (Describe in Part XIV)	
e		ract line 2e from line 1	3
3 4		unts included on Form 990, Part IX, line 25, but not on line 1:	
ъ а		street expenses not included on Form 990, Part VIII, line 7b	- ` ,
a b		r (Describe in Part XIV)	- . ' .
		ines 4a and 4b	4c
5		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	t XIV	The state of the s	. ,
		his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b)
		rt V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	
		provide any additional information	
			···-
			
_			

Trust UW William W. Thayer

* Schedule,D (Form 990) 2011

02-6004336

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SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public 2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service			•	► Attach to Form 990.				Upen to rubilic
Name of the organization							Employer identification number	umber
Trust UW William W. Thayer	W. Thayer						02-6004336	
Part General Information on Grants and Assistance	ormation on Gran	s and Assistance						
1 Does the organization maintain records to substantiate the amount of the	on maintain records t	substantiate the amo	unt of the grants or as	sistance, the grantee	he grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and		
the selection criteria	the selection criteria used to award the grants or assistance?		•			•	•	. XI Yes \(\Bar\) No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the organization's pro	cedures for monitoring	the use of grant funds	in the United States				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	Other Assistance	to Governments a	nd Organizations i	n the United State	s. Complete if the or	ganization answered "	Yes"	
to Form 990	, Part IV, line 21, fc	or any recipient that i	received more than	\$5,000 Check thi	s box of no one recipi	to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000.	. \$5,000 אַ	
Part II can b	e duplicated if add	Part II can be duplicated if additional space is needed	ed	•			•	□
1 (a) Name and address of organization	forganization	(B) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant

(a) Iranio and address of organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1)Concord Public Library 41 Green Street 03301	02-6000177	Gov	126,239	,			General
Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table) and government organ	izations listed in the line 1 table	1 table				
For Panerwork Reduction Act Notice see the Instructions for Form 990	the Instructions for Fo						School (Com 000) (2011)

As such, the use o: Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance The supporting organization, the Concord Public Library has no restrictions on how they use the funds from this trust. The Concord Public Library is part of the City of Concord, NH, a government municipality 02-6004336 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance ā (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients Trust UW William W. Thayer Monitoring procedures (Part I, line 2) the funds is not monitored. (a) Type of grant or assistance Schedule I (Form 990) (2011) श्रियम् 🎹 ιO 9 က 4

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

2011

OMB No 1545-0047

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Name of the organization 02-6004336 Trust UW William W. Thayer 01. Form 990 governing body review (Part VI, line 11) As explained in prior questions, this is a trust managed by trustees. The activities of the trust are monitored by the 6th Circuit - Probate Division - Concord Court located at 163 North Main Street, Concord, NH 03301. 02. CEO, executive director, top management comp (Part VI, line 15a) Form 990, Part VI, Line 15A - Compensation Process for Top Official Trustee compensation is reviewed and approved by the 6th Circuit - Probate Division -Concord Court located at 163 North Main Street, Concord, NH 03301. 03. Governing documents, etc, available to public (Part VI, line 19) Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available at the office listed during normal business hours upon The tax return is available on-line at www.guidestar.org. 04. Explanation of other changes in net assets or fund balances (Part XI, line 5) Rounding