## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

► The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending 20 B Check if applicable: C Name of organization D Employer identification number Association for the Study of Literature and Environment 54-1640944 Address change Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 502 603-357-7411 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Keene, NH 03431-0502 Number > Application pending G Accounting Method: ✓ Cash ☐ Accrual H Check ► ☑ if the organization is not Other (specify) Website: ▶ www.asle.org required to attach Schedule B J Tax-exempt status (check only one) — ✓ 501(c)(3) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Lifthe 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. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 guestion in this Part I. Contributions, gifts, grants, and similar amounts received . . . . . 1 2,637 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . . . 3 59,230 4 1,637 4 5a 0 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . **5b** 0 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 Revenue 6a 0 Gross income from fundraising events (not including \$0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . 7a 0 7b 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . 7c 8 175 8 63,679 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . 9 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members . . . . . . . . . . 11 11 12 47,060 Salaries, other compensation, and employee benefits . . . . . . 12 13 1,653 Professional fees and other payments to independent contractors . . . 13 430 14 14 15 Printing, publications, postage, and shipping . . . . . . . . . . . 12,394 15 16 11,126 16 Total expenses. Add lines 10 through 16 . . . . . . . . . . . . . . . 72,663 17 17 18 18 (8.894)Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 214,324 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . 3.538 20

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

21 208,878

Pai			2002 Annich (1920)	5				
760	Check if the organization used Schedule	O to respond to a	······································	490		(R) Ford of years		
			<u>0_2</u>	(A) Beginning of year	33	(B) End of year		
22	Cash, savings, and investments		· · · · · · <del> -</del>			08,878		
23	Land and buildings		0		<b>23</b> 0			
24	Other assets (describe in Schedule O)		0		<b>24</b> 0			
25	Total assets		· · · · · · · <del>  ·</del>			08,878		
26	Total liabilities (describe in Schedule O)	(D)	0		<b>26</b> 0	00.070		
27	Net assets or fund balances (line 27 of column		<del></del>		27 20	08,878		
Par		50 850				Expenses		
	Check if the organization used Schedule					uired for section		
What	t is the organization's primary exempt purpose?	Education, promoting	role of environment in	interature		c)(3) and 501(c)(4) nizations and section		
as m	ribe the organization's program service accomplist neasured by expenses. In a clear and concise months on the concise months benefited, and other relevant information for ea	anner, describe the	f its three largest pr e services provided	ogram services, , the number of	4947	(a)(1) trusts; optional hers.)		
28	ISLE Journal: Premier journal in its field, publishes schol		infiction, and poetry. 4 I	ssues per year		[		
	(print and online), distributed to 1328 ASLE members, ap							
	access, and available free or reduced rate in developing							
		includes foreign gra		▶ 🗇	28a	13,758		
29	Website and Online Activities: Members and general pu			veb resources,				
	such as a syllabi database, bibliographies on environme							
	graduate student handbook & mentoring program., Face							
		includes foreign gra		▶ 🗆	29a	9,653		
30	ASLE News: Association newsletter, electronic publication			nd also				
	available on the website as a PDF. Published 4 times pe							
	(Grants \$ ) If this amount	includes foreign ar	ants, check here .	▶ 🗆	30a	4,778		
31	Other program services (describe in Schedule O)							
38				▶ □	31a	2,989		
32					32	31,178		
		through 31a)						
	Total program service expenses (add lines 28a	through 31a) Femployees List each	h one even if not com	oensated (see the ins Part IV				
	Total program service expenses (add lines 28a til V List of Officers, Directors, Trustees, and Key	through 31a) Femployees List each	h one even if not com	pensated (see the insert IV	struct • (e)	ions for Part IV)		
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Part	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		✓
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Γ.,	Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	\ \	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		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		1
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		J
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		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Year" name lots Cabadida L. Part II and notes the total answer time to the local loc	38a		<b>√</b>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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:			į
	section 4911 $\triangleright$ 0 ; section 4912 $\triangleright$ 0 ; section 4955 $\triangleright$ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ř	<b>√</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		Ť
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Amy McIntyre  Telephone no. ► 603-3			· 
h	Located at ► 26 Barker Street, Keene, NH2404 ZIP + 4 ► 0343° At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1-2404		NI-
U	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: ▶	120		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. )	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form $990\text{-EZ}$	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	44d		>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
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 Form 990-EZ (see instructions)	45b		J

rom 99	00-EZ (2012)				11211 0		P	age
	The A theorem was to be a second as a second as						Yes	No
46	Did the organization engage, directly or i	ndirectly, in political of	ampaign activities on	behalf of or in oppo	sition		50.65 61	
Part	to candidates for public office? If "Yes,"	complete Schedule C	, Pan I	· · · · · · ·		46		Y
alt		s only	otions 47 40h and	50 I I - I - I				
	All section 501(c)(3) organization 50 and 51	is must answer que	suons 47-490 and	52, and complete	tne tat	nes t	or line	!S
	Check if the organization used So	hedule () to respond	to any question in t	hic Dart \/I				
	ones, it are organization acoustic	module o to respond	r to any question in t	instant vi	• •	• •	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during th	e tax	Γ	162	IVO
	year? If "Yes," complete Schedule C, Pa	rt II			·	47	.	V
48	Is the organization a school as described in	in section 170(b)(1)(A)(i	i)? If "Yes." complete !	Schedule F		48	-	i
49a	Did the organization make any transfers				•	49a		Ť
b	If "Yes," was the related organization a s	ection 527 organization				49b		
50	Complete this table for the organization's	s five highest comper	sated employees (oth	er than officers, dire	ctors.	ruste	es and	l ke
	employees) who each received more tha	n \$100,000 of compe	nsation from the organ	nization. If there is no	one, en	ter "N	one."	
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,				50 40
	paid more than \$100,000	hours per week	compensation	contributions to employe benefit plans, and deferre		<ul> <li>Estimated amount or other compensation</li> </ul>		
		devoted to position	(Forms W-2/1099-MISC)	compensation			P-0.10-40	
NON		3/10 3/11						
						835		- 85
<del></del>					8			
			0-9-300					
	·							
		_						
f	Total number of all	A.00.000			<u> </u>	-		
	Total number of other employees paid ov		. >					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independent	contractors who ea	ch rece	eived	more	tha
30			one, enter "None."					
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	ice	(c) Comp	ensatio	n	
NON								
					27		<del></del>	-
			ł	1				
				1				
					March			
					2			
					2			-
					-			
								-
d	Total number of other independent contra				Ö			
	Did the organization complete Schedule	A? Note: All section 5	01(c)(3) organizations	and 4947(a)(1)	Ö			
52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? <b>Note</b> : All section 5 a completed Schedul	01(c)(3) organizations e A	<u></u>	▶ ⊭	Ýes		
52 nder p	Did the organization complete Schedule, nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this	A? <b>Note</b> : All section 5 a completed Schedul	01(c)(3) organizations e A	ents and to the hest of my	▶ ⊭			
52 nder p	Did the organization complete Schedule nonexempt charitable trusts must attach	A? <b>Note</b> : All section 5 a completed Schedul	01(c)(3) organizations e A	ents and to the hest of my	▶ ⊭			
52 nder pi ue, cor	Did the organization complete Schedule nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this rect, and complete. Declaration of pregarer (other than	A? <b>Note</b> : All section 5 a completed Schedul	01(c)(3) organizations e A	ents, and to the best of my las any knowledge.	▶ ⊭			
52 Inder p	Did the organization complete Schedule, nonexempt charitable trusts must attach enalties of perjury, I declare that I have examined this	A? <b>Note</b> : All section 5 a completed Schedul	01(c)(3) organizations e A	ents and to the hest of my	▶ ⊭			

Preparer's signature

Date

Print/Type preparer's name

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

Firm's name

Firm's address ▶

**Paid** 

Preparer

**Use Only** 

PTIN

Check if self-employed

Firm's EIN 🕨

Phone no.

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury 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

Open to Public Inspection

	of the organization	12						Employer id	dentificatio	n number	,
	ciation for the Study							4-1640944			
Par			rity Status (All orga						nstructio	ons.	
The c 1 2 3	A church, con	vention of churc ribed in <b>section</b>	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attao spital service organiza	churches ch Schedi	s describe ule E.)	ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).		
4	A medical resentation hospital's name	earch organizatione, city, and stat	on operated in conjune e:	ction with	a hospit	al descrit	oed in <b>se</b>	ction 17			
5		on operated for )(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit d	escribed in
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ 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 t	trust described i	n <b>section 170(b)(1)(A</b>	<b>(vi).</b> (Cor	nplete Pa	ırt II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrelater June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	ertain ex xable inc	ceptions come (les	s, and (2) ss sectio	no more	e than 33	31/3% of its
10 11	An organization	on organized ar one or more pub	d operated exclusively and operated exclusive plicly supported organ describes the type of	ely for th	ie benefit described	t of, to p	perform to ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). S	
e f g	other than fou or section 509 If the organization, organization, of Since August	indation manage (a)(2). ation received a check this box 17, 2006, has t	II c Type III that the organization ers and other than one a written determination the organization accept	is not cole or mare on from t	ntrolled depublicly the IRS to	irectly or supporte hat it is	indirectled organial	y by one izations o	described II, or Typ	disqualifi I in sectio	ed persons on 509(a)(1)
		who directly or i	ndirectly controls, eithody of the supported of							nd 11g(i)	Yes No
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in ion about the support	(i) or (ii) a	above? .					11g(ii) 11g(iii)	1
(i) I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	(i) listed in your ning document?  (ii) listed in your the organization in col. (i) of your support?		nization in of your			(vii) Amount of moneta support	
			(ess mor astrono)	Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)		•			1						
(E)											
Total	•										

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . levied revenues for 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 . . . . Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4. S

ecti	on B. Total Support						24	
alen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	al
7	Amounts from line 4	2 2004 20042 1 00000 00						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10					12	1400000 COCCOCCOCC	
12	Gross receipts from related activities, etc					12	·	<u>,,                                   </u>
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon		1000			,) - 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	e	10 15				
14	Public support percentage for 2012 (line			1, column (f))		14		%
15	Public support percentage from 2011 Sch	nedule A, Part	II, line 14 .			15		%
16a	331/3% support test - 2012. If the organi				d line 14 is 331	/3% or more, of	check this	
	box and stop here. The organization qua	355 75 <b>3</b> 50	1001	70. <del></del>				
b	331/3% support test-2011. If the organ					e 15 is 33½%	or more,	_000
	check this box and stop here. The organ	ization qualifie	es as a publicly	supported org	janization .	14 14 141 141 1	>	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b>	Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization m	tion meets the	e "facts-and-c	ircumstances"	test, check th	nis box and s	top here.	
	supported organization	N 281 281 B					🕨	
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	
	instructions		<u> </u>		<u> </u>		🕨	
	NO. OF THE PROPERTY OF THE PRO			46	Scl	hedule A (Form 99	90 or 990-EZ)	2012

### Part III

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to qualify	under the t	esis listed be	low, please c	ompiete Par	. 11.)	
	on A. Public Support			26 Sel Sil			
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees			0.40 30			
		61,477	83,171	60,605	64,418	61,867	331,538
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	0	113,912	o	211,201	o	325,113
2		0	113,312	U	211,201	0	323,113
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	575	950	200	275	175	2,175
4	Tax revenues levied for the	12					
	organization's benefit and either paid						ij.
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
300 <del>7</del> 00	furnished by a governmental unit to the						
		0	lo	0	0	О	0
~					(1.75)	1000	-
6	Total. Add lines 1 through 5	62,052	198,033	60,805	275,894	62,042	658,826
7a	Amounts included on lines 1, 2, and 3						6
	received from disqualified persons .	5,000	4,720	1,217	2,956	1,376	15,269
b	Amounts included on lines 2 and 3					8	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	101	o	o	lo	lo	lo	0
	Add lines 7a and 7b	5.000	4,720	1,217	2.956	1,376	15,269
		5,000	4,720	1,217	2,956	1,376	15,269
8	Public support (Subtract line 7c from						
	line 6.)	2 27 <u>2</u> 0					643,557
Secti	on B. Total Support	8	18025000				
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	62,052	198,033	60,805	275,894	62,042	658,826
10a	Gross income from interest, dividends,	**		1 - 5			
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,160	1,705	2,569	0.335	1,637	9,396
190	848	1,100	1,705	2,369	2,325	1,037	9,390
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				8		
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	1,160	1,705	2,569	2,325	1,637	9,396
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
		o	0	0	lo	0	o
40				+			-
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets						0
	(Explain in Part IV.)	U	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	63,212	199,738	63,374	278,219	63,679	668,222
14	First five years. If the Form 990 is for the	he organization	n's first, seco	nd, third, fourt	h, or fifth tax	year as a secti	on 501(c)(3)
	organization, check this box and stop he	457					▶ □
Secti	on C. Computation of Public Suppo						
				19 001 (6)		. <b>15</b> 96.31	0/
15	Public support percentage for 2012 (line			170000			%
16	Public support percentage from 2011 Sc					. <b>16</b> 96.04	%
Secti	on D. Computation of Investment In					· • • • • • • • • • • • • • • • • • • •	
17	Investment income percentage for 2012	(line 10c, colu	mn (f) divided	by line 13, colu	ımn (f))	. 17 1	%
18	Investment income percentage from 201					. 18 1	%
19a	331/3% support tests-2012. If the organ					·	<del></del>
	17 is not more than 331/3%, check this box						
ji.	331/a% support tests—2011. If the organiz		100m	NAC		1970	and the second s
b							
	line 18 is not more than 331/3%, check this					3 W	and the second s
20	Private foundation If the organization d	id not check s	hav an line 1.	1 100 or 10h	chack this ha	v and eap inetr	lictions -

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2012

**Employer identification number** 

Open to Public Inspection

OMB No. 1545-0047

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.

Part I, Line 8, Other Revenue: Mailing list rented to nonprofit/university press: \$175	
Part I, Line 16, Other Expenses, totaling \$11,126: Banking Fees: \$2,227, Travel/Business Meeting: \$4,127,	Insurance: \$1,376, Conferences: \$2,989
Computer Software: \$210, Supplies \$197	
Part I, Line 20, Changes in net assets or fund balances: Unrealized gain on investments carried at market value	ue, \$3,538
Part III, Line 31, Other Program Services	
MLA Reception: ASLE Held small reception to create a professional networking opportunity and forum for inte	llectual exchange at the Modern
Language Association Annual Meeting. \$489	
WLA Reception, Speaker sponsor: ASLE held a reception at the opening of the WLA to celebrate its 20th ann	iversary and to create a professional
networking opportunity and forum for intellectual exchange and bring environmental writer Annette Kolodny	to the annual Western Literature
Association meeting: \$2,500	
Part V, Other Information, Line 34: Changes made to the organizations governing documents:	
Eliminated reference to publication schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as they have changed over time and meaning the schedule of journal and newsletter as the schedule of jo	nay again
Establishment of a standing budget committee and term length and guidelines for appointing the members of	the committee
Revision of elections procedure paragraph to reflect a shift from primarily mail-based to online voting process	<u> </u>
Clarification of the term of office for Diversity Officer to include serving one year as Past Diversity Officer	