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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

Fo	or ca	lendar year 2013 or tax year beginning		, 2013	, and ending]	, 20
	Name	of foundation				A Employer ident	ification number
	CLI	O, VISUALIZING HISTORY, INCO	RPORATED			03-03556	60
	Numb	er and street (or PO box number if mail is not delivered	d to street address)		Room/suite	B Telephone num	ber (see instructions)
						(8	02) 985-3575
_	P.0	. BOX 190					
_	City o	r town, state or province, country, and ZIP or foreign po	stal code		I		
	•					C If exemption appli	cation is
	SHE	LBURNE, VT 05482				pending, check he	re
_		eck all that apply Initial return	Initial return of	of a former r	ublic charity	, _	
G	Crie	Final return	Amended ret	•	Jublic Charity	D I Torongin organiz	
		- 1				2 Foreign organia 85% test, check	tations meeting the there and attach
_	Cha	Address change eck type of organization X Section 501(Name change			computation .	▶∟
'n	_					E If private foundati	on status was terminated
1		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			under section 507	(b)(1)(A), check here . P
ı			unting method X Ca	ash Acc	rual		is in a 60-month termination
			ther (specify)			under section 507	(b)(1)(B), check here . ►
_			column (d) must be on	cash basis.)	T		
L	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	incon	ľ	income	purposes
_		column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	90,843.				^ .
	2	Check ► if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5 a	Gross rents					
	l .	Net rental income or (loss)					
a		Net gain or (loss) from sale of assets not on line 10					,
5	b	Gross sales pnce for all					
Revenue	7	Capital cain net income (from Part) VEine 2)			1		
ď	8	Capital gain net income (from Rant V Tine 2). Net short-term capital gain					
	9	Income modifications · · · · · · · · · · · · · · · · · · ·	8			 ;	
	_	Gross sales less returns NOV 1 0 2014	Ŕ				
	۱ ۲	and allowances					
		Less Cost of goods said					
		Gross profit or loss) (attach schedule) UT Other income (attach schedule)					
	11	Total. Add lines 1 through 11	90,843.				
_	12		0 0 7 0 1 0 0			<u> </u>	
	م ما	Compensation of officers, directors, trustees, etc	<u> </u>				
es	14	Other employee salaries and wages					-
ë	15	Pension plans, employee benefits			-		
Administrative Expenses	16 a	Legal fees (attach schedule)	1,050.				
е	b	Accounting fees (attach schedule)ATCH 1	1,030.			·	 -
≩	С	Other professional fees (attach schedule)	,				
ij	17	Interest					ļ
Ë	18	Taxes (attach schedule) (see instructions)	77				
Ξ	19	Depreciation (attach schedule) and depletion.	77.				100
		Occupancy	12,041.				12,04
Б	21	Travel, conferences, and meetings					
е Б	22	Printing and publications	8,795.				8,79
Operating and	23	Other expenses (attach schedule) $ATCH\ .\ 2$.	20,879.				20,77
era	24	Total operating and administrative expenses.					
gC	ł	Add lines 13 through 23	42,842.				41,61
J	25	Contributions, gifts, grants paid					
_	26	Total expenses and disbursements Add lines 24 and 25	42,842.		. 0		41,61
_	27	Subtract line 26 from line 12					
	ľ	Excess of revenue over expenses and disbursements	48,001.		1		
	ł .	Net investment income (if negative, enter -0-)			0	•	
		Adjusted net income (if negative, enter -0-)				•	
_		Local in income (in income to income the income of t					i

Part II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
raiti		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ng	7,507.	55,585.	
2		cash investments			
3	Accounts receivable ▶				
	Less allowance for dou	btful accounts ►			
4					
	Less allowance for dou	btful accounts ►			
5			· · · · · · · · · · · · · · · · · · ·		
6		officers, directors, trustees, and other			
		tach schedule) (see instructions)			
7		eceivable (attach schedule)			
		btful accounts ▶		ĺ	
8 13					
ssets 6 8		eferred charges		,,	
~					
		stock (attach schedule)			
		handa (attack askadula)			
11	Investments - land, building:	2 🛌			
ľ	and equipment basis Less accumulated deprecia	ation		# ** ** ** ** **	n n m m hone en m
	(attach schedule)				
12	Investments - mortgage	loans			
14	Land, buildings, and	ach schedule)1,150.		*	* ATCH 3
1	equipment basis Less accumulated deprecia	tion 199	1,028.	951 .	ATOM 5
	(attach schedule)	tion199.	1,020.	551.	
15		>)			
16	•	completed by all filers - see the	8,535.	56 526	(
		age 1, item !)	0,333.	56,536.	,
17		ccrued expenses			
18					*
Liabilities 02 21 22 22 22 22 22 22 22 22 22 22 22 22					ı
∄ 20		rs, trustees, and other disqualified persons			I
.면 21		ites payable (attach schedule)			
22	Other liabilities (describe	; ▶)			
				0	; · · ·
23		es 17 through 22)	0	<u> </u>	_
		low SFAS 117, check here			
Ses	•	24 through 26 and lines 30 and 31.			*
일 24	Unrestricted				
25					ı
Assets or Fund Balan 25 26 27 28 36 37 36 37					
ᆁ	Foundations that do	not follow SFAS 117, ▶ X			
5		plete lines 27 through 31.			
27 چ		cipal, or current funds			
9 28		land, bldg , and equipment fund	0.505		
¥ 29		ulated income, endowment, or other funds	8,535.	56,536.	
30		balances (see instructions)	8,535.	56,536.	
31		net assets/fund balances (see	0.505		
		· · · · · · · · · · · · · · · · · · ·	8,535.	56,536.	
		anges in Net Assets or Fund E		. 1 -1	
		palances at beginning of year - Part I			0 505
end	l-of-year figure reporte	ed on prior year's return)			8,535
2 Ent	er amount from Part I,	line 27a		2	48,001
3 Oth	ier increases not inclu	ded in line 2 (itemize) ▶		3	
4 Add	$^{\mathrm{l}}$ lines 1, 2, and 3 $_{\ldots}$.			4	56 , 536
5 Dec	creases not included in	n line 2 (itemize) ▶		5	
6 Tot	al net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	56,536

Page	

(a) List and	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
la					
b					
<u>c</u>					
d	· · · · · · · · · · · · · · · · · · ·				
e	40.0	(a) Cook or other house			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
<u>b</u>	-				
С					
d					
e			-		
Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) g	
(ı) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
a	*				
b					
С					
<u>d</u>					
e		<u> </u>			
Capital gain net income or	(not conital loce)	gain, also enter in Part I, line 7			
, 3	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2	-	
	n or (loss) as defined in sections 12				
	rt I, line 8, column (c) (see inst		,		
	Under Section 4040(a) for Bo	duced Tax on Net Investment I	3		
	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X N
	not qualify under section 4940(e)				
Enter the appropriate ame	· · · · · · · · · · · · · · · · · · ·	r, see the instructions before makin	g any entr	ies (d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r	
Calendar year (or tax year beginning in) 2012	21,406.	11,203.	+	(col (b) divided b	1.910738
2012	26,585.	12,310.			2.159626
2010	42,810.	14,401.	1		2.972710
2009	45,861.	16,571.			2.767546
2008	19,423.	14,159.			1.371778
	· · · · · · · · · · · · · · · · · · ·				
Total of line 1, column (d))		2	-	11.182398
	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
_		s than 5 years	3		2.236480
Enter the net value of nor	ncharitable-use assets for 2013 fro	om Part X, line 5	4		31,073.
Multiply line 4 by line 3			5		69,494.
			6		
					69,494.
B Enter qualifying distribution If line 8 is equal to or graph Part VI instructions	ons from Part XII, line 4 eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	41,615.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ctions	 s)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal J$ Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0			0
6	Credits/Payments			
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities	П		
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No X
_	or intervene in any political campaign?	1a		- 11
D		45		х
	definition)?	1b		
	distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1 _c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	'`		
u	(1) On the foundation (1) any) of tax on pointed experientares (section 4333) imposed during the year			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$	* /	*	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	,	X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	,		
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	_	Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			,,
	with the state law remain in the governing instrument?	6	v	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) VT,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	[
	of each state as required by General Instruction G ² If "No," attach explanation	8b		х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV.	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
. •	addresses	10	Х	
_				

				aye
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address WWW.CLIOHISTORY.ORG			
14	The books are in care of ► CONNIE BELIVEAU Telephone no ► 802-985	-357	15	
	The books are in care of ► CONNIE BELIVEAU Located at ► PO BOX 190 SHELBURNE, VT ZIP+4 ► 05482			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\cdot \Box \exists$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority	_	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	€		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	*		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			İ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
L				
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	41.		х
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			x
_	were not corrected before the first day of the tax year beginning in 2013?	1 c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
č	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2013?			
	Management and year, yea			
	If "Yes," list the years And the second of			
, c	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			x
	all years listed, answer "No" and attach statement - see instructions)	2b		
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_				
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
t	olf "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			ļ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2013)	3b		,,
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		<u> </u>
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			l
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20132	4h	1	X

Par	VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requi	red (continued)		
5 a	During the year did the foundation pay or incur any amount	nt to				
	(1) Carry on propaganda, or otherwise attempt to influen	ce legislation (section	4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public elec	ction (see section 4	955), or to carry on	,		
	directly or indirectly, any voter registration drive?				,	
	(3) Provide a grant to an individual for travel, study, or other				l l	
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	-		Yes X No	,	
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children or		• •	Yes X No	.	
h	If any answer is "Yes" to 5a(1)-(5), did any of the					
J	Regulations section 53 4945 or in a current notice regards		· ·	•	. 5b	
	Organizations relying on a current notice regarding disast	=				
_	If the answer is "Yes" to question 5a(4), does the f				<u> </u>	
C			•			
	because it maintained expenditure responsibility for the gr		• • • • • • • • • • • • • • • • • • • •	resn	'	
e -	If "Yes," attach the statement required by Regulations sect	• •	othe to non			
оa	Did the foundation, during the year, receive any fund	•				
	on a personal benefit contract?				1 -	- x
D	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a p	personal benefit contrac		. 6b	<u> </u>
_	If "Yes" to 6b, file Form 8870			Yes X No		
	At any time during the tax year, was the foundation a par	•	, ,			
	If "Yes," did the foundation receive any proceeds or have				. 7b	<u> </u>
Par	and Contractors				oyees,	
1_	List all officers, directors, trustees, foundation n					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		se account, lowances
		devoted to position	enter -0-)	and deferred compensation	Other di	
ATC			d	d		0
	· ·					<u>-</u>
2	Compensation of five highest-paid employees	(other than thos	e included on line	1 - see instructi	ons). If n	one. enter
	"NONE."				,	
10	Name and address of each employee paid more than \$50,000	(b) Title, and average	(a) Composition	(d) Contributions to employee benefit	(e) Expens	se account,
(a	Traine and address of each employee paid more man \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all	owances
				oumpondation		-
	NONE					
			ļ			
				•		
Tota	I number of other employees paid over \$50,000 .					
		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Form 99	0-PF (2013)

Form 990-PF (2013) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc CLIO CONTINUES TO WORK ON ITS EDUCATION EXHIBITS FOR THE WORLD WIDE WEB, OUR PURPOSE IS TO PROVIDE EDUCATIONAL MATERIAL ABOUT HISTORY WITH AVAILABILITY TO ALL. 42,842. Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2013)

Total. Add lines 1 through 3

CLIO, VISUALIZING HISTORY, INCORPORATED 03-0355660 Form 990-PF (2013) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes a Average monthly fair market value of securities 1a 1b 31,546. Fair market value of all other assets (see instructions) Total (add lines 1a, b, and c) 31,546. 1d Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 31,546. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 473 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 31,073. Minimum investment return. Enter 5% of line 5 1,554. 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here \(\nabla \) and do not complete this part.) Minimum investment return from Part X, line 6 1 2a Tax on investment income for 2013 from Part VI, line 5 Income tax for 2013 (This does not include the tax from Part VI) ___ 2b Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, Part XII Qualifying Distributions (see instructions) Amounts haid (including administrative expenses) to accomplish charitable atc. numbers

•	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	41,615.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		41,615.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4		41,615.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) (b) (a) (c) 2013 Corpus Years prior to 2012 2012 Distributable amount for 2013 from Part XI, 0 Undistributed income, if any, as of the end of 2013 2 a Enter amount for 2012 only . . Total for pnor years 20 11 ,20 10 ,20 09 Excess distributions carryover, if any, to 2013 19,423 a From 2008 45,861. From 2009 42,810. c From 2010 d From 2011 26,585 21,406 e From 2012 156,085. Total of lines 3a through e Qualifying distributions for 2013 from Part XII, 41,615. line 4 ▶ \$ a Applied to 2012, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2013 distributable amount 41,615. Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 197,700 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable 4a from line 2a Taxable amount - see f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not 19,423. applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014. 178,277. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 45,861 Excess from 2009 . . . 42,810. b Excess from 2010 . . . 26,585. c Excess from 2011 . . . 21,406. d Excess from 2012 . . . 41,615.

Form 990-PF (2013)

e Excess from 2013 . . .

Pa	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	
1 a	If the foundation has					
		g is effective for 2013, er			. •	
b	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	X 4942(J)((3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) rotal
	I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .	40,865.	21,406.	26,585.	42,810.	131,666.
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line 2d from line 2c	40,865.	21,406.	26,585.	42,810.	131,666.
3	Complete 3a, b, or c for the					<u></u>
а	"Assets" alternative test - enter					
	(1) Value of all assets	56,536.	8,535.	16,346.	9,752.	91,169.
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
þ	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed			1		
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)	90,843.	15,514.	35,000.	35,000.	176,357.
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Pa	```	ntary Information (C	Complete this part	only if the found	ation had \$5 000	or more in assets
	at any time	during the year - se	ee instructions.)			or more in assets
	Information Regarding					
а	List any managers of before the close of any	the foundation who had tax year (but only if the	ave contributed more ey have contributed m	e than 2% of the tota nore than \$5,000) (Se	l contributions receive e section 507(d)(2))	ed by the foundation
	LOLA VAN WA					
b	List any managers of ownership of a partner	the foundation who can ship or other entity) of				large portion of the
	NONE					
2		g Contribution, Grant,	Gift, Loan, Scholarsh	ip. etc Programs:		 _
	Check here ► X If t	he foundation only nor funds If the founda	nakes contributions	to preselected charit	able organizations at	nd does not accept
	other conditions, comp	plete items 2a, b, c, and	ld	inis, etc (see instructi	ons) to individuals of	organizations under
a	The name, address, a			he person to whom app	olications should be add	ressed
b	The form in which app	lications should be sub	mitted and informatio	on and materials they s	should include	
	Any submission deadli	nes				
	-					
d	Any restrictions or lifactors	mitations on awards,	such as by geogra	phical areas, charitat	ole fields, kinds of in	stitutions, or other

Page **11**

Supplementary information (continuea)	16 5		
3 Grants and Contributions Paid Duri	Ing the Year or Appr	oved for F	-uture Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Falu during the year				
		ļ		
		İ		
				[
Total			▶ 3a	-
b Approved for future payment				
		İ		
		1		
Total		<u> </u>	▶ 3b	
lotal			JU	<u> </u>

Page	1

Part XVI-A Analysis of Income-Prod			Tena di di		(0)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	section 512, 513, or 5 (d) Amount	Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a	ļ				_
b					
С					
d					
e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments			-		
3 Interest on savings and temporary cash investments				-	
4 Dividends and interest from securities	1				
5 Net rental income or (loss) from real estate				, , , , , , , , , , , , , , , , , , ,	
a Debt-financed property	-				
b Not debt-financed property		<u> </u>			
6 Net rental income or (loss) from personal property					
7 Other investment income		•			
8 Gain or (loss) from sales of assets other than inventor					
9 Net income or (loss) from special events	· [· ·				
O Gross profit or (loss) from sales of inventory					
1 Other revenue a	I				
b					
С					
d					
e					
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify cal	culations)				
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e)	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify cal Part XVI-B Relationship of Activitie Line No. Explain below how each activ	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify cal Part XVI-B Relationship of Activitie Line No. Explain below how each activ	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify cal Part XVI-B Relationship of Activitie Line No. Explain below how each activ	culations) es to the Ac	complishment of	Exempt Purp	oses e) of Part XVI-A con	tributed importantly to

Part	XVII	Information R Exempt Organ		nsfers To	and Transac	tions ar	nd Relations	hips With Non	char	itable	;
	ın seci	e organization direct tion 501(c) of the Co zations?								Yes	No
		fers from the reportinesh							1a(1)		х
		her assets							1a(2)		Х
b	Other	transactions							ļ		l v
	(1) Sa (2) Pu	lles of assets to a no irchases of assets fro	ncharitable exer om a noncharita	npt organizati ble evennt or	on	• • • • •			1b(1) 1b(2)		X
	(<u>2)</u> Re	ental of facilities, equi	pment, or other	assets					1b(2)		X
	(4) Re	eimbursement arrang	ements						1b(4)		Х
	(5) Lo	ans or loan guarantee	es						1b(5)		X
		rformance of service							1b(6) 1c		X
d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the							fair m	narke			
	value	of the goods, other	assets, or service	ces given by	the reporting t	oundation	o If the founda	ition received less	than	fair m	narke
		(b) Amount involved		gement, show oncharitable exer							
(a) Lır	ie no	N/A	(c) Name or n	oncharitable exe	mpt organization	N/A	escription of transfe	rs, transactions, and sha	nng arra	ingeme	nts
								•			
			<u> </u>								
						_ 					
-	$\neg \uparrow$							···			
			<u> </u>								
							 				
-								,			
	-		ļ								
	descri	foundation directly bed in section 501(c) s," complete the follo) of the Code (ot wing schedule	ther than sect	tion 501(c)(3)) (on 527?	[es X] No
		(a) Name of organization	"	(6) 1	ype of organization		(C) Description of relations	snip		
								•			

<u> </u>		er penalties of perjury, I decla ct, and complete Declaration o	are Hran(I have examin f preparer (other than ta	ned this return, incaxpayer) is based on	cluding accompanying all information of whice	schedules an	nd statements and to	the best of my knowledge	ge and I	oelief, it	ıs true
Sign Here	. <i>F</i>	nature of officer or trustee	Maguen	Date	r 31, 2014	Title	lerector	May the IR: with the pr (see instruction	eparer		
Paid		Print/Type preparer's na	ame unalie	Preparer's s	signature		Date 10.19-	Cireck [] "	PTIN P007	1729	 96
Prep	arer		ANAHER ATTI	G & PLANT	TE PLC	 -		Firm's EIN ▶ 20-3			
Use	Only	1	0 KENNEDY OUTH BURLIN			<u> </u>	5407-2166		83-0	399	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

2013

Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990.								
Name of the organization	UT CHODY TAGOD DODANIED	Employer identification number						
CLIO, VISUALIZING	HISTORY, INCORPORATED	03-0355660						
Organization type (check or	ıe)·							
Filers of: Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization							
4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation							
General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II								
	y one contributor complete ratte ratte in							
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II								
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III								
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or								
more during the year \$ \$								

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization CLIO, VISUALIZING HISTORY, INCORPORATED

Employer identification number

			03-0355660_
Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	LOLA VAN WAGENEN PO BOX 190 SHELBURNE, VT 05482	\$\$ <u>90,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2-	LOLA VAN WAGENEN P.O. BOX 190 SHELBURNE, VT 05482	\$ <u>843.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

noncash contributions)

Name of organization CLIO, VISUALIZING HISTORY, INCORPORATED

Employer identification number 03-0355660

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	OFFICE SUPPLIES	\$843.	12/31/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number 03-0355660

			0333000
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10)	organizations
	that total more than \$1,000 for the year. Complete columns (a) through (e) and	the following	line entry
	For organizations completing Part III, enter the total of exclusively religious, charit	able etc	

contributions of \$1,000 or less for the year (Enter this information once See instructions.) > \$

	Use duplicate copies of Part III if additi					
(a) No. from Part I	(b) Purpose of gift	(c) Use	-	(d) Description of how gift is held		
		er of gift				
	Transferee's name, address, ar	Relatio	nship of transferor to transferee			
(a) No from						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	Relationship of transferor to transferee		
(a) Ño. from	(6) D					
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transf	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relatio	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
						
		(e) Transf	er of aift			
	-					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

ATTACHMENT

V 13-7.1F
PM
2:39:41
/2014
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771P
0913AM

FORM 990PE, PART I - ACCOUNTING FEES			
DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME
ACCOUNTING	1,050.		

1,050.

TOTALS

CHARITABLE PURPOSES

N ATTACHMENT

OTHER EXPENSES Н PART FORM 990PF, REVENUE AND

EXPENSES PER BOOKS

10,143. 1,367. 750.

CHARITABLE PURPOSES 1,770. 6,749.

10,143. 1,367. 750. 1,770. 6,749. 25.

20,779.

TOTALS

BANK SERVICE CHARGES

FILING FEE

OFFICE EXPENSE

FILM

DESCRIPTION

TELEPHONE INSURANCE

WEBSITE

20,879.

ATTACHMENT 2 PAGE 19

			ENDING	BALANCE	199.	199.
	ATTACHMENT 3	ACCUMULATED DEPRECIATION DETAIL	н	1		
l	71	MULATED DEPRE		ADDITIONS DISPOSALS	. 77 .	
		ACCI	BEGINNING	BALANCE	122.	122.
FOR INVESTMENT				ப	0.	ା ଶା
NOT HELD			ENDING	BALANCE	1,150.	1,150.
LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT		FIXED ASSET DETAIL		ADDITIONS DISPOSALS		
		FIXED AS		ADDITIONS		
계			BEGINNING	BALANCE	1,150.	1,150.
			METHOD/	CLASS	SL	
				ASSET DESCRIPTION	TRADEMARK	TOTALS

ATTACHMENT 3 PAGE 20

20022-300

V 13-7.1F

2 39:41 PM

0913AM 771P 10/27/2014

20022-300

0913AM 771P 10/27/2014 2:39:41 PM V 13-7.1F

ATTACHMENT 4

FORM 990PF,

PART VIII

- LIST OF OFFICERS, DIRECTORS,

AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

> CHARLOTIE, VT 05445 LOLA WANGENEN, PHD PO BOX 05445

15.00 PRESIDENT

> SHELBURNE, VT 05482 CONNIE BELIVEAU PO BOX 190

SEC/TREASURER 5.00

> CHARLOTTE, VT 05445 GEORGE BURRILL PO BOX 104

VICE PRESIDENT 5.00

JUDY YARNALL

JOHNSON, VT 05656

1.00 DIRECTOR

ATTACHMENT 4 PAGE 21

4562

Depreciation and Amortization (Including Information on Listed Property)

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į.	201

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions

Attach to your tax return.

Attachment Sequence No Identifying number

Name(s) shown on return

C	CLIO, VISUALIZING HISTORY, INCORPORATED 03-0355660								
Busir	Business or activity to which this form relates								
G:	ENERAL DEPRECIATION								
Pa									
	Note: If you have any list	ed property, com	plete Part	V before	you compi	ete Part I.			
1	Maximum amount (see instructions)						🗀	1	
2	Total cost of section 179 property pla	iced in service (see in	structions)				L	2	
3	Threshold cost of section 179 proper	ty before reduction ii	n limitation (se	e instructio	ns)		[3	
4 5	4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- Doltar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions.								
6 (a) Description of property (b) Cost (business use only) (c) Elected cost									
(b) Cost (business use only) (c) Lieuted tost									
7 Listed property Enter the amount from line 29									
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7									
9	Tentative deduction Enter the smaller							9	
10	Carryover of disallowed deduction from	om line 13 of your 20		• • • • •			· · ·	10	
11	Business income limitation Enter the								
12	Section 179 expense deduction Add							12	
13					I			-	
	13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ► 13 Note Do not use Part II or Part III below for listed property. Instead, use Part V								
Pa	Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)								
14	Special depreciation allowance for					· · · · · · · · · · · · · · · · · · ·			
• •	during the tax year (see instructions)		•					14	
15	Property subject to section 168(f)(1) e							15	
16	Other depreciation (including ACRS)					. <i></i>		16	
Pa	t III MACRS Depreciation (D	o not include liste	d property)	(See insti	ructions)				.,
		· · · · · · · · · · · · · · · · · · ·	Sec	tion A					
17	MACRS deductions for assets placed	I in service in tax yea	rs beginning b	efore 2013				17	
18	If you are electing to group any a								
	asset accounts, check here	•	-						
	Section B - Assets						reciatio	n Sy	/stem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use		(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property				- "				
b	5-year property								
С	7-year property								
d	10-year property	1							
	15-year property	1	,						
f	20-year property								
g	25-year property	1			25 yrs		S/L		
h	Residential rental				27 5 yrs	MM	S/L		•
	property				27 5 yrs	MM	S/L		
i	Nonresidential real				39 yrs	MM	S/L		
	property					ММ	S/L		
	Section C - Assets P	laced in Service D	uring 2013	Tax Year	Using the	Alternative De	preciat	ion	System
20a	Class life		- ma			4	S/L		
b	12-year				12 yrs		S/L		
С	40-year				40 yrs	ММ	S/L		
Pai	rt IV Summary (See instruction	ons)							
21	21 Listed property Enter amount from line 28								

and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the

22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here

_	11 4302 (operty (Include	automob	uloc	cortain	otho	r vobi	oloc	cortoin	com	nutoro	and	nrono	rtu un	Page Z	
Εć	rt V	entertainm	ent, recreation, o	r amusem	ent.)	Certain	otne	ı vem	CIES,	Certain	Com	puters,	, anu	prope	rity us	eu io	
		Note: For a	ny vehicle for wh	nch you ar	e usin	g the st	andard	d milea	ge rate	e or de	ducting	lease	expense	e, com	olete o i	n ly 24a	
		24b, column	s (a) through (c) of	Section A,	all of S	ection B	, and S	ection (C if app	olicable				•			
			Depreciation and												9 s.)		
248	a Do yo	u have evidend	e to support the bus		nent use	claimed?	<u> </u>	es	No 2	24b f "	Yes," is t	the evide	ence writt	en?	Yes	No	
		(a)	(b)	(c)		(d)	Do.	(e)	raciation	(f)	(g)	(h)	1	(1)	
		f property (list icles first)	Date placed in service	Business/ investment u	se Cost	or other ba		sis for depr isiness/invi		Recovery period		hod/		eciation uction		d section cost	
	ven	—————	III Service	percentage				use only	y)	period	Conv	ention	ded	uction	179	COSI	
25			on allowance for														
			sed more than 50%				e (see	ınstruct	ions) .	<u>.</u>	<u></u>	. 25					
26	Prop	erty used mor	e than 50% in a qi	ualified busi	ness us	e											
					%	-											
					%												
					%		1						1			_	
27	Prop	erty used 50%	or less in a qualif	ed business	suse								-1-		·		
					%						S/L -		1			_	
					%							S/L -		•			
		······································			%						S/L -		 		1		
28	Δdd a	amounts in co	lumn (h), lines 25	through 27	Enter	here an	d on li	ne 21 r	nage 1	***		28	 		1		
29	hhA	amounts in co	lumn (ı), line 26 E	nter here a	nd on	line 7 na	ane 1	110 21, p	rage i.					. 29			
	7100	announte in co	141111 (1), 11110 20 E								• • • •		• • • •	. 29			
C	malata	this costion fo	or vehicles used by			Informa						المحدمات		ıe			
			swer the questions in												iroviaea	venicies	
					I .				T		T		T .			•	
					(a) Vehicle 1			(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30	Total business/investment miles driven during the year (do not include commuting miles)																
			_												-		
			niles driven during	-					-		 		-		 		
32	Total other personal (noncommuting)																
							_				ļ						
33		Total miles driven during the year Add															
	lines	30 through 3:	2			,		, .									
34	Was	the vehicle	e available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	use d	use during off-duty hours?							<u> </u>	1							
35	Was	the vehicle	used primarily by	a more]				İ							ŀ	
	than	5% owner or i	related person?								1	l				l	
36	ls a	nother vehic	le available for	personal													
	use?.																
		Se	ction C - Question	ons for En	evolar	rs Who	Prov	ide Vel	hicles	for Use	e by Th	eir En	nplove	es			
Ans	swer th		s to determine if								-				who are	e not	
			or related persons										-,	,			
			a written policy s			obibite 1	all nor	conal u	iso of	vobiolog	· unclus	dina co	mmutir	a by	Yes	No	
٥,	_	employees?	•		=		•	Soriai u	136 01	Vernoles	s, inclu	ung cc	Jiiiiiuuii	ig, by			
38		Do you maintain a written policy statement that prohibits personal use of vehicles, except co									commu	itina. by	vour				
-			ne instructions for														
39			e of vehicles by em														
40			nore than five ve							n from			es abo	ut the	——	<u> </u>	
. •	-		, and retain the info	-			-, 5516			,10111	,	pioye	JU 400				
41			equirements conce					octratic									
71	Note	· If your answ	er to 37, 38, 39, 4	n or 41 is	"Yes " c	to not co	mnlete	Sectio	n R for	the cov	ered vel	hicles				<u> </u>	
D.		Amortizat		U, UI TI 13	,,,,	.5 .751 66	pict		., 5 101	170 000	Crea ver				L		
L G	للاكس	AIIIUI LIZAL	1011	_		T		_	1	<u> </u>		1 ,	, T				
	Description of costs Date amo		(b)			(c)		(d)			(e) Amortization		(f)				
			Date amortization begins		Amortizable amount				Code section		period or Amorti		Amortiz	ation for t	hıs year		
40	Amortization of costs that begins during yo			l				otruotions'				percentage					
42	Amor	ruzation of cos	sis that begins dur	ing your 20 T	ıs tax	year (se	e instr	uctions)			T					
								-				1					
		-	 	<u> </u>		J						<u></u> _	, 				
43			sts that began bef										43			77	
44	l otal	. Add amount	s in column (f) Se	e the instru	ictions	tor wher	re to re	port	<u></u>		· ·		44			77	
														r -	AEE'	7 /20/21	

2013

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03-0355660

CLIO, VISUALIZING HISTORY, INCORPORATED

11 Current-year depreciation Current-year amortization Current-year 179 expense MA CRS class ACRS (class) Lıfe 15.000 Son S Thod Accumulated Accumulated amortization amortization Code A197 Beginning Ending Accumulated depreciation depreciation 199 199. 122. 122. Basis for depreciation Basis Reduction 179 exp reduction in basis Bus % Unadjusted Cost or basis 1,150. Cost or basis Date placed in service Date placed in service 06/13/2011 Subtotals Less Retired Assets Asset description Asset description Description of Property GENERAL DEPRECIATION TOTALS.
AMORTIZATION DEPRECIATION ess Retired Assets Listed Property Subtotals TOTALS. . . TRADEMARK

*Assets Retired JSA 3x9024 1 000

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PAGE 24

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Certified # 10131710000089596760

Form 8,868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print CLIO, VISUALIZING HISTORY, INCORPORATED 03-0355660 File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) due date for P.O. BOX 190 filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions SHELBURNE, VT 05482 0 4 **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► CONNIE BELIVEAU Telephone No. ▶ 802 985-3575 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ 🔛 . If it is for part of the group, check this box ▶ 🛄 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time $_{-}$ for the organization's return for: ► X calendar year 20 13 or tax year beginning _____, 20 _ __, and ending _ If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a | \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 0 Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

PO BOX 2166
SOUTH BURLINGTON, VT 05407

• . Form 8868 (F	Rev 1-2014) (either 7013	76300	001 5 330 1460		Page 2					
	re filing for an Additional (Not Automotic) 3 M	anth Evton	oien complete only Bort I	Land shoot this have	Page 2					
Note Only	re filing for an Additional (Not Automatic) 3-Mi	onth Exten	tamaka 2 manthada na Part I	and check this box						
• If you a	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 880	08.					
Part II	Part II Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1).									
T. C. C. C.										
Name of exempt organization or other filer, see instructions Enter filer's identifying number of exempt organization or other filer, see instructions Employer identification or other filer.										
Type or	, , , , , , , , , , , , , , , , , , , ,				(
print	CLIO, VISUALIZING HISTORY, I	NCORPOR	ATED	03-0355660						
•	Number, street, and room or suite no If a P O bo			Social security number (SSN)						
File by the due date for	P.O. BOX 190	•								
filing your	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions							
return See instructions	See									
Enter the F	Return code for the return that this application	is for (file a	a separate application for ea	ach return)	04					
Application		Return	Application	, , , , , , , , , , , , , , , , , , , ,	Return					
is For		Code	Is For		Code					
Form 990	or Form 990-EZ	01								
Form 990	-BL	02	Form 1041-A							
Form 472	0 (ındıvidual)	03		4720 (other than individual)						
Form 990-	-PF	04	Form 5227	10						
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069	11						
Form 990	-T (trust other than above)	06	Form 8870	12						
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month exter	nsion on a previously filed Fo	orm 8868.					
• The boo	ks are in the care of CONNIE BELIVEA	Ū								
Telepho	ne No ▶ 802 985-3575		Fax No. ▶							
• If the org	ganization does not have an office or place of	business ir	the United States, check the	his box	▶ 🔲					
• If this is	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GE	N) If	this is					
	ole group, check this box ▶ 🔙 . I				attach a					
list with the	names and EINs of all members the extension	n is for.								
	iest an additional 3-month extension of time u			1/17 , 20 14 .						
	alendar year <u>2013</u> , or other tax year beginn			nd ending	_, 20					
6 If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return										
7 State										
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO										
FILE	A COMPLETE AND ACCURATE RETUR									
0 16 11				-						
	Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.									
	8a \$	0								
D II UII	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
	estimated tax payments made Include any prior year overpayment allowed as a credit and any									
	amount paid previously with Form 8868. 8b \$ Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS									
(2.00	Signature and Verific		et he completed for F	8c \$	0					
Under pena	Ities of perjury, I declare that I have examined t	his form, in	cluding accompanying sched	•	he best of my					
knowledge a	and belief, it is true, correct, and complete, and that I	am authoriz	zed to prepare this form							
0	X. e		Title CAA							
Signature >			Title ► C//T	Date ► /p.	12.14					

DANAHER ATTIG & PLANTE PLC PO BOX 2166 **SOUTH BURLINGTON, VT 05407**

Form 8868 (Rev 1-2014)