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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning and ending	3	
В	Check If	C Name of organization	D Employer identifi	cation number
	applicable	THE ERNEST HEMINGWAY FOUNDATION, INC		
	Addres change	S C/O CARL P. EBY		
	Name change	Doing Business As	13-6	195832
	linitial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe	r
	Termin	669 KALMIA LANE	828-	355-9431
	Amend return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	339,977.
	Application	BOONE, NC 20007	H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer: JAMES H. MEREDITH	for subordinates	? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates ii	ncluded? Yes No
ı	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
		e: ▶ WWW.HEMINGWAYSOCIETY.ORG	H(c) Group exemptio	n number
K	Form of	organization: X Corporation Trust Association Other ▶ L	Year of formation: 1965 N	A State of legal domicile: NY
P	art I	Summary		
Ф	1 1	Briefly describe the organization's mission or most significant activities: THE ERNE	EST HEMINGWAY	FOUNDATION
Governance	1 1	WAS ESTABLISHED IN 1965 "FOR THE PURPOSES OF	F AWAKENING, S	<u>USTAINING</u>
Ĕ	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.
Š	3 1		3	7
ত প্	4 1	Number of independent voting members of the governing body (Part VI, line 1b) $$		7
zïs	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
\$	6	Total number of volunteers (estimate if necessary)	6	7
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
<u>.v</u>	bl	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	13,550.	2,670.
	9 1	Program service revenue (Part VIII, line 2g)	113,760.	
10	10	investment income (Part VIII, column (A), lines 3, 4, and 7,d)	15,396.	
ピスとろ		Other revenue (Part VIII, column (A), lines 5,6d, 8c,9c, 10c, and 11e)	7,134.	6,265.
Ź		Total revenue - add lines 8 through 11 (must equal Part VIII), column (A), line 12)	149,840.	59,769.
<u>ک</u>	13 (Grants and similar amounts paid (Part IX, column (A), lines 13)	15,000.	8,000.
Ŋ	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Rart IX, column (A), lines 5-10)	0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	. b⁻	Fotal fundraising expenses (Part IX, column (D), line 25)		
ш	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,976.	28,888.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	88,976.	36,888.
	19 [Revenue less expenses. Subtract line 18 from line 12	60,864.	22,881.
Net Assets or	<u> </u>		Beginning of Current Year	End of Year
Sset	g 20 T	Total assets (Part X, line 16)	480,862.	508,347.
at de	21	Total liabilities (Part X, line 26)	0.	0.
곮	22 1	Net assets or fund balances. Subtract line 21 from line 20	480,862.	508,347.
	art II	Signature Block		
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	7/1	1,,1
	ŀ	Signature of officer	Date	/'
Sig		,	Date	
He	re	CARL EBY, TREASURER Type or print name and title		······································
			Date, Check	PTIN
٠.	. !	Print/Type preparer's name Preparer's signature		 '
Pai	r	FREDERICK MARTENS	self-employ	
	parer	Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN	13-1655065
USE	Only	Firm's address 300 EAST 42ND STREET	DL 01	2 607 2200
		NEW YORK, NY 10017	Phone no. 2 1	2-697-2299
Ma	y the IH	S discuss this return with the preparer shown above? (see instructions)	······ · · · · · · · · · · · · · · · ·	X Yes No

THE ERNEST HEMINGWAY FOUNDATION, INC

Form 990 (2013)

Form 990 (2013) C/O CARL P. EBY
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	_ 9		X
10	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	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		.	
	as applicable.		ł	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	<u>'</u>	·	
	Part VI	11a		<u> </u>
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		İ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ŀ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		ŀ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ŀ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	7.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		75
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		- 1	v
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
D	11 100 to this 204, one the organization artaon a copy of its addited implicial statements to this feturity	20b	990 (2	2012)
		i OIIII		こいいろ)

Form 990 (2013)

C/O CARL P. EBY

Part IV Checklist of Required Schedules (continued)

<u> </u>				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	-21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x)
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 employees? If "Yes," complete			
	Schedule J	23	Ì	х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	į .		ļ
	Schedule K. If "No", go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		}	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		}
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,)		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	_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):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	P. A.	200		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		- 22
50	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			-
	Part V, line 1	34		_X
35a		35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		·	
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
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, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	

Form **990** (2013)

Form 990 (2013) C/O CARL P. EBY
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a0			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Peport 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	Ì		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		İ	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		ĺ	
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ŀ		
ь 11		1		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	l	ľ	
a	Gross income from other sources (Do not net amounts due or paid to other sources against	Ì		
	amounts due or received from them.)	1	1	
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	ļ	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	- +	
4	Note. See the instructions for additional information the organization must report on Schedule O.			
h	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			
С	Enter the amount of reserves on hand		1	
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 (2013)

C/O CARL P. EBY Form 990 (2013) 13-6195832 Part 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 instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	·	1.00	1
	If there are material differences in voting rights among members of the governing body, or if the governing	1	İ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
'n	Enter the number of voting members included in line 1a, above, who are independent 1b	,	ł	İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	l	
2				X
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		_
3	of officers, directors, or trustees, or key employees to a management company or other person?		ļ	-
		3	 	X
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_	77	X
6	Did the organization have members or stockholders?	6	X	
7a		1		
	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	ŀ		
	persons other than the governing body?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1))
а		8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_	<u></u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			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, affiliates,		1	<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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.	1		
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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IOa	taxable entity during the year?	16a		X
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
Ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
500	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY			
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) a	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	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	tion: 🕨	-	
	CARL EBY - 828-355-9431			
	669 KALMIA LANE, BOONE, NC 28607			
33300	6 10-29-13	Form	990	(2013)

C	/0	CARL	Ρ.	EBY
•	, ,			11111

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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.

X Check this box if neither the organization n		orga	ıniza	tion	cor	npe	nsat		director, or trustee.	
(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	amount of
	week	\vdash	CG a	luau	l	1/005	166)	from	from related	other
	(list any	lrect				L		the	organizations	compensation
	hours for related	0.0	ig i			Sate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	E S		8	臣		(***2/1033***********************************		organization and related
	below	dual	thona	_	힅	st col	<u>,</u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Form	,		
(1) JAMES H. MEREDITH	10.00					Ì				
PRESIDENT	10.00	X	ļ	X				0.	0.	<u> </u>
(2) GAIL SINCLAIR	10.00								_	_
VICE PRESIDENT		X	<u> </u>	X				0.	0.	0.
(3) CARL EBY	5.00								_	_
TREASURER	1 22	X	_	X		<u> </u>		0.	0.	0.
(4) SUZANNE DEL GIZZO	1.00									_
SECRETARY	1 00	X	_	X	<u> </u>			0.	0.	0.
(5) KIRK CURNUTT	1.00									_
DIRECTOR	1 00	X			-			0.	0.	0.
(6) ROBERT TROGDON	1.00									•
DIRECTOR	1 00	X			<u> </u>	<u> </u>		0.	0.	<u> </u>
(7) ALEX VERNON	1.00									
DIRECTOR	-	X				<u> </u>		0.	0.	0.
								•		
	}		-	<u> </u>					· · · · · · · · · · · · · · · · · · ·	
	-		-							
	 									
		-								
		Ì								
			_			-				
		-					-			
										Earm 990 (2012)

332007 10-29-13

Form 990 (2013)

	(A) Name and title	(B) Average hours per	box	not c	ss pe	ition more rson	than s bot or/trus	h an	(D) Reportable compensation	(E) Reportable compensation	ation amount of other compensation		of
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	_	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)			
			-										
												_	
С	Sub-total	II, Section A		•••					0.	0	•		0.
d 2	Total (add lines 1b and 1c)							no re	0. eceived more than \$100	,000 of reportable	•1		0.
	compensation from the organization									 -		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual									3		х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co.	mple	ete S	Sche	edule	J fe	or such individual		4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," corn							elate	ed organization or indivi	dual for services	5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	•	-							•	sation	from	
	the organization. Report compensation for (A) Name and business					/th	or w	thin	the organization's tax y (B) Description of s		((Compe	C)	
	Harre and Sasmood		_INC	ONE	<u> </u>		_		Description of a	C. VICCS	Compe	113410	
						_							
-											<u> </u>		
				_				1					
2	Total number of independent contractors (is \$100,000 of compensation from the organic		ot lir	nite	d to		se lis	ted	above) who received m	ore than			
332008 10-29-											Form	990 (2013)

Form 990 (2013) C/O CARL P. EBY
Part VIII | Statement of Revenue

13-6195832 Page 9

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats	1 a	Federated campaigns	1a		-			312 311
irai our		Manual Control of the control of the	1b					i
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c					
		Related organizations						
imi	е	Government grants (contribut	tions) 1e					
tion Sr. S	f	All other contributions, gifts, gran	its, and					
ip (simılar amounts not ıncluded abo	ve 1f	2,670.		1		
da	g	Noncash contributions included in lines	1a-1f \$					•
<u>5</u> <u>5</u>	h	Total. Add lines 1a-1f	<u></u>	, .	2,670.			
				Business Code				
<u>.c</u>	2 a	MEMBERSHIP DUES	<u> </u>	900099	21,355.	21,355.		
er v	b							<u> </u>
n S	С	:						
Re	d							-
Program Service Revenue	e	All all						-
_		All other program service reve			21,355.			
	<u>9</u>	Total. Add lines 2a-2f Investment income (including			41,333.	.,		
	3	other similar amounts)			12,603.			12,603.
	4	Income from investment of ta			12,005.			12,003.
	5	Royalties	•	· · ·	6,265.			6,265.
			(i) Real	(ii) Personal	0,200			0,203.
	6 a	Gross rents	V					ì
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss) .						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	297,084.					
	b	Less: cost or other basis		1				
			280,208.					
		Gain or (loss)	16,876.		44 5-4			
		= : :			16,876.			16,876.
9	8 a	Gross income from fundraising	•					
Ye		including \$				1		
Be		contributions reported on line	•	1				İ
Other Revenu	h	Part IV, line 18						
ਰ		Net income or (loss) from fund						
		Gross income from gaming ac	_				· · · ·	
l		Part IV, line 19		1				
	ь	Less: direct expenses		1				
l		Net income or (loss) from gam						
ļ		Gross sales of inventory, less	=					
į		and allowances	а					
i	b	Less: cost of goods sold	b					
ļ	c	Net income or (loss) from sale	s of inventory	_				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							ļ <u>.</u>
	c							ļ
	d	All other revenue		► 1	-			
-					50 760	21 255		25 744
332009	12	Total revenue. See instructions.	·		59,769.	21,355.	0.	35,744.

Form 990 (2013) C/O CARL P. EBY
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	8,000.	8,000.		
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,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	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				
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting	2,599.		2,599.	
ď	Lobbying			•	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,042.		4,042.	
a .	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	7,500.	7,500.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	209.	209.		
16	Occupancy				
17	Travel				-
18	Payments of travel or entertainment expenses			Ì	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	NEWSLETTER	7,567.	7,567.		
b	WEBSITE DESIGN	3,439.	3,439.		
C	MISCELLANEOUS	2,002.	1,942.	60.	
d	BANK CHARGES	1,530.		1,530.	
e	All M				· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	36,888.	28,657.	8,231.	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 If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	28,094.		45,538.
	2	Savings and temporary cash investments	121,790.	2	105,313.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	1	basis. Complete Part VI of Schedule D 10a			
	þ	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	330,978.	11	357,496.
	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	400 000	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	480,862.	16	<u>508,347.</u>
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		_20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		_21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ	ļ	key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		_22	
	23	Secured mortgages and notes payable to unrelated third parties		_23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.	400 000	·	500 245
<u>a</u>	27	Unrestricted net assets	480,862.	27	508,347.
Ва	28	Temporarily restricted net assets	·	28	
힏	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Šet	32	Retained earnings, endowment, accumulated income, or other funds	400.000	32	
_	33	Total net assets or fund balances	480,862.	33	508,347.
	34	Total liabilities and net assets/fund balances	480,862.	34	508,347.

Form 990 (2013)

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

.....

Form 990 (2013)

X

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За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasu

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. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE ERNEST HEMINGWAY FOUNDATION, INC C/O CARL P. EBY 13-6195832 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b ____ Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of organization (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support above or IRC section governing document? (i) of your support? U.S.? (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

(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 organizatio
fails to qualify under the tests listed below, please complete Part III.)

Page 2

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1		1		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		•				
	or expended on its behalf			1			
3	The value of services or facilities		1				
_	furnished by a governmental unit to						
	the organization without charge]		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ī	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			}			
	amount shown on line 11,		ļ		· ·		
	column (f)		1				
6	Public support. Subtract line 5 from line 4				 		
	ction B. Total Support			<u> </u>		<u> </u>	<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			;; <u>-</u>			
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		 	 	 		
10	or loss from the sale of capital				:		
	assets (Explain in Part IV.)						
44							
11	Gross receipts from related activities,	etc (see instruct	ions)	<u> </u>	<u> </u>	12	
	First five years. If the Form 990 is for	· · · · · · · · · · · · · · · · · · ·		rd fourth or fifth t	ay vear as a section		
10	organization, check this box and stop	~		•	•	on 60 n(6)(6)	
Se	ction C. Computation of Publi			· · · · · · · · · · · · · · · · · · ·	·	_ 	
14	Public support percentage for 2013 (li	ne 6, ∞lumn (f) o	divided by line 11,	column (f))		14	%
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali	_				•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact		_				•
	meets the "facts-and-circumstances"			•	•	•	
ŀ	10% -facts-and-circumstances test						
•	more, and if the organization meets th						
	organization meets the *facts-and-circ						
18	Private foundation. If the organization						
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2013 C/O CARL P. EBY

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.)

Sec	etion A. Public Support	elow, piease comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,835.	9,881.	450.	13,550.	2,670.	32,386.
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	15,995.	96,721.		113,760.		267,894.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	21,830.	106,602.	20,513.	127,310.	24,025.	300,280.
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						300,280.
_	ction B. Total Support			· ····································		·	
	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	21,830. 6,160.	106,602. 5,042.	20,513. 16,173.	127,310. 16,646.	24,025. 18,868.	300,280. 62,889.
t	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0,100.	3,042.	10,173.	10,040.	10,000.	02,009.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	6,160.	5,042.	16,173.	16,646.	18,868.	62,889.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		587.				587.
	Total support. (Add lines 9, 10c, 11, and 12)	27,990.	112,231.	36,686.	143,956.	42,893.	<u>363,756.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	in Cumment De	· · · · · · · · · · · · · · · · · · ·	· ··· <u>·</u> · · ·	<u></u>	<u> ,</u>	
	ction C. Computation of Publi						00 55
	Public support percentage for 2013 (olumn (f))		15	82.55 %
	Public support percentage from 2012			··· ··· · · · · · · · · · · · · · · ·	<u></u>	16	<u>87.78 %</u>
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 17.29 %						
18	Investment income percentage from 2	· ·				18	17.29 % 11.98 %
					15 is more than 3		
	19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
<u>20</u>							
3320	23 09-25-13				Sch	edule A (Form 990	or 990-EZ) 2013

Schedule A*	(Form 990 or 990-EZ) 2	THE 2013 C/O	ERNEST CARL P	HEMINGWAY EBY	FOUNDATION,	INC	13-6195832 'Page 4
Part IV	Supplemental in	formation	Provide the	explanations require	ed by Part II, line 10; Par	t II. line 17a or	17b; and Part III, line 12.
	Also complete this pa	rt for any ad	ditional informa	ation. (See instruction	ons).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							······································
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

▶ Attach to Form 990.

2013	Open to Public	Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. THE ERNEST HEMINGWAY FOUNDATION, INC

2 Employer identification number 13-6195832 (h) Purpose of grant or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable General Information on Grants and Assistance criteria used to award the grants or assistance? (b) EIN CARL P. 1 (a) Name and address of organization or government Name of the organization Part Part II

D. Enter total primbay of cooking CO4(N/N) and

Schedule I (Form 990) (2013)

THE ERNEST HEMINGWAY FOUNDATION, INC C/O CARL P. EBY

Schedule I (Form 990) (2013)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

13-6195832

PEN/HEMINGWAY AWARD PEN/HEMIN	mber of significant significan	(c) Amount of cash cash grant 8,000. 8,000. 1, Part III, column (b), and and TITION OF SIGNARY ACE THE AWAR:	mber of (c) Amount of (d) Amount of non- cash assistance (book, FMV, apprair a 8 000, 0 B 000, 0 B 1000, 0 Cash assistance (book, FMV, apprair a 8 000	1 8,000, Gook, FMV, appraisal, other) 2 8,000, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	(f) Description of non-cash assistance -
	HE REC	RECIPIENTS.	1 41	GIVEN TO	
INDIVIDUALS OF PROVEN MERIT FOR THEIR F	PERSON	PERSONAL USE.			

THE SMITH-REYNOLDS AND CORRIGAN FELLOWSHIPS ARE GIVEN TO FUND SPECIFIC

332102 10-29-13

332291 05-01-13

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

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.

2013Open to Public

OMB No 1545,0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE ERNEST HEMINGWAY FOUNDATION, INC C/O CARL P. EBY

Employer identification number 13-6195832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AN INTEREST IN, PROMOTING, FOSTERING, STIMULATING, SUPPORTING,
IMPROVING AND DEVELOPING LITERATURE AND ALL FORMS OF LITERARY
COMPOSITION AND EXPRESSION." WITHIN THAT CONTEXT, THE FOUNDATION'S
ACTIVITIES HAVE EMPHASIZED "THE PROMOTION, ASSISTANCE AND COORDINATION
OF SCHOLARSHIP AND STUDIES RELATING TO THE WORKS AND LIFE OF THE LATE
ERNEST HEMINGWAY."
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITHIN THAT CONTEXT, THE FOUNDATION'S ACTIVITIES HAVE EMPHASIZED "THE
PROMOTION, ASSISTANCE AND COORDINATION OF SCHOLARSHIP AND STUDIES
RELATING TO THE WORKS AND LIFE OF THE LATE ERNEST HEMINGWAY."
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AWARDING ANNUALLY ONE OR TWO \$1,000 SMITH-REYNOLDS AWARDS TO SUPPORT
RESEARCH AND WRITING ON THE WORK AND LIFE OF ERNEST HEMINGWAY. THESE
COMPETITIVE AWARDS ARE MADE TO SOCIETY MEMBERS WITH WORTHY PROJECTS,
AND ARE FUNDED IN HONOR OF THE MEMORY OF TWO OUTSTANDING LEADERS IN THE
SOCIETY: PAUL SMITH, OUR FOUNDING PRESIDENT, AND MICHAEL S. REYNOLDS,
HEMINGWAY BIOGRAPHER WHO WAS PRESIDENT UNTIL SHORTLY BEFORE HIS DEATH
IN AUGUST 2000.
SPONSORING AND FUNDING THE ANNUAL PEN/HEMINGWAY AWARD FOR THE BEST
FIRST BOOK OF FICTION. THIS \$8000 AWARD IS PRESENTED AT THE KENNEDY
LIBRARY IN BOSTON EACH SPRING. THE SOCIETY WORKS CLOSELY WITH THE
HEMINGWAY COLLECTION AT THE KENNEDY LIBRARY IN OTHER WAYS AS WELL, FOR
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

HONORARY AFFILIATES.

Name of the organization THE ERNEST HEMINGWAY FOUNDATION, INC
C/O CARL P. EBY

Employer identification number 13-6195832

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FORM 990 IS PREPARED BY THE ORGANIZATION'S ACCOUNTANTS, AND IS REVIEWED BY THE TREASURER AND PRESIDENT OF THE BOARD OF DIRECTORS PRIOR TO DISTRIBUTION TO THE FULL BOARD OF DIRECTORS IN ADVANCE OF FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH DIRECTOR AND PRINCIPAL OFFICER SHALL ANNUALLY, OR, IN THE CASE OF NEWLY-ELECTED INDIVIDUALS, UPON ELECTION, SIGN A STATEMENT

AFFIRMING THAT SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, B. HAS READ AND UNDERSTANDS THE POLICY, AND C. UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OF MORE OF ITS TAX-EXEMPT PURPOSES. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE ERNEST HEMINGWAY FOUNDATION, INC C/O CARL P. EBY	Employer identification number 13-6195832
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION CONSIDERS REQUESTS FOR THES	E APPLICABLE
DOCUMENTS ON A CASE-BY-CASE BASIS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
AWARDS ADMINISTRATION:	
PROGRAM SERVICE EXPENSES	7,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,500.