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

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Oceanic Public Library Trust, c/o William H. Hyatt, Jr

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
One Newark Center, 10th Floor

City or town, state or province, country, and ZIP or foreign postal code
Newark, NJ 07102

D Employer identification number
23-7386850

E Telephone number
973-848-4045

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	25,000
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	9,509
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	34,509
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	3,850
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	95
	17	**Total expenses.** Add lines 10 through 16 ▶		17	3,945
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	30,564
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	237,966
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	18,809
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	287,339

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	237,966	22	287,339
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	237,966	25	287,339
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	237,966	27	287,339

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **Support of local library - see Schedule O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
William H. Hyatt, Jr , c/o One Newark Center, 10th Floor Newark, NJ 07102	President, Secretary 5 0			
William L Strong, III, c/o One Newark Center, 10th Floor Newark, NJ 07102	Treasurer, 5.0			
John Archibald, c/o One Newark Center, 10th Floor Newark, NJ 07102	Trustee, 1 0			
Jack Middleton, c/o One Newark Center, 10th Floor Newark, NJ 07102	Trustee, 1 0			
Gail Slingluff, c/o One Newark Center, 10th Floor Newark, NJ 07102	Trustee, 1.0			
Ann Rossbach, c/o One Newark Center, 10th Floor Newark, NJ 07102	Trustee, 1.0			

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ NJ			
42a	The organization's books are in care of ▶ **William H Hyatt, Jr.** Telephone no. ▶ **973-848-4045**			
	Located at ▶ **One Newark Center, 10th Floor, Newark NJ** ZIP + 4 ▶ **07102**			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			N/A
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶ None

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 5-21-14

▶ William H Hyatt, Jr, President and Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
OCEANIC PUBLIC LIBRARY TRUST, c/o William H. Hyatt, Jr	23-7386850

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f 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 . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A) Oceanic Free Library Association	21-0644462	501(c)(3)	✓		✓		✓		3,850
(B)									
(C)									
(D)									
(E)									
Total									3,850

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")		3,200			25,000	28,200
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3		3,200			25,000	28,200
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						28,200

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4		3,200			25,000	28,200
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,864	8,874	8,092	4,626	9,509	38,965
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						67,165

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . 14 42 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 59 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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.)

Section A. Public Support

Calendar 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.")						
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 . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

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 . ▶ ☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

OCEANIC PUBLIC LIBRARY TRUST, c/o William H. Hyatt, Jr.

Employer identification number

23-7386850

Form 990-EZ, Part 1, Line 4, Other Investment Income:

Description of Property:

Interest: $4,972

Long Term Capital Gains Distributions: $2,276

Other Dividends: $2,261

Total Included on Form 990-EZ, Line 4: $9,509

Form 990-EZ, Part 1, Line 10, Payments to Affiliates

Affiliate Name / Address: Oceanic Free Library Association, Avenue of Two Rivers, Rumson, NJ

Purpose of Payment. Maintenance of Library

Amount of Payment: $3,850

Form 990-EZ, Part 1, Line 16, Other Expenses:

Account Fee: $95

Form 990-EZ, Part 1, Line 21, Changes in Net Assets:

Unrealized Gain / (Loss) on Securities: $18,809

Form 990-EZ, Part III, Primary Exempt Purpose: Organization was established for the maintenance of the Oceanic Free Library located in Rumson, NJ.

Form 990-EZ, Part V, Information regarding Personal Benefit Contracts: The Organization did not, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract The Organization did not, during the year, pay any premiums, directly or indirectly, on a personal benefit contract.

Name of the organization | Employer identification number

Morgan Stanley

1099 Consolidated Tax Statement
Tax Year 2013 - ORIGINAL

Account Owner
WILLIAM L STRONG III TTEE
FBO OCEANIC PUBLIC LIBRARY
U/A/D 12/29/19
3 WINDWARD WAY
RED BANK NJ 07701-2479

Date Issued
February 10, 2014

Account Number
049 106908 023

Your Financial Advisor
JAMES D BLALOCK
Second Vice President
20 LINDEN PLACE
RED BANK, NJ 07701
732-224-3818

Customer Service: 866-324-6088

This Morgan Stanley 1099 Consolidated Tax Statement for 2013 is your official tax information Please use the information in this document when preparing your tax return It is important to note that the income information reported on your year-end account statement may not include certain adjustments occurring after year-end that are reflected on your 1099 and that are necessary for tax reporting purposes

The following tax forms are not included in this statement and are sent individually in separate mailings, if required 1099-Q, 1042-S, 2439, 5498, 5498-ESA, REMIC, Schedule K-1 and Puerto Rico 480 6A, B, C & D

Morgan Stanley is pleased to provide you with the ability to download your tax information into the following individual tax preparation software applications **TurboTax®, H&R Block Tax Software®, CompleteTax®, Lacerte® and ProSystem *fx*®** You also have the ability to download Realized Gain/Loss transactions into Microsoft Excel® from Morgan Stanley Online *You must be registered with Morgan Stanley Online to take advantage of these features To enroll in Morgan Stanley Online, please visit www morganstanley com/online*

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CAUTION

***** WARNING - CORRECTED TAX FORMS POSSIBLE *****
The 1099 forms included in your Morgan Stanley Consolidated Tax Statement were prepared based upon information provided by the issuer of each security you own Subsequent to the printing and mailing of your tax statement the issuer may change the tax status of a distribution reported to you requiring us to send you one or more corrected tax statements For more information please refer to the Tax Messages section of this statement

What's included in this packet:

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1099 Consolidated Tax Statement
Tax Year 2013 Copy B For Recipient

WILLIAM L STRONG III TTEE
FBO OCEANIC PUBLIC LIBRARY
U/A/D 12/29/19
3 WINDWARD WAY
RED BANK NJ 07701-2479

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number 26-4310632

Taxpayer ID Number 23-7386850
Account Number 049 106908 023

Customer Service: 866-324-6088

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

IRS BOX	2013 FORM 1099-DIV - DIVIDENDS AND DISTRIBUTIONS OMB NO. 1545-0110	
1a	TOTAL ORDINARY DIVIDENDS	$2,268 49
1b	QUALIFIED DIVIDENDS	$2,155 07
2a	TOTAL CAPITAL GAIN DISTRIBUTIONS	$2,276 06
2b	UNRECAP SEC. 1250 GAIN	$0 00
2d	COLLECTIBLES (28%) GAIN	$0 00
3	NON-DIVIDEND DISTRIBUTIONS	$0 00
4.	**FEDERAL INCOME TAX WITHHELD**	**$0.00**
5	INVESTMENT EXPENSES	$0 00
6	FOREIGN TAX PAID	$7 36
8	CASH LIQUIDATION DISTRIBUTIONS	$0 00
9	NON-CASH LIQUIDATION DISTRIBUTIONS	$0 00
10	EXEMPT-INTEREST DIVIDENDS	$0 00
11	SPECIFIED PRIVATE ACTIVITY BOND INTEREST DIVIDENDS	$0 00

IRS BOX	2013 FORM 1099-OID - ORIGINAL ISSUE DISCOUNT OMB NO. 1545-0117	
1	ORIGINAL ISSUE DISCOUNT FOR 2013	$0 00*
2	OTHER PERIODIC INTEREST	$0 00
4.	**FEDERAL INCOME TAX WITHHELD**	**$0.00**
8	OID ON U S TREASURY OBLIGATIONS	$0 00*
9	INVESTMENT EXPENSES	$0 00

*This may not be the correct figure to report on your income tax return
See instructions on the back

IRS BOX	2013 FORM 1099-INT - INTEREST INCOME OMB NO. 1545-0112	
1	INTEREST INCOME	$4,971 92
2	EARLY WITHDRAWAL PENALTY	$0 00
3	INTEREST ON U S SAVINGS BONDS AND TREASURY OBLIGATIONS	$0 00
4.	**FEDERAL INCOME TAX WITHHELD**	**$0.00**
5	INVESTMENT EXPENSES	$0 00
6	FOREIGN TAX PAID	$0 00
8	TAX-EXEMPT INTEREST	$0 00
9	SPECIFIED PRIVATE ACTIVITY BOND INTEREST	$0 00
10	TAX-EXEMPT BOND CUSIP NO	

IRS BOX	2013 FORM 1099-MISC - MISCELLANEOUS INCOME OMB NO. 1545-0115	
1	RENTS	$0 00
2	ROYALTIES	$0 00
3	OTHER INCOME	$0 00
4.	**FEDERAL INCOME TAX WITHHELD**	**$0.00**
8	SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST	$0 00

IRS BOX	2013 FORM 1099-B - PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS OMB NO. 1545-0715		
2a	SALES PRICE OF STOCKS, BONDS, ETC		$40,000 00
	NONCOVERED SECURITIES	$40,000 00	
	COVERED SECURITIES	$0 00	
3	COST AND OTHER BASIS		$0 00
4.	**FEDERAL INCOME TAX WITHHELD**		**$0.00**
5	WASH SALE LOSS DISALLOWED		$0 00

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

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1099-DIV DIVIDENDS & DISTRIBUTIONS

Total Ordinary Dividends

DESCRIPTION	CUSIP	PAY DATE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	FEDERAL INCOME TAX WITHHELD	FOREIGN TAX PAID	COUNTRY
AMERICAN CAP INC BUILDER A	140193103	03/18/13	$211 75	$185 64	$0 00	$0 00	
AMERICAN CAP INC BUILDER A	140193103	06/17/13	$213 93	$187 55	$0 00	$0 00	
AMERICAN CAP INC BUILDER A	140193103	09/23/13	$213 93	$187 55	$0 00	$0 00	
AMERICAN CAP INC BUILDER A	140193103	12/20/13	$220 48	$193 29	$0 00	$0 00	
AMERICAN FUNDAMENTAL INV A	360802102	03/18/13	$115 43	$115 43	$0 00	$0 00	
AMERICAN FUNDAMENTAL INV A	360802102	06/13/13	$115 43	$115 43	$0 00	$0 00	
AMERICAN FUNDAMENTAL INV A	360802102	09/13/13	$115 43	$115 43	$0 00	$0 00	
AMERICAN FUNDAMENTAL INV A	360802102	12/19/13	$253 94	$253 94	$0 00	$0 00	
AMERICAN SMALLCAP WORLD A	831681101	12/27/13	$7 36	$0 00	$0 00	$7 36	VARIOUS
AMERICAN WA MUTUAL A	939330106	03/25/13	$163 91	$163 91	$0 00	$0 00	
AMERICAN WA MUTUAL A	939330106	06/24/13	$163 91	$163 91	$0 00	$0 00	
AMERICAN WA MUTUAL A	939330106	09/23/13	$163 91	$163 91	$0 00	$0 00	
AMERICAN WA MUTUAL A	939330106	12/23/13	$309 08	$309 08	$0 00	$0 00	
Total Ordinary Dividends 1099-DIV box 1a			**$2,268.49**				
Total Qualified Dividends 1099-DIV box 1b				**$2,155.07**			
Total Foreign Tax Paid 1099-DIV box 6						**$7.36**	

Capital Gain Distributions

DESCRIPTION	CUSIP	PAY DATE	CAPITAL GAIN DISTRIBUTIONS	UNRECAPTURED 1250 GAIN	FEDERAL INCOME TAX WITHHELD	COLLECTIBLE 28% GAIN
AMERICAN FUNDAMENTAL INV A	360802102	12/19/13	$844 94	$0 00	$0 00	$0 00
AMERICAN SMALLCAP WORLD A	831681101	12/27/13	$695 88	$0 00	$0 00	$0 00
AMERICAN WA MUTUAL A	939330106	12/23/13	$735 24	$0 00	$0 00	$0 00
Total Capital Gain Distributions 1099-DIV box 2a			**$2,276.06**			
Total Unrecaptured 1250 Gain 1099-DIV box 2b				**$0.00**		
Total Collectible 28% Gain 1099-DIV box 2d						**$0.00**
Total Federal Income Tax Withheld 1099-DIV box 4					**$0.00**	

CONTINUED ON NEXT PAGE

1099-DIV DIVIDENDS & DISTRIBUTIONS (continued)

Foreign Source Income Percentage for Mutual Funds

DESCRIPTION	CUSIP	FOREIGN SOURCE INCOME	FOREIGN SOURCE INCOME ADJUSTED FOR FOREIGN QDI	QUALIFIED FOREIGN SOURCE INCOME
AMERICAN SMALLCAP WORLD A	831681101	100 00%	0 00%	0 00%

All percentages are derived against the amount in 1099-DIV box 1a - Total Ordinary Dividends for each security The corresponding dollar amounts are displayed in the Summary of Foreign Investments supplemental section, summarized in the line with the country name of "Various"

1099-INT INTEREST INCOME

Interest Income

DESCRIPTION	CUSIP	PAY DATE	AMOUNT	FEDERAL INCOME TAX WITHHELD
ALLSTATE CORP 6200 14MY16	020002AW1	05/16/13	$620 00	$0 00
ALLSTATE CORP 6200 14MY16	020002AW1	11/16/13	$620 00	$0 00
AMERICAN EXPRESS 5875 13MY02	0258M0CW7	05/02/13	$587 50	$0 00
CITIBANK,N A	17312Q901	01/30/13	$0 30	$0 00
CITIBANK,N A	17312Q901	02/27/13	$0 27	$0 00
CITIBANK,N A	17312Q901	03/27/13	$0 38	$0 00
CITIBANK,N A	17312Q901	04/29/13	$0 45	$0 00
CITIBANK,N A	17312Q901	05/30/13	$0 58	$0 00
CITIBANK,N A	17312Q901	06/27/13	$0 57	$0 00
CITIBANK,N A	17312Q901	07/30/13	$0 42	$0 00
FORTUNE BRANDS 4875 13DE01	349631AK7	06/01/13	$487 50	$0 00
FORTUNE BRANDS 4875 13DE01	349631AK7	12/01/13	$487 50	$0.00
GOLDMAN SACHS GRP 5750 22JA24	38141GGS7	01/24/13	$575 00	$0 00
GOLDMAN SACHS GRP 5750 22JA24	38141GGS7	07/24/13	$575 00	$0 00
KRAFT FOODS INC 6750 14FB19	50075NAX2	02/19/13	$506 25	$0 00
KRAFT FOODS INC 6750 14FB19	50075NAX2	08/19/13	$506 25	$0 00
MORGAN STANLEY PRIVATE BANK NA	061871976	07/30/13	$0 31	$0 00
MORGAN STANLEY PRIVATE BANK NA	061871976	08/29/13	$0 68	$0 00
MORGAN STANLEY PRIVATE BANK NA	061871976	09/27/13	$0 66	$0 00
MORGAN STANLEY PRIVATE BANK NA	061871976	10/30/13	$0 76	$0 00

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1099-INT INTEREST INCOME (continued)

Interest Income (continued)

DESCRIPTION	CUSIP	PAY DATE	AMOUNT	FEDERAL INCOME TAX WITHHELD
MORGAN STANLEY PRIVATE BANK NA	061871976	11/27/13	$0 64	$0 00
MORGAN STANLEY PRIVATE BANK NA	061871976	12/30/13	$0 90	$0 00
Total Interest Income 1099-INT box 1			**$4,971.92**	
Total Federal Income Tax Withheld 1099-INT box 4				**$0.00**

The amount of tax-exempt interest paid to you in 2013 must be reported on the applicable Form 1040, U.S. Individual Income Tax Return, for 2013. The amount of tax-exempt AMT interest paid to you in 2013 must be taken into account in computing the alternative minimum tax reported on Form 1040 for 2013.

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1099 Consolidated Tax Statement
Tax Year 2013 Copy B For Recipient

WILLIAM L STRONG III TTEE
FBO OCEANIC PUBLIC LIBRARY
U/A/D 12/29/19
3 WINDWARD WAY
RED BANK NJ 07701-2479

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number 26-4310632

Taxpayer ID Number 23-7386850
Account Number 049 106908 023

Customer Service: 866-324-6088

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc.

Long Term - Noncovered Securities

(Consider Box 6a (Noncovered Security) as being checked for this section These transactions should be reported on Form 8949 Part II with box E checked)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
AMERICAN EXPRESS 5875 13MY02	CUSIP: 0258M0CW7 Symbol (Box 1d):							
	20,000 000	05/12/09	05/02/13	$20,000 00	$19,956 00	$0 00	$44 00	$0 00
FORTUNE BRANDS 4875 13DE01	CUSIP: 349631AK7 Symbol (Box 1d):							
	20,000 000	08/14/09	12/02/13	$20,000 00	$20,000 00	$0 00	$0 00	$0 00
Total Long Term Noncovered Securities				**$40,000.00**	**$39,956.00**	**$0.00**	**$44.00**	**$0.00**

Form 1099-B Total Reportable Amounts

Total Sales Price (Box 2a)	**$40,000.00**
Total Cost or Other Basis (Box 3)	**$0.00**
Total Wash Sale Loss Disallowed (Box 5)	**$0.00**
Total Fed Tax Withheld (Box 4)	**$0.00**

Noncovered securities are not subject to the IRS cost basis reporting regulations, therefore their date of acquisition, cost basis, short or long term designation and any disallowed loss resulting from a wash sale will not be reported to the IRS

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SUPPLEMENTAL FOREIGN SECURITY TAX INFORMATION

Domestic and Foreign Dividend Income Breakdown

This section displays a summary of your foreign and domestic dividends and the amount of each that are Qualified Dividends This information is reported at the summary level in Form 1099-DIV in this tax statement

DIVIDEND TYPE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
Domestic Dividends	$2,261 13	$2,155 07
Foreign Dividends	$7 36	$0 00
Total Dividends	**$2,268.49**	**$2,155.07**

Summary of Foreign Investments

This section displays a summary of your foreign dividends and interest received and the amount of foreign tax paid to each jurisdiction The amounts from this section are useful when completing IRS Form 1116 (Foreign Tax Credit), if applicable The transactions from which these amounts are derived are displayed in the 1099-DIV and 1099-INT detail sections of this tax statement

COUNTRY	FOREIGN DIVIDENDS	FOREIGN INTEREST	TOTAL FOREIGN INCOME	FOREIGN TAX PAID ON DIVIDENDS	FOREIGN TAX PAID ON INTEREST	TOTAL FOREIGN TAX PAID
VARIOUS	$7 36	$0 00	$7 36	$7 36	$0 00	$7 36
Total Amounts	**$7.36**	**$0.00**	**$7.36**	**$7.36**	**$0.00**	**$7.36**

MUTUAL FUND AND UIT STATE & FEDERAL TAX INFORMATION - INCOME SOURCE BREAKDOWN

DESCRIPTION	AMERICAN CAP	AMERICAN	AMERICAN WA
SYMBOL	CAIBX	ANCFX	AWSHX
CUSIP	140193103	360802102	939330106
Alabama	0 00%	0 00%	0 00%
Alaska	0 00%	0 00%	0 00%
Arizona	0 00%	0 00%	0 00%
Arkansas	0 00%	0 00%	0 00%
California	0 00%	0 00%	0 00%
Colorado	0 00%	0 00%	0 00%
Connecticut	0 00%	0 00%	0 00%
Delaware	0 00%	0 00%	0 00%
District of Columbia	0 00%	0 00%	0 00%
Florida	0 00%	0 00%	0 00%
Georgia	0 00%	0 00%	0 00%
Hawaii	0 00%	0 00%	0 00%
Idaho	0 00%	0 00%	0 00%
Illinois	0 00%	0 00%	0 00%
Indiana	0 00%	0 00%	0 00%
Iowa	0 00%	0 00%	0 00%
Kansas	0 00%	0 00%	0 00%
Kentucky	0 00%	0 00%	0 00%
Louisana	0 00%	0 00%	0 00%
Maine	0 00%	0 00%	0 00%
Maryland	0 00%	0 00%	0 00%
Massachusetts	0 00%	0 00%	0 00%
Michigan	0 00%	0 00%	0 00%
Minnesota	0 00%	0 00%	0 00%
Mississippi	0 00%	0 00%	0 00%
Missouri	0 00%	0 00%	0 00%
Montana	0 00%	0 00%	0 00%
Nebraska	0 00%	0 00%	0 00%
Nevada	0 00%	0 00%	0 00%
New Hampshire	0 00%	0 00%	0 00%

DESCRIPTION	AMERICAN CAP	AMERICAN	AMERICAN WA
SYMBOL	CAIBX	ANCFX	AWSHX
CUSIP	140193103	360802102	939330106
New Jersey	0 00%	0 00%	0 00%
New Mexico	0 00%	0 00%	0 00%
New York	0 00%	0 00%	0 00%
North Carolina	0 00%	0 00%	0 00%
North Dakota	0 00%	0 00%	0 00%
Ohio	0 00%	0 00%	0 00%
Oklahoma	0 00%	0 00%	0 00%
Oregon	0 00%	0 00%	0 00%
Pennsylvania	0 00%	0 00%	0 00%
Rhode Island	0 00%	0 00%	0 00%
South Carolina	0 00%	0 00%	0 00%
South Dakota	0 00%	0 00%	0 00%
Tennessee	0 00%	0 00%	0 00%
Texas	0 00%	0 00%	0 00%
Utah	0 00%	0 00%	0 00%
Vermont	0 00%	0 00%	0 00%
Virginia	0.00%	0 00%	0 00%
Washington	0 00%	0 00%	0 00%
West Virginia	0 00%	0 00%	0 00%
Wisconsin	0 00%	0 00%	0 00%
Wyoming	0 00%	0 00%	0 00%
U.S. Territories			
American Samoa	0 00%	0 00%	0 00%
Guam	0 00%	0 00%	0 00%
Northern Mariana Islands	0 00%	0 00%	0 00%
Puerto Rico	0 00%	0 00%	0 00%
U S Virgin Islands	0 00%	0 00%	0 00%
US Federal Source Income	4 14%	0 10%	0 03%

The table above shows the percentages of each fund's income that was earned from each state, U S territory or U S Federal obligation Depending on the state and local tax laws that apply where you file your tax return, you may also be able to reduce the taxable income from the fund on your state tax return(s) Any income earned from U S federal obligations or obligations issued by U S territories is generally exempt for state purposes, however, California, Connecticut, New Jersey and New York have income source threshold limits that must be met for income from a fund to be considered state tax exempt Please consult your tax advisor to determine the portion of the fund's income that is exempt in your state

ANNUAL BOND AMORTIZATION

Taxable Bonds

DESCRIPTION	CUSIP	QUANTITY	DATE ACQUIRED	DATE SOLD	AMOUNT
ALLSTATE CORP 6 200 5-16-14	020002AW1	20,000 000	05/12/2009		$123 73
FORTUNE BRANDS 4 7/8 12-01-13	349631AK7	20,000 000	08/14/2009	12/02/2013	$61 41
GOLDMAN SACHS GRP 5 3/4 1-24-22	38141GGS7	20,000 000	04/16/2012		$57 51
KRAFT FOODS INC 6 3/4 2-19-14	50075NAX2	15,000 000	11/10/2009		$474 92
Total Taxable Bond Amortization					**$717.57**
Total Bond Amortization					**$717.57**

FEES AND EXPENSES

Fees

DATE	ACTIVITY	DESCRIPTION	AMOUNT
12/16/13	Charge	ACCT MAINTENANCE FEE	$(95 00)
Total Fees			**$(95.00)**

Consult your tax advisor for the tax deductibility of these fees.

PERTINENT TAX MESSAGES

*** WARNING - CORRECTED TAX FORMS POSSIBLE ***

Morgan Stanley does not always have the necessary information to provide you with a final correct Consolidated Tax Statement by the required February 15th IRS deadline Some mutual funds, real estate investment trusts (REITs) and unit investment trusts (UITs) may revise their tax information after we have sent it to you For example, a mutual fund may reclassify a qualified dividend as nonqualified or a REIT may reclassify a dividend as return of capital. If an issuer revises its tax information after February 15th, we are required to send you a corrected tax statement. This is a recurring problem in the financial services industry and is not peculiar to Morgan Stanley. While the possibility of corrected tax statements cannot be completely eliminated we have been successful in reducing their number each year.

If you would like a list or an updated status of those securities that we have identified as consistently reallocating their distributions after February 15th, please consult your Financial Advisor or call our customer service center at 866-324-6088

We recommend that you keep the entire statement in your files for as long as you retain your tax records. This statement contains important tax information in addition to the 1099 information reported on page 3

For your protection Morgan Stanley can not provide account information to anyone other than the account owner If you would like us to share information with your tax advisor please contact your Financial Advisor to set up the advisor as an authorized party For your advisor to receive information by phone, you must be on the line with him/her

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Form 5498 Information

If you have an IRA with Morgan Stanley, please note that your Form 5498 will be mailed to you separately by May 31, 2014. The Form 5498 confirms all IRA contributions for the prior tax year made up until the tax filing deadline (usually April 15) and also displays incoming rollovers, Roth conversions and recharacterizations It is not necessary to attach Form 5498 to your tax return.

Please note that Morgan Stanley is not a tax advisor. Please consult your tax advisor for the appropriate treatment of this information Questions concerning the translation of tax form information onto an individual tax return should be referred to a tax professional

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