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# Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public Inspection

OMB No 1545-0047

Āī	For the	e 2013 calendar year, or tax year beginning , 2	013, and ending		, 20
}_		C Name of organization	<del></del>	D Employeriden	tification number
18 0	Check If app	PICABLE OTTO SCHOEPFLE CHARITABLE TRUST 004749-0	0		
Γ	Addre			34-1781	601
_		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nun	nber
_	Initial	return 106 SOUTH MAIN STREET, STE 16		330 384	-7300
	Termii	City or town, state or province, country, and ZIP or foreign postal code			
	Amen			G Gross receipts	\$ 1,973,173.
_	Applic	F Name and address of principal officer DAN MARTIN		H(a) Is this a group is subordinates?	return for Yes X No
_		105 Court Street Elyria OH 44035		H(b) Are all subordinat	es included? Yes No
ī	Tax-ex	rempt status 501(c)(3) 501(c) ( ) ◀ (insert no ) X 4947(a	a)(1) or 527	If "No," attach	a list (see instructions)
J	Websit	ite N/A		H(c) Group exemption	on number 🕨
K	Form o	of organization Corporation X Trust Association Other	L Year of fo	rmation 1994 <b>M</b> Si	tate of legal domicile OH
P	art l	Summary			
	1	Briefly describe the organization's mission or most significant activities			
ă		TO SUPPORT THE LORAIN COUNTY METRO PARKS (SC	HOEPFLE GARI	DENS)	
laŭ		AND THE BIRMINGHAM UNITED METHODIST CHURCH C	HILDRENS' C	HOIR	
Governance	2	Check this box   If the organization discontinued its operations or disp	osed of more than	25% of its net assets	
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		🗀	5
9	4	Number of independent voting members of the governing body (Part VI, line 1	lb)		4 5
Activities	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a).		[ !	5 NONE
Ę	6	Total number of volunteers (estimate if necessary)			6 NONE
Ą	7a	Total unrelated business revenue from Part VIII, column (C), line 12			'a NONE
	b	Net unrelated business taxable income from Form 990-T, line 34			b NONE
			<u>_</u>	Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)			
nua	9	Program service revenue (Part VIII, line 2g)			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d),		<u>271,22</u>	7 127,341.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	271,22	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		276,70	7 277,211.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		38,68	38,299.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	· b	Total fundraising expenses (Part IX, column (D), line 25) ▶		06.01	0.5.50
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>····</del> -₁···├-	26,21	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses Subtract line 18 from line 12 RECELVE	$n \cdots r - r$	341,60	
	19	Revenue less expenses Subtract line 18 from line 12	<del></del>	-70,37	<del></del>
IS OF			1071 —	eginning of Current Yes	
et Assets	20	Total assets (Part X, line 16)		4,979,86	
et A	21	Total liabilities (Part X, line 26)	<u>∵∵</u> }≝¦⋯⊢	NO.	
2,5	22	Net assets or fund balances Subtract line 21 from line 20	111	4,979,86	$7 \mid 4,764,165$ .
	art II	Signature Block  Signature Block  A C	U L	ets, and to the best of a	no beautadas and habit it in
tru	iaer per ie, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of	of which preparer has a	ny knowledge	my knowledge and bellet, it is
_		FIRSTMERIT BANK, N.A.		5-4-1	
Sig	n	Signature of offices		Date	7
He	_	By: Khan Ly			
		Type or print name and title 2 DL 26052	<del></del>		
		Print/Type preparer's name Preparer's signature	Date	CL	PTIN
Pai	d		$2^{\frac{1}{5}}$	Checkin	<b>'</b> }
Pre	parer	RONALD SHOEMAKER	12/10/12/1		100001
Us	e Only	Firm'sname > ERNST & YOUNG U.S. LLP	112		4-6565596
Ma	v tha II	Firm's address ► 950 MAIN STREET; CLEVELAND, OH 44 RS discuss this return with the preparer shown above? (see instructions)	113	Phone no 4	19-321-6096 X Yes No
ivia	y tile II	HS discuss this feturn with the preparer shown above (see institutions)	<u></u>	<del> </del>	X Yes No

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For	m 990 (2013) Pa	ge <b>2</b>
Pa	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	$\perp$
1	Briefly describe the organization's mission.	
	TO SUPPORT THE LORAIN COUNTY METRO PARKS (SCHOEPFLE GARDENS)	
	AND THE BIRMINGHAM UNITED METHODIST CHURCH CHILDRENS' CHOIR	
_	Did the organization undertake any significant program services during the year which were not listed on the	
2		No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 235,529. including grants of \$ 235,529.) (Revenue \$ )	
	FUNDS WERE DISTRIBUTED TO THE LORAIN COUNTY METROPOLITAN DISTRICT TO	
	PRESERVE, MAINTAIN AND IMPROVE 62 ACRES OF LAND LOCATED IN BIRMINGHAM,	
	OH	
4b	(Code. ) (Expenses \$ 41,582. including grants of \$ 41,582.) (Revenue \$ )  FUNDS WERE DISTRIBUTED TO THE BIRMINGHAM UNITED METHODIST CHURCH	_
	FOR THE CHILDRENS' CHOIR PROGRAM	_
		_
4c	(Code:) (Expenses \$	
		_
		_
		_
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 277,111.	

Form 990 (2013)

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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 (see instructions)?	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		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ļ	
_	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 98-197 If "Yes," complete Schedule C,	_		v
6	Part III	5		<u>X</u>
O	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	İ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		İ	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		ŀ	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"			7.7
L	complete Schedule D, Part VI	11a		<u>X</u>
ນ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1.70		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Ì	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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>
12 a	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<del></del>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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 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," complete Schedule G, Part III	19	$\dashv$	<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u>X</u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, 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			<del></del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		122
24 a				Į
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		v
	through 24d and complete Schedule K. If No, go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			\ <sub>V</sub>
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1,7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1,,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			٠,,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٠,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			٠,
	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			٠,,
	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,			٠,
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	١		77
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
0-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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,	,		v
0.5	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		₩.	
	197 Note. All Form 990 filers are required to complete Schedule O	38 Earm	X	(2013)

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Part	Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in 8ox 3 of Form 1098. Enter 0- If not applicable.		Check if Schedule O contains a response or note to any line in this Part V	• • • •	• • •	-
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  Did the organization comply with backup withholding rules for reportable payments to vandors and reportable gaining [gambling] winnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to efficie seminarticons).  3b. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business? The Yor to line bb, provide an explanation in Schedule 0.  3b. If Yes, enter the name of the foreign country.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  3ccount?  5 If Yes, enter the name of the foreign country.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5 If Yes, enter the name of the foreign country.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5 If Yes, enter the name of the forms 888-T7.  5 Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction?  6 If Yes, for the organization shell we shelt transaction at any time during the viver?  5 Did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 Did the organization shell were all the shelt transaction at a party to a prohibited tax shelter transaction?  6 Did the organization that may recei				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  5 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to of file see instructions).  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; business and the organization have an interest in, or a signature or other authority over, a financial account?  5 If Yes, enter the name of the foreign country; business and the organization and the organization and the organization and the organization and the organization and the organization flat it was or is a party to a prohibited tax shelter transaction?  5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8886 arro.  5 Did any taxable party northy the organization that it was or is a party to a prohibited to organization solicit any contributions that every solicitation an express statement that such contributions or gifts were not ax deductible contributions  5 Did the organization shart may receive deductible contributions under section 170(c).  5 Did the organization that may receive deductible contributions under section 170(c).  6 Did the organization that was exchange, or otherwise dispose of tangible personal property for which it was required to file form 8829; as required?  7 Diff the organization section of the value of the goods or services	1a	Enter the hamber reported in box of the in record and of the interest and in the capping			ı
reportable gaming (gambling) winnings to prize winners? 2 a Finer 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 2 b lif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b lif Yes, has the filed Form 950-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0. 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; over, or financial accounts? 4b If Yes, enter the name of the foreign country; b See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax debutchle? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 bif H'Yes, did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 9 bif H'Yes, did the organization include with every solicitation an express statement that such contributions or gross and services provided? 10 Organizations that may receive deductible contributions under section 170(c). 11 bif the organization receive a payment in exces		Enter the number of forms 44 2d metaded in the full enter of infort applicable.			ı
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.  2b bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No' to line 3b, provide an explanation in Schedule 0.  3d At any time during the calendar year, did the organization have an interest in, or a signature or other subtroty over, a financial account; in a foreign country: be see instructions for filing requirements for Form TDE 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization in a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was 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 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations shat may receive deductible contributions under section 170(c).  5c Did the organization shat may receive deductible contributions under section 170(c).  6c Did the organization shall may be a promised to the goods or services provided?  7b Organizations that may receive deductible contributions under section 170(c).  6c Did the organization shall may be a promised to the goods or services provided?  7c Organizations that the unput of the promise shall be promised to the organi	C		<u> </u>		
Statements, filed for the calendar year ending with or within the year covered by this return 2			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Ab Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes,* has it filed a Form 990-T for this year? If "No' to line 3b, provide an explanation in Schedule 0.  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; ▶  5b If Yes, enter the name of the foreign country; ▶  5c enstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts account?  5b Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c Was 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?  5c 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?  5c Does the organization receive abunted that the second to the form 3282?  5d If Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  5d If Yes," indicate the number of Forms 8282 filed during the year  5d If Yes," indicate the number of Forms 8282 filed during the year  6d If Yes," indicate the number of Forms 8282 filed during the year  6d If Yes," indicate the number of Forms 8282 filed during the year  7d If Yes," did the organization received a contribution of undivided filed that the organization file form 1984°C and the organizations. Buffet in the organization make a distributi	2a				ı
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 If Yes,* has it filed a Form 990-T for this year? If 'No' to file 3b, provide an explanation in Schedule C  4 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, or other financial account)  5 If Yes, enter the name of the foreign country. ►  5 See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts  5 Was the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If Yes' to line 5a or 5b, did the organization in lef Form 8886-T?  6 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?  6 If Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  9 If 'Yes,' did the organization notify the donor of the value of the goods or services provided to the payor?  10 If 'Yes,' indicate the number of Forms 8282 filed during the year.  12 If If organization received a contribution of undifficitly, to pay premiums on a personal benefit contract?  13 If the organization received a contribution of undifficitly, to pay premiums on a personal benefit contract?  14 If the organization received a contribution of undifficit		Buttoments, med for the cultificati year and my with a return the year severed by the return.			
3a bil f*Yes*, but filed a Form 99.0T for this year? If Nor 0 tine 3b, provide an explanation in Schedule 0. 3b bif Yes*, but filed a Form 99.0T for this year? If Nor 0 tine 3b, provide an explanation in Schedule 0. 3b bif Yes*, but filed a Form 99.0T for this year? If Nor 0 tine 3b, provide an explanation in Schedule 0. 3b bif Yes*, but filed a Form 99.0T for this year? If Nor 0 tine 3b, provide an explanation in Schedule 0. 3b bif Yes*, enter the name of the foreign country; ► 5e enstructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as chadrable contributions? 6b If Yes*, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organizations that may receive deductible contributions under section 170(c). a) Did the organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b) If Yes*, did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f) Did the organization receive a contribution of qualhed intellectual property, did the organization file form 8283 as required? f) If the organization received a contribution of orar, boats, arplanes, or other vehicles, did the organization file form 90 the file of payor organization. Nor except payor organization, or a donor advised fund an ass	b		2b		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  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 isch as a bank account, securities account, or other financial account?  5 b If Yes, enter the name of the foreign country: ►  5 se instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5 a Was the organization a party to a prohibited tax shelter transaction at your time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5 a or 5b, did the organization in Form 8886-17  6 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?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," indicate the number of Forms 8282 filed during the year.  9 b If "Yes," indicate the number of Forms 8282 filed during the year.  9 b If "Yes," indicate the number of Forms 8282 filed during the year.  9 b If the organization receive any premiums, directly or indirectly, to pay premiums on a personal benefit contract?  10 b If the organization receive any premiums, directly or indirectly, to pay premiums on a personal benefit contract?  11 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 b If the organization receive any part of pay premiums, directly or indirectly, to pay premiums of many pays and p			<u> </u>		37
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d if "Yes," indicate the number of Forms 8282 filed during the year		required to file Form 8282?	7c		X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Did the organization make a distribution included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  B Gross income from members or shareholders  B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b (if "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organizat	d		Ì		ļ
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand.  13b  14a Did the organization received any payments for indoor tanning services during the tax year?  14a		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X_
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand  13b  12c Enter the organization receive any payments for indoor tanning services during the tax year?  14a	f		7f		<u>X</u>
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	•		7g		<del></del>
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	h		7h		
organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand.  13b c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a	8				
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a			<u> </u>		37
a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  3 Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b 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  c Enter the amount of reserves on hand  13a  14a  14a  15b  16c  17a  18b  18b  18c  18c  18c  18c  18c  18c			8		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9				Х
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	a		$\vdash$		X
a Initiation fees and capital contributions included on Part VIII, line 12			90		_^
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				Ì	ĺ
11 Section 501(c)(12) organizations. Enter.  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	a				ĺ
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					ĺ
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
against amounts due or received from them.)					ĺ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	12a		12a	X	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?					
a Is the organization licensed to issue qualified health plans in more than one state?			لسلا		<u> </u>
b 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	а		13a		<u> </u>
the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.			l
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?					
	C	Enter the amount of reserves on hand			
	14a		14a		X

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5_			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	_			
b	Enter the number of voting members included in line 1a, above, who are independent Lab	5_	. '		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other personal supervision of officers.	on?	3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets		_5	ļ <u>.</u> .	X
6	Did the organization have members or stockholders?		6	ļ	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) m	embers,			
	stockholders, or persons other than the governing body?		7b	<b></b>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	'		
	the year by the following.				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Cod		
				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 c	hapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose		10b	77	<del> </del>
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				,,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that co	uld give			
	rise to conflicts?		12b		├
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done		12c		<del>  ,,-</del>
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for the process of the process o	*	!		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and d				.,
а	The organization's CEO, Executive Director, or top management official		15a		X
b	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)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran	gement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegu				
	organization's exempt status with respect to such arrangements?	<del></del>	16b	L	L
Sect	tion C. Disclosure	<del></del>			
17	List the states with which a copy of this Form 990 is required to be filed ▶○hio				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	501(	c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	OI.			
	Own website X Another's website X Upon request Other (explain in Schedule				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con-	lict of int	erest	polic	/, and
	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and reconstruction by RTR COMMENTAL PARKET (44.0) 200 200.	ords of th	ıe		
10.1	organization. ►FIRSTMERIT BANK NA TEL: (440)329-3264		<del></del>	000	10-
JSA	105 COURT STREET; ELYRIA, OH 44035		Form	n <b>990</b>	(2013

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Form 990 (2013)							Page <b>7</b>
Part VII Compensation of Officers, Di Independent Contractors			•	•	-	-	
Check if Schedule O contains a r	esponse or	note to a	ny lin	e in this	Part VII	<del> </del>	<u></u>
Section A. Officers, Directors, Trustees, Key E	mployees, a	and Highes	t Com	pensate	d Employees		
1a Complete this table for all persons required organization's tax year	d to be lis	ted Repor	t com	pensatio	on for the calend	ar year ending w	nth or within the
<ul> <li>List all of the organization's current office compensation Enter -0- in columns (D), (E), and (F)</li> </ul>					ndividuals or orga	nızatıons), regardl	ess of amount of
<ul> <li>List all of the organization's current key emp</li> </ul>		•					
<ul> <li>List the organization's five current higher who received reportable compensation (Box 5 organization and any related organizations.</li> </ul>							
<ul> <li>List all of the organization's former offices</li> <li>\$100,000 of reportable compensation from the organization</li> </ul>						nployees who red	eived more than
<ul> <li>List all of the organization's former directorganization, more than \$10,000 of reportable contains.</li> </ul>							or trustee of the
List persons in the following order: individe compensated employees; and former such personates		es or dir	rectors	; instit	utional trustees;	officers, key en	nployees; highest
Check this box if neither the organization nor	any related	organizati	on cor	npensate	ed any current offi	cer, director, or tru	stee
			(C)				
(A)	(B)	F	Position		(D)	(E)	(F)
Name and Title	Average	(do not che			Reportable	Reportable	Estimated
	hours per	box, unless officer and a	-		compensation from	compensation from related	amount of other
	week (list any			•	4	organizations	compensation
	related	nsti ndw	Key err Officer	Former Highest employ	organization	(W-2/1099-MISC)	from the
	organizations	Institutional	Key employe	Former Highest cor employee	(W-2/1099-MISC)		organization and related
	below dotted	7 7 8	o v	" on	1		organizations

(A) Name and Title	(B) Average hours per week (list any	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D)  Reportable compensation from related							(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BILL LAMB TRUSTEE		Х						NONE	NONE	NONE
(2) DAN MARTIN TRUSTEE		X						NONE		NONE
(3) BOB CAMPANA TRUSTEE		Х						NONE		NONE
(4) DICK KRETCHMAR TRUSTEE		Х						NONE	NONE	NONE
(5) FIRSTMERIT BANK, NA TRUSTEE	10.00		Х					38,299.	NONE	NONE
(6) ROBERT DLUGOSZ OFFICER				Х				NONE	NONE	NONE
	ļ									
					ļ		_			
(10)										
( <u>11</u> )										
(13)										
(14)							_			

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er and	Pos neck ss pe d a d	rson	than o is both or/trust	an :ee)	(D) Reportable compensation from	(E)  Reportable compensation from the related		am	(F) timated ount of other	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	comp fro orga and	pensation the anization in the anization	n i
(15)							- ,			- '				
(16)														
(17)										·				
(18)														
(19)														
(20)														
(21)	,													
(22)														
(23)													•	
(24)														
(25)							·							
c	Sub-total  Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .						<b>* * *</b>	38,299.		NONE			NONE
2	Total number of individuals (including but not reportable compensation from the organizatio		those	list 0	ed a	bov	ve) wh	o r		\$100,000	of			
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	n \$1!	50,0 · ·	000	?	f Ye	s, • •	complete Sched	ule J for :	such 	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If Y											5		X
1	on B. Independent Contractors  Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) (B) (C) Name and business address Description of services Compensation													
_														
2	Total number of independent contractors received more than \$100,000 of compensation						ited (		those listed abo	ove) who	<u> </u>			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

	Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	Membership dues					
e Revenue	Total. Add lines 1a-1f	Business Code				
Program Service Revenue	All other program service revenue					
3 4 5	I Total Add lines 2a-2f	rest, and proceeds	140,699.			140,69
6a b	Less rental expenses Rental income or (loss)					
7a	Gross amount from sales of assets other than inventory Less cost or other basis	(II) Other				
sa 8a	Net gain or (loss)	<u> </u>	-13,358.		· · · · · · · · · · · · · · · · · · ·	
Other Reven	See Part IV, line 18					
b						
10a	Gross sales of inventory, less returns and allowances					
- 0	Net income or (loss) from sales of inventory.  Miscellaneous Revenue					
11a b						
12		▶	127,341.			140,69

### Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4	) organizations must complete all columns	All other organizations must complete column (A).
-------------------------------	---	---

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and	$\Box$								
	organizations in the United States See Part IV, line 21	277,211.	277,211.							
2	Grants and other assistance to individuals in									
	the United States See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the		•							
	United States See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	38,299.		38,299.	<u></u>					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and	}	1							
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section									
	401(k) and 403(b) employer contributions)				<del></del>					
9	Other employee benefits									
10	Payroll taxes									
	Fees for services (non-employees)									
а	Management		-	25 252						
b	Legal	25,073.		25,073.						
C	Accounting	2,257.		2,257.						
d	Lobbying									
	Professional fundraising services See Part IV, line 17.	-								
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O)									
	Advertising and promotion									
13	· · · · · · · · · · · · · · · · · · ·		<del>-</del>							
14	Information technology				<u> </u>					
15	Royalties	-								
16	Occupancy									
17			-							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	· · · · · · · · · · · · · · · · · · ·									
	Insurance	<del></del>			· · · · · · · · · · · · · · · · · · ·					
24										
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O)									
	· · · · · · · · · · · · · · · · · · ·									
a ⊾										
0										
C د										
d		200.	-	200.						
	All other expenses	343,040.	277,211.	65,829.	NONE					
	Joint costs. Complete this line only if the	313,010.	21112221	03,023.	110111					
-	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation Check here									
	following SOP 98-2 (ASC 958-720)									
JSA				1.	Form <b>990</b> (2013)					

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**Balance Sheet** Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 2 3 4 Accounts receivable, net ................ 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 Prepaid expenses and deferred charges ...... 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D b Less. accumulated depreciation . . . . . . . . . . 10b 10c Investments - publicly traded securities ...... 4,979,867. 11 4,764,165. 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 . . . . . . . . . 13 14 14 15 15 4,979,867. 16 4,764,165 16 17 17 18 18 19 Deferred revenue ....... 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . 21 Liabilities Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 NONE NONE Total liabilities. Add lines 17 through 25 . . . . . . . . . 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets ............ 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34. ö Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . 31 31 4,979,867. 32 Retained earnings, endowment, accumulated income, or other funds 32 4,764,165. Net 4,764,165.

> 4.764.165. Form 990 (2013)

4,979,867.

4.979.867.

33

33

Total net assets or fund balances 

Form 99	00 (2013)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets			•		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	27,3	341.
2	Total expenses (must equal Part IX, column (A), line 25)	2				)40.
3	Revenue less expenses Subtract line 2 from line 1	3		- 2	15, <del>(</del>	<u> 599.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,9	79,8	<u> 367.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				<u>-3.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,7	64,:	<u> 165.</u>
Part :						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ı in			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2b		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight				
_	of the audit, review, or compilation of its financial statements and selection of an independent accour			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_		3b		

Form **990** (2013)

CYF743 L668 05/05/2014 13:03:47

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

### **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.

OMB No 1545-0047

Onen to Public Inspection

Department of the Treasury Internal Revenue Service ► 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

Employer identification number Name of the organization OTTO SCHOEPFLE CHARITABLE TRUST 004749-00 34-1781601 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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) An organization that normally receives: (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). Х An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 Type II c X 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 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) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of monetary organization in organization (described on lines 1-9 the organization support col (i) listed in above or IRC section. in col (i) of your col (i) organized your governing (see instructions)) support? in the US? document? Yes Yes Nο Yes (A) SEE PART IV (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

3E1210 1 000

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.)

Sec	tion A. Public Support						N/A
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")		į				
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						<u> </u>
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					<u> </u>	
	tion B. Total Support					1	
_	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
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				<u> </u>		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	nd, third, fourth	, or fifth tax ye	ar as a section	501(c)(3) ▶
Sect	ion C. Computation of Public Sup		•			<del></del>	
14	Public support percentage for 2013 (II						%
15	Public support percentage from 2012						%
16a	331/3% support test - 2013. If the o						
L	this box and <b>stop here</b> . The organization						▶ 🗀
D	331/3% support test - 2012. If the ocheck this box and stop here. The organization	-					
179	10%-facts-and-circumstances test - 2			_			
174	10% or more, and if the organization Part IV how the organization meets t	meets the "facts-and-ci	cts-and-cırcumst ircumstances t	ances" test, chest The organ	neck this box a ization qualifies	nd <b>stop here.</b> as a publicly s	Explain in supported
b	organization	2012. If the organization meets on meets the "	ganization did n s the "facts-and 'facts-and-circum	ot check a box l-circumstances nstances" test.	c on line 13, 16 " test, check t The organizatio	a, 16b, or 17a his box and <b>s</b> i n qualifies as	, and line top here. a publicly
18	<b>Private foundation</b> . If the organization instructions	did not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, check	this box and se	e

Page 3

### 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.)

	<del></del>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Sec	tion A. Public Support		1	1		,	N/A
Caler	ıdar 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					1	
	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						
, a	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			1			
	or 1% of the amount on line 13 for the year		-				
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Cast	line 6)		1		<u></u>		
	tion B. Total Support	(-) 2000	/L\ 2010	4-1 2011	(-1) 2012	(.) 0040	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
iva	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	n's first, second.	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
	organization, check this box and stop here.	-			•		
Sect	ion C. Computation of Public Supp				_		
15	Public support percentage for 2013 (line 8, c			nn (f))		15	%
16	Public support percentage from 2012 Sched					16	%
	ion D. Computation of Investment			<del></del>	<del>-</del>	·	
17	Investment income percentage for 2013 (lin			3. column (fl)		17	%
18	Investment income percentage from 2012 S					18	<u> </u>
	331/3% support tests - 2013. If the org					L	
	17 is not more than 331/3%, check this	-	=	•	· · · · · · · · · · · · · · · · · · ·	- · · · -	·
b	331/3% support tests - 2012 If the organ						
	line 18 is not more than 331/3%, check		•	•		•	. —
20	Private foundation If the organization of	iid not check	a box on line	14, 19a, or 19b	, cneck this bo	ox and see instri	JULIONS P

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 A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS \_\_\_\_\_ NAME OF SUPPORTED ORGANIZATION: LORAIN COUNTY METROPOLITA EIN: 311566725 TYPE OF ORGANIZATION FROM PART I: PC IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 235,629. NAME OF SUPPORTED ORGANIZATION: UNITED METHODIST CHURCH EIN: 341536775 TYPE OF ORGANIZATION FROM PART I: PC IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 41,582. TOTAL SUPPORT: 277,211.

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### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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

Open to Public Inspection

Name of the organization	Employer identification number
OTTO SCHOEPFLE CHARITABLE TRUST 004749-00	34-1781601
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 1a	
EAFTERNATION FOR FORM 330, FASE 0, FART VI, DING IG	
NO MATERIAL DIFFERENCES OF MEMEBERS VOTING RIGHTS	
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	TEM
FORM 990 IS REVIEWED BY THE TRUST OFFICER PRIOR TO FILING	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 18	
THE INFORMATION IS AVAILABLE AT WWW.GUIDESTAR.COM OR UPON RE	
IND_INTOKEMITOR TO AVAILABLE AT MALCOTERSTAN.COT OR OFOUR	, <u>x</u>
DECOLUTION FOR MANING DOCUMENTS DUDI TO	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
THE ORGANIZATIONS GOVERNING DOCUMENT AND FINANCIAL STATEMENT	'S
ADE AVAITADIE LIDON DECLIECT	
ARE AVAILABLE UPON REQUEST.	
ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION	ons
FORM 990, PAGE 7, PART VII, SECTION A	
BILL LAMB 1 HOUR, DAN MARTIN 1 HOUR, BOB CAMPANA 1 HOUR,	
DICK KRETCHMAR 1 HOUR, FIRST MERIT BANK NA 1 HOUR,	
ROBERT DLUGOSZ 1 HOUR	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
	·
ROUNDING -3.00	

FIRSTMERIT BANK, N.A. TRUSTEE OF THE OTTO SCHOEPFLE CHARITABLE TRUST U/A/D 5/22/1992

STATEMENT OF ACCOUNT

ACCOUNT 004749-00

AS OF

12/31/13

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR ACCOUNT, PLEASE CONTACT:

ROBERT W. DLUGOSZ/A.BRADLEY (440) 329-3264 / (800) 532-8767

OR

CHRISTOPHER L. NEWCOMB (440) 329-3254 / (800) 532-8767

OR

CLIENT ADVISOR - DANIEL MUNRO (440) 329-3269 / (800) 532-8767

PRIVATEBANK - ERIE SHORES 105 COURT STREET ELYRIA, OH 44035

THOMSONREUTE THOMSON REUTERS ATIN: JEFF MASLANICH 24481 DETROIT RD, STE 400 WESTLAKE, OH 44145

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# OTTO SCHOEPFLE CHARITABLE TRUST ACCOUNT: 004749-00

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TION	ASSET SUMMARY	LIST OF ASSETS
DESCRIPTION	SET S	ST OF
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ASSET		

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ASSET CATEGORY	MARKET VALUE	PERCENT OF ACCOUNT	FEDERAL TAX COST	UNREALIZED GAIN/LOSS (COST VS MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET
PRINCIPAL PORTFOLIO						
PRINCIPAL CASH	179,231.80-	3.12-%	179,231.80-			
CASH EQUIVALENTS	288,370.33	5.01 %	288,370.33	00.00	288	0.10 %
U.S. GOVERNMENT AGENCIES	160,893.00	2.80 %	154,321.05	6,571.95	5,063	3.15 %
CORPORATE & FOREIGN BONDS	1,508,900.50	26.24 %	1,473,374.00	35,526.50	57,338	3.80 %
COMMON EQUITY SECURITIES	1,832,370.00	31.86 %	1,166,084.36	666,285.64	31,758	1.73 %
INTL EQUITY MUTUAL FUNDS	297,865.71	5.18 %	278,905.63	18,960.08	1,293	0.43 %
CLOSED END EQUITY MUTUAL FUND	1,286,950.20	22.38 %	1,016,076.97	270,873.23	22,632	1.76 %
TAXABLE FIXED INCOME FUNDS	375,034.50	6.52 %	386,883.25	11,848.75-	8,315	2.22 %
PRINCIPAL PORTFOLIO TOTAL	5,571,152.44	% 88.96	4,584,783.79	986,368.65	126,687	2.20 %
INCOME PORTFOLIO						
INCOME CASH	179,381.10	3.12 %	179,381.10			
TOTAL ASSETS	5,750,533.54	100.00 %	4,764,164.89	986,368.65	126,687	2.20 %

OTTO SCHOEPFLE CHARITABLE TRUST ACCOUNT: 004749-00

ACCOUNT: 0047	ACCOUNT: 004749-00	AS OF 12/31/13	13			PAGE:	E: 2
PAR VALUE OR SHARES	ASSET DESCRIPTION	MARKET VALUE UNIT PRICE	% OF ACCOUNT	FED TAX COST	UNREALIZED GAIN/LOSS (COST VS MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET
PRINCIPAL PORTFOLIO	FOLIO						
	PRINCIPAL CASH	179,231.80-	3.12-%	179,231.80-			
CASH EOUIVALENTS	SH						
288,370.33	FIRSTMERIT PRIVATEBANK CASH ACCOUNT	288,370.33 1.000	5.01%	288,370.33	00.0	288	0.10%
U.S. GOVERNMENT AGENCIES	T AGENCIES						
150,000	FEDERAL HOME LOAN BANK DTD 05/10/2010 3.375% 06/09/2017 NON CALLABLE	160,893.00 107.262	2.80 %	154,321.05	6,571.95	5,063	3.15 %
CORPORATE & FO	FOREIGN BONDS						
200,000	BERKSHIRE HATHAWAY FIN DTD 01/11/2005 4.850% 01/15/2015	209,344.00 104.672	3.64 %	198,558.00	10,786.00	9,700	4.63 %
150,000	ANHEUSER BUSCH COS INC NT 02/01/2015	156,535.50 104.357	2.72 %	149,835.00	6,700.50	6,938	4.43 %
100,000	US BANCORP MEDIUM TERM NOTE DTD 03/04/2010 3.150% 03/04/2015 NON CALLABLE	103,045.00 103.045	1.79 %	100,461.00	2,584.00	3,150	3.06
100,000	SHELL INTERNATIONAL FIN DTD 09/22/2009 3.250% 09/22/2015 NON CALLABLE	104,660.00	1.82 %	100,210.00	4,450.00	3,250	3.11 %

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OTTO SCHOEPFLE CHARITABLE TRUST ACCOUNT: 004749-00

PAR VALUE OR SHARES	ASSET DESCRIPTION	MARKET VALUE UNIT PRICE	% OF ACCOUNT	EED TAX COST	UNREALIZED E GAIN/LOSS (COST VS MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET
100,000	AMGEN INC DTD 06/30/2011 2.300% 06/15/2016 NON CALLABLE	103,103.00 103.103	1.79 %	103,211.00	108.00-	2,300	2.23 %
200,000	CISCO SYSTEMS INC DTD 03/16/2011 3.150% 03/14/2017 NON CALLABLE	211,638.00 105.819	3.68 %	203,400.00	8,238.00	6,300	2.98 %
100,000	HCP INC MEDIUM TERM NOTE DTD 10/15/2007 6.700% 01/30/2018 NON CALLABLE	116,232.00 116.232	2.02 %	105,441.00	10,791.00	6,700	5.76 %
100,000	HSBC USA INC DTD 09/27/2010 5.000% 09/27/2020 NON CALLABLE	106,907.00 106.907	1.86	103, 632.00	3,275.00	2,000	4.68 %
100,000	NATIONAL RURAL UTIL COOP MEDIUM TERM NOTE DTD 04/05/2012 3.000% 04/15/2021 NON CALLABLE	97,449.00 97.449	1.69%	100,000.00	2,551.00-	3,000	3.08
100,000	CVS CAREMARK CORP DTD 05/12/2011 4.125% 05/15/2021 CALLABLE	103,657.00 103.657	1.80 %	106,136.00	2,479.00-	4,125	3.98
100,000	AT&T INC DTD 08/18/2011 3.875% 08/15/2021 NON CALLABLE	101,310.00	1.76 %	102,490.00	1,180.00-	3,875	3.82 %

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OTTO SCHOEPFLE CHARITABLE TRUST ACCOUNT: 004749-00

PAR VALUE OR SHARES	ASSET DESCRIPTION	MARKET VALUE UNIT PRICE	% OF ACCOUNT	FED TAX COST	UNREALIZED GAIN/LOSS (COST VS.MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET
100,000	GENERAL ELEC CAP CORP MEDIUM TERM NOTE DTD 07/06/2012 3.000% 07/15/2022 NON CALLABLE	95,020.00 95.020	1.65%	100,000.00	4,980.00-	3,000	3.16%
TOTAL CORPO	TOTAL CORPORATE & FOREIGN BONDS	1,508,900.50	26.24 %	1,473,374.00	35,526.50	57,338	3.80 %
COMMON EQUITY SECURITIES	SECURITIES						
1,000	AMERICAN EXPRESS CO	90,730.00	1.58 %	42,337.04	48,392.96	920	1.01 %
107	APPLE INC	60,029.14 561.020	1.04 %	19,988.72	40,040.42	1,305	2.17 %
360	CERNER CORP	20,066.40	0.35 %	16,723.58	3,342.82	0	% 00.0
410	CHEVRON CORPORATION	51,213.10 124.910	% 68.0	32,989.11	18,223.99	1,640	3.20 %
1,000	COCA COLA CO	41,310.00	0.72 %	26,176.85	15,133.15	1,120	2.71 %
215	COGNIZANT TECHNOLOGY SOLUTIONS CORP	21,710.70 100.980	0.38 %	16,965.54	4,745.16	0	0.00 %
830	CONOCOPHILLIPS	58,639.50	1.02 %	34,569.85	24,069.65	2,291	3.91 %

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PAR VALUE OR SHARES	ASSET DESCRIPTION	MARKET VALUE UNIT PRICE	% OF ACCOUNT	FED TAX COST	UNREALIZED GAIN/LOSS (COST VS MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET
1,005	DANAHER CORP	77,586.00	1.35 %	40,260.47	37,325.53	101	0.13 %
445	ECOLAB INC	46,400.15 104.270	0.81%	16,732.01	29,668.14	490	1.06 %
2,175	EMC CORP/MASS	54,701.25 25.150	0.95 %	51,663.15	3,038.10	870	1.59 %
009	EMERSON ELEC CO	42,108.00	0.73 %	19,094.48	23,013.52	1,032	2.45 %
670	EXPRESS SCRIPTS HLDG	47,060.80 70.240	0.82 %	36,638.95	10,421.85	0	0.00%
710	EXXON MOBIL CORPORATION	71,852.00 101.200	1.25 %	42,535.54	29,316.46	1,789	2.49 %
61	GOOGLE INC - CL A	68,363.31 1,120.710	1.19 %	50,262.59	18,100.72	0	0.00%
680	HONEYWELL INTERNATIONAL INC	62,131.60 91.370	1.08 %	50,198.96	11,932.64	1,224	1.97 %
150	INTERNATIONAL BUSINESS MACHINES CORP	28,135.50 187.570	0.49%	28,059.01	76.49	570	2.03 %
305	JM SMUCKER CO/THE-NEW	31,604.10	0.55 %	20,669.39	10,934.71	708	2.24 %

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PAR VALUE OR SHARES	ASSET DESCRIPTION	MARKET VALUE UNIT PRICE	% OF ACCOUNT	FED TAX COST	UNREALIZED GAIN/LOSS (COST VS MKT)	ESTIMATED ANNUAL INCOME	INCOME YIELD AT MARKET
840	JOHNSON & JOHNSON	76,935.60 91.590	1.34%	50,614.85	26,320.75	2,218	2.88
006	JOHNSON CTLS INC	46,170.00 51.300	% 08.0	32,136.84	14,033.16	792	1.72 %
285	MCDONALDS CORP	27,653.55 97.030	0.48	15,655.29	11,998.26	923	3.34 %
910	NIKE INC-CLASS B	71,562.40 78.640	1.24 %	23,146.82	48,415.58	874	1.22 %
850	NUCOR CORP	45,373.00 53.380	8 62.0	37,360.63	8,012.37	1,258	2.77 %
1,390	ORACLE CORPORATION	53,181.40 38.260	0.92 %	41,871.66	11,309.74	199	1.25 %
290	PRAXAIR INC	37,708.70 130.030	99.0	18,904.19	18,804.51	969	1.85 %
535	PROCTER & GAMBLE CO	43,554.35 81.410	0.76%	22,262.30	21,292.05	1,287	2.95 %
860	QUALCOMM INC	63,855.00 74.250	1.11%	53,531.28	10,323.72	1,204	1.89 %
645	SCHLUMBERGER LTD	58,120.95	1.01 %	38,883.44	19,237.51	806	1.39 %

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9/0 0/0 INCOME YIELD AT MARKET 0.43 2.21 1.88 2.07 2.28 2.72 1.73 0.54 0.72 ESTIMATED ANNUAL INCOME 1,530 31,758 1,230 519 1,438 755 472 1,293 1,030 4,041.82 17,779.94 14,552.44 18,960.08 43,352.68 39,179.27 18,407.94 11,447.59 666,285.64 (COST VS MKT) UNREALIZED GAIN/LOSS 51,483.16 37,260.73 18,008.06 30,695.56 1,166,084.36 278,905.63 41,196.23 52,965.07 FED TAX COST 54,243.01 % OF ACCOUNT 31.86 % 0/0 0/0 0/0 0/0 5.18 % 0/0 0/0 1.14 0.79 1.20 1.33 0.63 0.79 1.67 69,263.10 90.540 76,440.00 168.000 297,865.71 37.560 45,238.05 96,317.75 36,416.00 113.800 45,248.00 40.400 65,690.60 222.680 MARKET VALUE UNIT PRICE 1,832,370.00 OPPENHEIMER DEVELOPING MARKETS FUND THERMO FISHER SCIENTIFIC INC UNITED TECHNOLOGIES CORP TRAVELERS COMPANIES INC ASSET DESCRIPTION TOTAL COMMON EQUITY SECURITIES UNION PAC CORP US BANCORP NEW TARGET CORP VISA INC INTL EQUITY MUTUAL FUNDS 7,930.397 PAR VALUE OR SHARES 765 455 320 1,120 295 715 865

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ESTIMATED ANNUAL INCOME UNREALIZED GAIN/LOSS (COST VS MKT) FED TAX COST % OF ACCOUNT OF 12/31/13 MARKET VALUE UNIT PRICE AS ASSET DESCRIPTION

9/0 INCOME YIELD AT MARKET 2.39 1.00 1.56 1.31 1.55 3.22 2.22 2.60 8,315 1,460 2,142 6,110 4,843 1,949 22,632 3,472 10,971 523.86-11,848.75-11,324.89-18,277.53 57,148.32 115,315.03 44,580.10 35,552.25 270,873.23 156,746.48 80,287.30 386,666.15 161,883.25 386,883.25 42,754.07 349,622.97 1,016,076.97 225,000.00 22.38 % οlo 9/0 % % 0/0 1.06 3.90 3.72 8.09 2.17 2.62 7.34 6.52 464,938.00 149.980 422,218.40 224,476.14 150,558.36 61,031.60 42.980 213,894.80 109.130 124,867.40 45.160 1,286,950.20 375,034.50 VANGUARD FTSE DEVELOPED MARKETS ETF ISHARES RUSSELL TOP 200 GROWTH ETF ISHARES CORE S&P SMALL-CAP ETF CONSUMER STAPLES SELECT SPDR SECTOR INDEX FUND FEDERATED SHORT TERM INCOME FUND ISHARES RUSSELL MIDCAP ETF VANGUARD INTERMEDIATE TERM INVESTMENT GRADE FUND TOTAL CLOSED END EQUITY MUTUAL FUND TOTAL TAXABLE FIXED INCOME FUNDS CLOSED END EQUITY MUTUAL FUND TAXABLE FIXED INCOME FUNDS 26,193.248 15,569.634 PAR VALUE OR SHARES 2,765 3,100 1,960 10,130

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2.20 % INCOME YIELD AT MARKET ESTIMATED ANNUAL INCOME 126,687 UNREALIZED E GAIN/LOSS (COST VS MKT) 986,368.65 4,764,164.89 FED TAX COST 179,381.10 % OF ACCOUNT 100.00 % 3.12 % 5,750,533.54 MARKET VALUE UNIT PRICE 179,381.10 ASSET DESCRIPTION INCOME CASH INCOME PORTFOLIO TOTAL ASSETS PAR VALUE OR SHARES

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