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Forn	Return of Organization Exempt From Income Tax								
			Under section 5016	c), 527, or 4947(a)(1) of the Internal Revenue C	ode (excer	nt private fo	undations)	2013
Door	admost s	f tha Traceur	- Do not o		y numbers on this form as		•	•	Open to Public
Inter	nal Rever	f the Treasury nue Service	▶ Informa	ition about Form 99	00 and its instructions is a	t www irs.g	ov/form99	0	Inspection
<u>A</u>	For the	2013 cale	ndar year, or tax year			and ending			, 20
В	Check if	applicable	C Name of organization	T.B. SCOTT	LIBRARY ENGON	MENT	FUND		identification number
	Address	change	Doing Business As			Т			14 20473
	Name cl	Ť	,		elivered to street address)	Room/suite	e	E Telephone	
	Initial ref			T STREET	IP or foreign postal code	L		7/5-	536-8378
	Termina Amende		MERRILL,	WI 5445	1)			G Gross rec	eints \$
\Box			F Name and address of p		Annual Control of the		H(a) Is this a n		bordinates? Yes No
_	, ipplicat	g			, WI 54451		1		ncluded? Yes No
ī	Tax-exe	mpt status	501(c)(3)		(insert no) 4947(a)(1) or	527	⊣ ''		st (see instructions)
J	Website		1-11-1		, , , , , , , , , , , , , , , , , , ,		H(c) Group	exemption n	umber 🕨
<u> </u>	Form of	organization	Corporation Trust	Association C	ther > ENDOWMENT L Yes	ar of formation	n 1985	M State o	l legal domicile WI
三 記		Summ	ary		· · · · · · · · · · · · · · · · · · ·				
==	1	Briefly a	escribe the organization	tion's mission or n	nost significant activities	SE	E FOLLS	win6	PAGE
7 92						· · · · · · · · · · · · · · · · · · ·			
U JUL 6 Governance			<u></u>			· · · · · · · · · · · · · · · · · · ·			
ال قا	2	Check th	is box ▶ 🗌 if the org	ganization discont	ınued its operations oi d	isposed of	more than	1 25% of it	s net assets
	3	Number	of voting members o	of the governing b	ody (Part VI, line 1a)			3	9
ત્રેજ	4		of independent votir	9					
CANNE Activities 4	5				dar year 2013 (Part V. line	e 2a)		5	
₹⋛	6		nber of volunteers (e		**			6	-0-
y Y	7a				, column (C), line 12			7a	<u> </u>
	b b	Net unre	lated business taxat	ole income from Fo	orm 990-1, line 34		Prior Y	7b	Current Year
	,	Contribui	tions and aroute (Do	wt\/III lima th\		-			
Revenue	8		tions and grants (Pa service revenue (Pa			-		10 50	41,141.40
Ver	10	-	nt income (Part VIII,		3 1 and 7d)	6 947 08		6,916.74	
å	11			• • •	, 8c, 9c, 10c, and 11e)		3-	-0-	
	12				ual Part VIII, column (A) II	ine 12)	<u></u>	1758	48,068.14
	13		nd similar amounts i				116,8		79.351.50
	14		paid to or for memb					0-	-0-
s	15				(Part IX, column (A), lines	5-10)		0-	-0 -
ıse	16a		onal fundraising fees			·		0-	-0-
xpenses	b	Total fun	draising expenses (f	Part IX, column (D)	, line 25) 🕽			'	,
ω	17	Other ex	penses (Part IX, colu	ımn (A), lınes 11a-	-11d, 11f-24e)			0-	-0-
	18	Total exp	enses Add lines 13	-17 (must equal P	art IX, column (A),-line 25	ja [116,8	35 96	79 351 50
	19	Revenue	less expenses Sub	tract line 18 from	line 12		(64)	218 38)	(31 783.36)
or ces					DECEIVE	g\	eginning of Ci	urrent Year	End of Year
Net Assets or Fund Balances	20		ets (Part X line 16)	\ _	77	191 L	536,6	46 85	505, 363.49
et As	21	Total liab	ulities (Part X, line 26	3) \- [7 2014	/R/			· · · · · · · · · · · · · · · · · · ·
		Net asse	ts or fund balances	Subtract line 21	rom Jide 20	7-1	536,6	46 85	505, 363.49
Signature Block									
Un tru	der pena e, correc	alties of perju ct, and compl	iry, I declare trat i have e: lete Declaration of prepar	kamined this return inc rer (other than office) is	diding accomit anying schedule based onland or who	s and statem ich preparer	nents, and to has any know	the pest of my ledge	y knowledge and belief, it is
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Sig	gn	Sign	ature of officer		· · · · · · · · · · · · · · · · · · ·		Di	ate	<i> ''</i>
He	re		ICHARO A M.	AMER, FINAN	ICIAL SECRETA	A Y			
_	 	_ 	pe preparer's name	Preparer	's signature	Dat	e	1	PTIN
Pa	iid opara		,		<u>-</u>			Check _ self-empl	J 1f

Firm's name ▶

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instruction s)

For Paperwork Reduction Act Notice, see the separate instructions

Use Only

V7 7

Yes No
Form 990 (2013)

Firm's EIN ▶

Phone no

Cat No 112827

Checklist	of Required Sc	hedules
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			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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		· ·
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		/
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or in resiment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III	8		· /
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		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endov/ments? If "Yes," complete Schedule D, Part V	10	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а		11a		V
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>if</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		/
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		V
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		/
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 Schedulc D, Parts XI and XII is optional	12b		/
13	Is the organization a school described in section 170(b _i (1)(A)(ii)? If 'Yes," complete Schedule E	13		/
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<i>V</i>
16	Did the organization report on Part IX, column (A), line 3, inore than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes," complete Schedule F, Parts III and IV	16		
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		/
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		/
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		/
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited innancial statements to this return?	20b		
			n 990	(2013)

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Part	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 Scheck le I, Parts I and II	; ' 21		/
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 Land I'I	22		~
23	Did the organization answer "Yes" to Part VII, Section as line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No," go to line 25a	24a		/
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		/
d 25a	Did the organization act as an 'on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes," complete Scheckle L, Part I	24d 25a		1
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 I	25b		/
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
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	,	/
28	Was the organization in party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filling thresholds, conditions, and exceptions)	!		
a b	A current or former officer director, trustee, or key employee of "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, $Part I$	31		1
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		/
33	Did the organization ovin 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule Γ, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes," complete Schedule R, Part V, line 2	35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
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. It "Yes," complete Schedule R,			
38	Part VI Did the organization complete Schedule O and provide eliplanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37 38	/	<u>/</u>
		For	n 990	(2013)

Check if Schedule O contains a response or note to cryy line in this Part V 13 Enter the number reported in 8xx 3 of Form 1096. Enter -0-6 not applicable 14	Part				
18 Elette the number reported in Sox 3 of Form 1096 Enter -0+ dinot applicable Enter the number of Form 8W-26 included in the 18 Enter -0+ dinot applicable c Did the organization comply with backup withholding rules for reportable payments to vanidors and reportable gaming (gambling) withings to pine winners? 28 Enter the number of omployees reported on Form W-3. Transmittal of Wage and Tax I all least one is reported on time 2a, did the organization this ult regule editeeral employment tox returns? 39 Did the organization him to ack and the organization this ult regule editeeral employment tox returns? 30 Did the organization him the same and a signal of the organization for the signal of the organization him to me 3b, provide an explanation in Schedule 0 31 At any time during the celebral year, did the organization have an invited or on the game of the organization has a central society of the signal organization have an invited by the signal organization has a central society of the signal organization and society of the signal organization has been an invited to a signal to a signal organization has a central society of the signal organization and society of the signal organization has been society to the signal organization and society of the signal organization and society of the organization has been society or signal organization and society organization and society organization and society organization and society organization society and society organization society and society organization and society organization society and society organization and society organization and society organization society and society organization and society organization organization and society organization and society organization organization and society organization organization for society organization organiz		Check if Schedule O contains a response or note to any line in this Part V		·	
b Elter the number of Forms W-26 included in line 1s. Enter-10-1 find applicable. Did the organization comply with backing witholding rules for exportable payment to varidous end of proper with property with backing rules for exportable payment to varidous end of the property of the p				Yes	No
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2a Enter the number of employees reported on Form M-3, Transmittal of Wage and Tax Statements, field for the calendar year entering 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? 3b Did the organization have unrelated businesses gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-17 for this year? If Mo to time 3b, provide an explanation in Schedule O 3b. 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 accounts are country from the property of the security of the organization have an interest on the securities account.) b If "Yes," enter the name of the foreign country. It is See instructions for fining requirements to Form 10.6.90-12 (j. hubbit of business and property to the organization of the property to a securities and the organization aparty to a prolitable of use a party to a prolitable of use a party or prolitable distance shores a trivial organization and the organization file if Porm 8666-17. C if "Yes," did the organization have annual gost sceptls that account, it greater than \$100,000, and did the organization solicit any contributions that were not lax deductable as clanitable contributions? If "Yes," did the organization include with every solicitation in express statement that such contributions or gifts were not tax deductable. Did the organization self, exchange, or otherwise dispose of language to see provided? If "Yes," indicate the number of Forms 8282 field cluring the year. Did the organization self, exchange, or otherwise dispose of language to granization file a form 1983-67. If "Yes," indicate the number of prome 8282 field cluring the year. Did the organization self accountable of organization, a contribution of consideration of the progenization, have	Ü				
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38 July 16 de organization have unrelated business gross income of \$1,000 or more during the year? If you one 30, provide an explanation in Schedule O 3b If "Yes," has at titled a Foreign country (such as a bank account, securities account, or other inancial account in a foreign country (such as a bank account, securities account, or other inancial account in a foreign country (such as a bank account, securities account, or other inancial account). 5a Was the organization a party to a prolibite of the shelter man store accountry (such as a bank account, securities account, or other inancial accountry in the organization foreign country. It seems to such a such a such a such accountry accountry in the organization foreign country. It seems to such a such accountry accountry in the organization foreign country. It is shelter man store accountry or other than accountry to the organization foreign country in the organiz	b		2b		
b If "Yes," has it field a Form 990-1 for this year, 21 No. to one 30, provide an explanation in Schedule O All any time during the calendar year, of the horizontation have an invest in, or a signatule or other autithorly over, a financial account in a foreign country (such as a bent account, securities account, or other financial account in a foreign country (such as a bent account, securities account, or other financial account in a foreign country. See instructions for firing regularisments for form 109 90: 22 (insput) or Foreign Bank and Financial Accounts Was the organization aparty to a prolitiot of this shelter. It was a clion or city time during the tax year? b Did any taxable party native the organization life form 8863-19. Climber's To line 5a or 8b did the organization life form 8863-19. Climber's To line 5a or 8b did the organization life form 8863-19. If "Yes," did the organization nature with every solicitation an expass statement that such contributions or gitts were not tax deductible? Organizations that my receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made pairly 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 gools or services provided for the payor? b If "Yes," indicate the number of Forms 8282 filed during the year and property for which it was required to life Form 8292 or otherwise dispose of tangible personal bacelit contract? f Did the organization received a contribution of qualified intellectual property, full the organization file Form 8399 as required to life form 8399 as required to life form 8399 as required to life organization received an oritholition of case beats, appliency, or eight every and personal bacelit contract? If the organization received an oritholition of cash beats, appliency, or eight every and the organization file Form 8399 as required to supporting organization, and a double advised to a sp		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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	D	ii res, has it liled a rotti (20 to report these payments ii 150, provice an explanation in Schedule O		n <u>99</u> 0) (2013)

Form 99	0 (2013)		F	age 6
Part	response to line 8a, 8b, or 10b below describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			V
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.		Yes	No ,
b 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees or key employees to a management company or other person?	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6		V V V
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings aeld or written actions undertaken during the year by the following			
а	The governing body?	8a	/	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee asted in Part VII. Section A, who cannot be reached at	d3	<u> </u>	
J	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Co	ode)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures doverning the activities of such chapters,	10a		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 950 to all members of its governing body before filing the form?	10b		
11a b	Describe in Schedule C: the process, if any, used by the organization to review this Form 990	<u>11a</u>		
12a	Did the organization have a written conflict of interest policy? It "No," go to line 13	12a	/	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	V	
13	Did the organization have a written whistleblower policy?	13		/
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		
а	The organization's CEC Executive Director, or top management of stall	15a		/
b	Other officers or key employees of the organization	15b		~
1 6a	If "Yes" to line 15a or 15b describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to or participate in a joint venture or similar arrangement with a tayoble optification and the venture.			
b	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable rederal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		
Secti	on C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forins 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	า 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule C whether (and if so how) the organization media is governing documents, conflict or infinancial statements available to the public during the tax year			/, and
20	State the name, physical acdress, and telephone number of the person who possesses the books and records organization > RICHARD A MAMER, 1017 1/2 F MAINST, MERRILL, WI 54451 70	- 53	6 . 8	120:3)
				/ -/

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Page

Form 990 (20.3)

Compensation of Officers, Directors, Trustees, Fey . 1 playees, Righes. Compensated En playees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Lighes. Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee."
- List the organization's file current highest compensated employees (other than an officer director, trustee, olikey employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and ingliest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and ¹ ille	(B) Average hours por eel (list my hours for refated organizations below dolled 'ine)	but i	uller	Pos rack supe raid	160 F	ह हैं है। rhanest compensated इ.स. है। enaployee	าอก	(D) Peportable Compensition Irom The Organization (PV-2/1099 MISC)	(E) Reportable comp≜nsation from related orwingations (V1-27,009 N ISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Mike beisler - President	<i>-</i> υ-	✓		/				-0-	-0-	-0-
(2) Gane Bebel- VP	-0-	/	i —	V				-0-	- 0 -	- 0 -
(3) Richard Mamer-Fin Sec	-0-	1] 	V	- !	 		-0-	- 0 -	- 0 -
(4) Victie Yelle- Diretor	-0-	/	<u>. </u>	1				-0~	-0-	-0-
(5) tim Meehean- Dive tor	-0-	1		1				-0-	-0-	-0-
(6) Jim Wedemayer - Wiretor	~ 0 _	1		1				-0-	- 0 -	- 0-
17) Paul Gilk-Director	-0-	/		1				-0-	- 0 -	-0-
(8) Chris Malm - Director	-0-	/	!	1	;			-0-	-0-	-0-
(9) Katie Breitenmoser - Divotor	-s-			V				-0-	-0-	- 0 -
(10) Stacy Stowans - Secretary	-0-			1		, — 		-0-	-0-	- 0 -
(11)					1					
(12)										
(13)		!	ļ .		 					
(14)				:	 - -	!				
					-					

271	Section A Officers, Directors, Trust	ces, Ke; E	נפויות	œ.			15116	st C	ompensated E	mployees (co	onli rued)	
	(A) Name and tille		(B) (C) Position Average hours per vieel (list any vieel flust any vieel (list any vieel flust and vieel flust any vieel flust and vieel flust any vieel flust and vieel flust					ee)	(D) Reportable compensation from	(E) Reportable compensation from	rom	(F) Estimate amount other	
		hours for related organizations Lelow dotted ine)	Individual trustee or director	Institutional trustee	Officer	lvey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (V/-2/1099-Mis		compensa from th organizat and relat organizati	ation e lion led
(15)				1		 -							
(16)				; —	' —— !								
(17)				-	: — }	ļ		-					
(18)			 	i i	 	<u>.</u> 		<u> </u>					
(19)				 		<u> </u> 		-					
(20)				 	<u> </u>		 	-					
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(25)				 	 			_					
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1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b an i 1c	'.II, Secuo	nz.					} } /					
2	Total number of individuals (ir cluding bu reportable compensation from the organ		itc h)S(.	ŀst	teci	bow	=) W	по тесемае пъ	ore than \$100	0,000,0		
3	Did the organization list any former of employee on line 1a? Ir 'Yes," complete	ficer, direc						emp	oloyce, or high	iest compen	sated [3 Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	ndual .	4	\
Section	on B. Independent Con ractors						76 0 7		such percon			5	
1	Complete this table for your five highest compensation from the organization. Repyear												s lax
	(A) Mame and business add	iress							(B) Description of s	ervices	Ccı	(C) mpensatio	n
2	Total number of inder endent contractor received more than \$1.0,000 of compen		_					th	nose listed abo	ove) v/ho			

Form 950 (20-3)

197	A/UI	Statement of Revenue Check if Schedule O contains a response or note to	n ny hor e this	Pau VIII		г
		1.1.2	Total Comm	(B) Related or xemp! Tunction	(C) Umelated pusiness revenue	(D) Revenue c c'uded from tax under sections
· ν · ν	1a			revenuc		512-514
ant		Federated campa.gns 1a				
G.	b	Membership dues 1b 1c 1c				
Contributions, Gifts, Grants and Other Similar Amounts	C C	Fundraising events 1c 1c 1d				
E	d	Government grants (contributions) 1e				
Sın	e f	All other contributions, cufts, grants,	1			
utiv	'	and similar amounts in a included above 11 41,14140				
t G ∰	_	Noncash contributions included in lines 1a-1f \$				1
no and		T-1-1 A-1-1 b 1 - 1	111 1111 110			
	''-	Total: Add lines 19-71 / Business Cide	41,141.40			
ence	2a	Susiness oction				
Program Service Revenue						
e L	b					
er V	d					<u> </u>
Š						
Jran	e f	All other program se vice revenue			<u></u>	-
õ	g	Total. Add lines 2n-2f	-			<u></u>
	3	Investment income (including dividends, interest				· · · · · · · · · · · · · · · · · · ·
		and other similar impunits)	6,926.74	6,916.74		
	4	Income from investment of tax-exempt bond proceeds.		6,100.77		
	5	Royalties *				
		(i) Real (r) Personal				-1
	6a	Gross rents				
	b	Less rental expens is				-
	c	Rental income or (Ir ss,				
	d	Net rental income or (loss)	-0-			
	7a	Gross amount from sale, of (i) Securities (ii) Other				ļ ————
		assets other than inventory				
	b	Less cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	-0-			
		, , , , , , , , , , , , , , , , , , ,				-
enne	8a	Gross income from fundraising				1
/en		events (not includin ; \$				i ł
Other Rev		of contributions reponed on line 1c)				
erl		See Part IV, line 18				
£	ь	Less direct expenses L				
O	1	Net income or (locs) from fundraising events	-0-			
	9a	Gross income from gaining activities				
		See Part IV, line 19				
	b	Less direct expenses L				
	С	Net income or (locs) from gaming activities	- 0 -			
	10a	Gross sales of inventory, less				
		returns and allow nees				
	b	Less cost of goo is sold.				
	С	Net income or (locs) from sales of inventory	-0-			,
		Miscellaneous Revenue Buainces Code			<u> </u>	1
	11a					<u>:</u>
	b					
	С					i
	d	All other revenue				
	е	Total. Add lines 11a-11d				
	12	Total revenue. Site instructions	4000011	6 916 74	1	

	Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c,(4) organizations mus com			s must complete col	
<u></u>	Check if Schedule O contains a respons		·		
	t include amounts reported on lines 6b, "b, , and 10b of Part VIII.	(A) Total expenses	(8) Frogram service Expenses	(C) I fanagement and general expenses	(D) Frinctraising expenses
1	Grants and other assistance to governments and organizations in the United States See Pa t IV, line 21	79.351.50	79.351.50		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	-0-			
3	Grants and other assistance to governments, organizations, and inclividuals outside the United States See Part IV, lines 15 and 16	~ 0 -			·
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	-0-			
6	Compensation not included above, to disqualified persons (as defined under section 4958(I)(1)) and persons described in section 4958(c)(3)(B)	- o -			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-0-			
9	Other employee benefits				
10	Payroll taxes	-0-			-
11	Fees for services (non-amployees)				
a	Management	-0-	_ 		
b	Legal	-0-			
С	Accounting				·
d	Lobbying	<u>-0-</u>			·
e	Professional fundraising services See Part IV, line 17				
f g	Other (If line 11g amount exceeds 10% of line 25, col imn	-0-			
	(A) amount, list line 11g expenses on Schedule ()				····
12	Advertising and promotion				
13	Office expenses				
14	Information technology	-0-			
15	Royalties	~ 0 ~			
16	Occupancy	. 0 -			
17	Travel	-0-	1		
18	Payments of travel or entertainment expenses for any federal, state, or local public official.	-0-			
19	Conferences, convenue as and meetings	-0-			
20	Interest				
21	Payments to affiliates	-0-			
22	Depreciation, depletion, and amortization	-0-			
23	Insurance	-0-			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 243 If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e e. penses on Schedule (O)		!		
a		·	·		
b		·			
С					
d					
е	All other expenses				
25	Total functional expense Add lines 1 through 24e	7935150	79351.50		
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 358-720)	1	,		

Balance Shee.

		Check if Schedule O contains a response or note to any line in this Par	1 X		
			(¹) Beginning of year		(B) End of yea
	1	Cash—non-interest-bearing	~ 0 ~	1	-0-
	2	Savings and tempo ar / cash investine its	44164685	2	404.164 74
	3	Pledges and grants receivable, net	-0-	3	-0-
	4	Accounts receivable, net	-0-	4	-0-
	5	Loans and other receivables from current and former others chectors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	<u> </u>	5	-0-
	6	Loans and other receivables from other disqualified persons (as defined uncle is a tion 4958(f)(1)), persons described in section 4958(c)(3)(B) and contributing error origin, and sponsoring organizations of section 501(c)(9) voluntary error yees' i energiary organizations (see instructions). Complete Part II of Schedul - L.			
ets	_	<u> </u>		6	
Assets	7	Notes and loans receivable, net		7	
4	8 9	Inventories for sale or use	~ 0 ~	8	-0-
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or	-0-	9	
	100	other basis Compline Part VI of Schedule D		1 1	
	b	Less accumulated depreciation 16b	-0-	10c	-0-
	11	Investments — publicly traded securities	95,000.00	11	101, 198 75
	12	Investments—other securities See Part IV, line 11	-0-	12	-0-
	13	Investments—program-related See Part IV, line 11	-0~	13	0
	14	Intangible assets	~ 0~	14	w 0 -
	15	Other assets See Fart IV, line 11	~ 0 ~-	15	-0-
	16	Total assets. Add Lines 1 through 15 (must equal line 34)	536 646 85	16	94.46 له , 50 ک
	17	Accounts payable and accrued expenses	- 0 -	17	- B
	18	Grants payable		18	~ » ~
	19	Deferred revenue		(9)	
	20	Tax-exempt bond liabilities	<u>-o-</u>	10	
	21	Escrow or custodia: account liability. Con plete Par. IV of 3chent le E.	-0-	21	٠٠-
Liabilities	22	Loans and other payables to current and former of cars, currents, trustees, key employees highest compensated employees and desirely fed payable. Complete Part II of Sebadula !			
ap		disqualified persons Complete Part II of Schedule L	~ 0 ~	22	* J ~
_	23	Secured mortgages and notes payable to unrelated third parties		23	- 0-
	24	Unsecured notes and loans payable to unrelated third palities Other liabilities (including federal income tax, payables to refr. e.f. hird	-0 -	24	- 0 -
	25	parties, and other Inbilities not included on lines 17-21) ompilier for X			
		of Schedule D	~ 0 ~	25	- ن-
	26	Total liabilities Add lines 17 through 25		26	- 0 -
es		Organizations the follow SFAS 117 ASC 958), check arc. [] and complete lines 27 hrough 29, and hi es 33 and 34			
Balances	27	Unrestricted net as, et s		27	
3al	28	Temporarily restricted net assets		28	
d E	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117 (ASC 938), ch. c; here and complete lines 30 th ough 34			
ts (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, andowment, accumulated income, or other incis	536,646 85	32	505 362.49
Š	33	Total net assets or rund balances	546,646.85	53	505, 363,49
	34	Total liabilities and liet assets/fund balances	546.64685	(4	505, 363.49
					Fam 990 (2013)

orm	990	(2013)	

Page 12

	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (£), line 12)	1	48	068	314
2	Total expenses (must equal Part IX column (A), line 25,	2	79	١٠٤٤.	50
3	Revenue less expenses Subtract line 2 from the 1	3	(31)	183.	361
4	Net assets or fund balances at beginning of year (must equal Part 1. line 33, column (A))	4	536	646	85 E
5	Net unrealized gains (Icssas) on investments	5	~	· o	
6	Donated services and t se of facilities	6		-0-	
7	Investment expenses	7		-0-	
8	Prior period adjustments	8		0-	
9	Other changes in net a isets or fund balances (explain in Schedule O,	9		- -	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Francis 1779.0	33, column (B))	10	505	363.4	19
	Financial State nents and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			,	
			,	res	No
1	Accounting method used to prepare the Form 990 🗍 Cash 🔲 A. real 🔝 Other		!		
	If the organization changed its mothod of accounting non-input representations checked. Then, ex- Schedule O	plain ii	r		
2a	Were the organization' in ancial statements compiled at the recommendation of the statement accountant?		<u>, 25.</u>		
	If "Yes," check a box below to indicate whether the financial staturing at the year here compreviewed on a separate pasis, consolidated pasis, or both	olled o	n '		
	·		!		
	Separate basis Consolidated basis Both conscionated are basis		i		
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the lin incial statements for the year were audited.	ممام	<u>2b</u>		
	separate basis, consolidated basis, or both	eu on	et : 		
			1	'	
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b dices the organization have a committee of a lassumes responsibility for or	, o c c c b			
C	of the audit, review, or compilation of its final dial state neats and chief an independent account				
	If the organization charged either its oversight process or schedion process during the this year, ex				
	Schedule O	1,4001,111		[
За	As a result of a federal award, was the organization riliquired to unlegge an audit or audits as set	forth u	_		
- Ou	the Single Audit Act an I CMB Circular A-133?	70,117	i Sa		/
b	If "Yes," did the organization undergo the required au lit or sudits? If the organization did not under	ao th			
~	required audit or audits, explain why in Schedule O and describe any steps tallen to undergo such a		1 3b		
				n 990	(20 3)
					/

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Fublic Support

Complete if the organization is a section 501's (3) organization or a section 4947(1)'1) for exam, fichal rathe trust

20:3

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Attach to Form 910 or Firm 900-EZ
 ▶ Information about Schedule A (Form 950 or 950-E2) and its instructions is at trive its gov/roun900.

हैं जीतादा जरे कर हैं कितास्थाता क

Name of the organization							raplo /c. id			
		ENDOWMENT F					39-10			
Reason f The organization is not		ity Status (All organ						nstruction	ons	
1 A church, con 2 A school desc 3 A hospital or a 4 A medical reso	vention of church ribed in section a cooperative hos earch organization	nes, or association of 170(b)(1)(A)(i) (Attac spiral service organiza in operated in conjunc	chuiche h Sched tion des	s describe fule E) cribed in s	ed in sec section 1	uon 170(70(b)(1)(.a)(1)(A)(i) A)(iii)		r(m) Ente	er the
5 An organization	ne, city, and state on operated for ')(1)(A)(\(). (Comp	the benefit of a collec	ga or uar	INGLEH , C/	∾ned or	operated	by a go	vernmen	tal unit o	described in
7 🔲 An organizatio	on that holimally	nment or glovernmenta receives a substantia (A)(vi), (Complete Pri	dipartie:					n or froi	n the ge	olland Ibleus
9 An organization receipts from support from	on that normally activities related gross investme	n section 170(L), i)(A) receives 1) note that it offs exempt function income and unitelated June 30, 1975. See	n i 301/.) ichs—su kted bu	oof its st bject oo siness ta	ipport fro scrtain ex xable inc	ceptions	:, and (2) ss s∈cuoi	no moi	⊢ than 3	31/3% of its
11 An organization purposes of constant purposes of constant purposes of constant purposes and Type I are By checking to	on organized and one or impore public box that of type his box I certify	operated exclusively doperated exclusive inclusive supported organizes the type of the companies of the comp	e'y for d nizations s ippon l-Function ir nut c	ne berlefit described ng organiz phally intec totolicid d	t of, to put in sect the time and time	perform to 509(a complete description of the complete description of the control	the funct (1)(1) or salide lines I Type III—iv y by one	ions of, ction 50 Te throu Ion-func or more	09(a)(2) gh 14h tion lly n disquelii	See section ntegrated fied persons
or section 509 f If the organiz organization,	O(a)(2) ration received a check this box	a written determinatio	med re	the I, S t	har it is	а Туре	i, Type I	1, от Тур		,
following pers	ons?	ne organization accer ndirectly controls, eith					-		nd	Yes No
(III) below,	the governing be	ody of the supported o	o ganizal	tion?					119((1)
(iii) A 35% co	ntrolled entity of	on described in (i) abo a person described in on about the supporte	i i) or (ii						119(
(i) Name of supported organization	in Elit	(ii) 1 /pelo organization (certablecion in sitaliablive or IRC section (sitaliablicana))	(2) (3 tn)	retherer	theorya (a)	ou noti y azation in of your ort?	i orgini∠it	zadin The	٤	unt of monetary unit ort
			7 35	1	Yes	N.	Ycs	110	., 	
(A)				i 			i 1		<u> </u>	
(B)										
(C)										
(D)				: 			1		<u> </u>	
(E)				;	! ! 	i i			· ·	
	1			:	!		i			

301	Support Sched lie for Organiza						
	(Complete only if you checked the						alify under
	Part III If the organization fails to	gralify und	er the tests is	sted below, p	lease comple	ete Part III)	
	on A. Public Support	T - ()	1	1 - 			ı —————
1	dar year (or fiscal year beginning in) > Gifts, grants, conlibutions, and membership fees received (Do not include any "unusual grants")	(1) 2009	(iz' 2010	(c) 2611	(a) 2012	(e) 2013	(f) Total
2	Tax revenues leved 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						
5	The portion of total contributions by each person (other than a governmental unit of publicity supported organization) included on line 1 that exceeds 29% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		L	<u> </u>	<u> </u>	<u> </u>	i
	on B Total Support	1 1 2 2 2 2	T # 52.5	1	1	1-4 . == . =	1
	dar year (or fiscal year beginning in) 🕨 Amounts from line 4	(a) 2009	2010 را)	(c) 2C11	(d 2012	(e) 2013	(f) Total
7	,					<u></u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unclated business activities, whether or not the business is regularly carried on			1			1
10	Other income Do not include gain or loss from the sale o capital assets (Explain in Part IV)			i			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the		n's firut, secon	nd, third, fourt	n, or fifth tax y	rear as a secuc	
	organization, check this box and stop he		· 	_,			<u> </u>
14	on C. Computation c. Public Suppo Public support percent ige for 2012 (line			1.1		T (4)	0/3
15	Public support percent age for 2012 (infe-			ir, Gainn ij		15	·/o
16a	331/3% support test—±0° 3. If the organi		•	or line 10 an	d Ine 14 is 30	\	
	box and stop here. The organization qua					,	. 🗆
b	331/2% support test - 2012. If the organ check this box and sto life The organ					9 15 is 35½%)	
17a	10%-facts-and-circumstances test – 2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the 'facts	-and-circumsia	nncus" test, ch	eck this box a	nd stop here i	Explain in
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization.	tion meets th	ie 'facts-anci-c	arcum <mark>stanc</mark> es"	test, check t	his box and al	top hore a publicly
18	supported organization. Private foundation. If the organization distructions	ic not check:	יאכע (יו line 13	3 ija :60 17	a, or 17b, ched	Julis boward	see

Ω	Support Sched de for Organiza						
	(Complete only if you checked th	ne box on lin-	e Sior Partii o	i if the organ	ization failed	to qualify und	der Part II
	lf the organization fails to qualify	under the to	stali 13d . li	o vi please co	omplete Part	li)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(t, 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include an ""unusual grants")	62691	16753	85 958	45371	41141	161,914
2	Gross receipts from admissions merchandise			03 ,00	10 3.1		20), 1,7
	sold or services pelformed, or facilities furnished in any activity that is related to the			ļ			
	organization's tax-exempt our pose			ì			
3	Gross receipts from activities that are not an			 			
	unrelated trade or business under section 513	_					
4	Tax revenues leviec for the						
	organization's benefit and either paid				ļ		
	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	67 631	16753	85958	45371	41141	161,914
7a	Amounts included on lines 1 2, and 3						
	received from disqualified persons			ļ			
b	Amounts included on lines 2 and 3				İ	! 	
	received from other there lisqualified persons that exceed the greate of \$5,000		İ	ı			
	or 1% of the amount on the 13 for the year	:			1		
_	Add lines 7a and 7b	- 	 	ļ	 		
8	Public support (Subtract line 7c from		<u> </u>	ļ		<u></u>	·
3	line 6)						1 1 1 0 4
Secti	on B. Total Support			L	L		161,914
	dar year (or fiscal year beginning in)	(a) 2009	(b, 2010	(c) 2011	(d; 2012	(e) 2013	(I) Total
9	Amounts from line 6	61691	26753	85958	45371	41141	
10a	Gross income from in erest, dividends,	11000		73738	75311	10,11	261,914
100	payments received on securities loans, rents,						
	royalties and income from similar sources	14318	10558	9136	6947	6927	48006
b	Unrelated business taxciple income (less		- <u></u> -				2022
	section 511 taxes) rom businesses			1	1		
	acquired after June 30, 975						
С	Add lines 10a and 10b	14338	10558	9136	6947	6927	48006
11	Net income from unlelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		<u>L</u>				
12	Other income Do not include gain or						
	loss from the sale or capital assets						
	(Explain in Part IV.)		<u> </u>				
13	Total support (Add lines 9 10c, 11, 1		1 - 1	1		116 40	
	and 12)	77019		95-194	27318	48068	309920
14	First five years If the Foun 390 is for the	•	1'S Hi + Se -	r thra, fourtr	n, or ben tax w	ea. ns a 330 .0	o.n 501(c)(3)
Casti	organization, check the bocand stop he on C. Computation c. Ft bits Suppor			·			
							011 =1 0
15	Public support percentings for 2013 (line 8			1 olumni f))			84 51 %
16 Socti	Public support percent ige from 2012 Schon D. Computation c. I tyestment In					16	85 31 %
17	Investment income percentage for 2013 (ny line 13 colu	mu (f):	17	15.49 %
18	Investment income percentage from 2012				(17)		1468 %
19a	331/3% support tests – 2013. If the organ				ng line 15 is m		
.54	17 is not more than 331/ % check this box						
ь	331/3% support tests - ±012. If the organiz						
	line 18 is not more than 3313%, check inis						
20	Private foundation. If the creamization di	r not obsolca	bear aline : 1	150 or 19b	chack this hoz	and see instal	ictions & 🗔

On All	rm 990 or 990-EZ) 2013	formation Pi	ovide the says	clar all use a	VIII - of lay Pay	1 II lio 2 10 7	Page 4
	Part III. line 12	Vso complete	מיוטי דופט אינו	rvaduloner.	tinic mation	(See wstructi	nit'l line 17 יוים 17 b, and pirs)
	1 47 117 1170 12 7		The part of the			1000 11 3111.011.	
				**** *			·····

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			···· •··· · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
			• • ••				
	-						
						•	······································
							· · · · · · · · · · · · · · · · · · ·
	·			• • • • • • • • • • • • • • • • • • • •			
	•••••					***************************************	· · · · · · · · · · · · · · · · · · ·

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SCHEDULE D (Form 990)

OMB 110 1545-0047

Department of the Treasury Internal Revenue Service

हैं हैं जाताना का कार कार्यानामा के बार्य

	f the organization	Employer identification number
	. B. SCOTT LIBRARY ENDOWMENT FUND	39-1410473
427		
	Complete if the organization answered "Yes" to Form 9-30, Part IV, line	e 6
	(a) Denor adm diruirls	(b) Funds and other accounts
1	Total number at end of year	
2		
3		
4	Aggregate value at enc of year	
5	Did the organization inform all donors and continuous science or githat the association	
	funds are the organization's property, subject to the organization's like titalite legal control of the organization's property.	
6	Did the organization inform all grantees, conors, and clonor advising that	grant funds can be used
	only for charitable purposes and not for the penalition the conor or donor advisor, conferring impermissible private benefit?	<u> </u>
		☐ Yes ☐ No
-	Complete if the organization answered "Ye " 10 Jun 300, Part IV, line	
1	Purpose(s) of conservation easements held by the organization (clinic half that apply	
	Preservation of land for public use (e.g., indication or idulation). (i) Preservation of natural habitat	on of a mistorically important land area on of a cerufied historic structure
	Preservation of open space	orror regulated historic streetting
2	Complete lines 2a through 2d if the organization held a qualification according	buttou in the four of a conservation
_	easement on the last dily of the tax year	Itald at the Fire of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	26
c	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after \$/17/06 and	net on a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred retased examplished, or	terminated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation paterners is foliated.	,
5	Does the organization have a written policy regarding the percents monitoring	•
	violations, and enforcement of the conservation ensurements in bolds to	.□ Yes □ No
6	Staff and volunteer hours devoked to moniforms, inspecting, and evicuously consists	ation cosernorts curing the real
_	<u> </u>	
7	Amount of expenses induired in monitoring, inspecting, and intorcal processoriation	ecsements during the year
0	> \$	
8	Does each conservation easement reported on line 2(c) above satisfy the requirement (i) and section 170(h)(4)(B)(ii)?	
^		U Yes U No
9	In Part XIII, describe how the organization reports conservation easoments in its revibalance sheet, and include, if applicable, the text of the foot one organization	
	organization's accounting for conservation easements	3 mili loidi statements that describes the
		or Oher Chillin Assets
Biral -440	Complete if the organization answered the tradition to the hard ty, line	
1a	If the organization elected, as permitted und a SFAS (7.0000) of to report	
	works of art, historical treasures, or other similar ascetcing dillocations exhibition	
	public service, provide, in Part XIII, the text of the footboth to its in most statements	s that describes these items
b	If the organization elected, as permitted unifer SFAS 116 (ASC 118), to report in	n its revenue statement and palance sheet
	works of art, historical treasures, or other similar assets him for public exhibition	n, aducation, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990 Part Vill, line 1	, \$
	(ii) Assets included in Forin 990, Part X	, \$, \$
2	If the organization received or held works of any historical heast-received or other si	milar assets for linancial gain, provide the
	following amounts required to be reported under SFAS 115 (£ 5C 953), easing to the	
а	Revenues included in Form 990, Part VIII, linc 1	. \$. s.
b	Assets included in Foil 1930, Par 7	, S ₁

	e D (Form 990) 2013					Page 2
H	Organizationsa.ntaining	Co lections of ,	A 1, S C J. I	: caut (35,) U	her In Har As.	els (continuea)
3	Using the organization a acquisition, collection items (check all that apply)	accession, and cu	Trinind ore.	the following th	ving that are a big	in ficant use of its
а	☐ Public exhibition		(T) (S)	or exchange prog	rauns	
b	Scholarly research			er over ange press		
	Preservation for future generations	_	0(1),		•	
4	Provide a description of the organizations		inde plandovill	hey further the cur	าลกเรลยดก'ร คุรดูกาเ	at numose in Port
•	XIII		c piem i o m	no, rando do era	jennzanon o oxoni	or p. 19030 m 1 cre
5	During the year, did the organization assets to be sold to raise funds rather					☐ Yes ☐ No
			The state of the s			
	Complete if the organization	enswered Mel?			,	
1a	Is the organization an - gant, trustace included on Form 990, Pa t X?	custoeian o our	er lines and leaver	or contributions in	Other assets not	□ .es □ No
b	If "Yes," explain the arrangement in P	art X'll and homble	et - th - follo inigia	able		
		. ,			7.11	no int
С	Beginning balance			- ~-		
d	Additions during the year			ļ		
е	Distributions during the year			15		
f	Ending balance			11		
2a	Did the organization include an amou	at or Ecun 990 1 a	an X, line 2 '	L		Circs No
b	If "Yes," explain the air ingement in P			a has heen provid	ed in Part XIII	ā
	Complete if the oliganization	answered "Fe	<u> </u>	a. 17, 5ne 10		
		fa Cuarent son	(Trien i	(J) Iv / years o iol	(c) the across bach	r) Feur years bact
1a	Beginning of year balance	536646 85	601 165 23	545/35 78	591, 243 57	584,175 38
d	Contributions	41141.40	45,370 50	65,958.47	26,753.41	61,690.76
C	Net investment earning a grans and			33773-317	,	
	losses	697624	6947.08	9 13569	19,557.95	14,337.63
d	Grants or scholarships	-0-	-0-	-0-	-0-	-0-
е	Other expenditures for lacilities and					
	programs	79,35150	116,835,96	39,16471	83 419.15	69 960 10
f	Administrative expenses	-0-		-0-	-0-	-0-
g	End of year balance	505,363.49	536,646 85	601,165.13	545,135.78	591, 24357
2	Provide the estimated percentage of		dipal neetine 1	, column (a)) her		<u> </u>
а	Board designated or quasi-endov/me	nt - 2744	¹ 1			
b	Permanent endowinen - 76.5	58 %	•			
С	Temporarily restricted indowment >					
	The percentages in linch 2a, 2b, and 2		0.6			
3а	Are there endowment and shot in the organization by			nuare held and co	iministered for the	ies No
	(i) unrelated organizations					(3a(i)
	(ii) related organization a					3. (11)
b	If "Yes" to 3a(ii), are the related organ	izatione listed as o	ecum a ch Sabad	ule R2		b b
4	Describe in Part XIII the intended use:					
E W. LA	Complete if the organization		י אי מור כיי	sit!!/ rine lie	Sec Foun 990 P	al X line 10
	Description of an party		ic br = [1 2/4	objectis ()	Formulated epiconicon	(1) Box value
	Land					
	Buildinas					

c Leasehold improvements

d Equipment
e Other

Total. Add lines 1a through 16 (Column (c) must equal Form 190 Pert 2, column (B), line 10(c))

	Investments – Other Securities. Complete if the otganization answered 'Ye'"	2. u2' 16 Tau 1 / line 1	of Son Source 200 Part / June 10
	(a) Descript an of security or calego y	b' b ok value	(-) t cthod of valuation
	(arclucing at me of security)	(is to on the	Cost or end-of-year market value
1) Financial			
	eld equity interests		
(3) Other (A)	······································		
(B)			
(C)	······································		
(D)	······································		
(E)	······································		
(F)			
(G)	***************************************		
(H)			
	b) must equal Form 900, 11 X cr l 'B) lire 12) >		
CTAVIL	Investments rogram R. 'are.	5 a	10 Coo Fo to 200 Po 4 V 1 - 2 10
	Complete if the organization enswerce "Yes" (a) Description of investment		
	(a) Des reption of investment	b) Book valur	(c) Mulnod or valuntum Cost or and-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	b) must equal Form 900 Tut X col (B) line 13) /		
FOR COMMIN	Other Assets.		
4	Complete if the organization answered Ye."	o Corm 900 Pari IV line 1	1d See Form 990 Paul X line 15
	a) Description	0.7 0.111 2.70 (1.7.7.7.1110)	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		·	
(6)			
(7)			
_(8)			
(9) Total (Colu	ımn (b) must equal Form 950, Fart X, col. (B) iine 17)		
	Other Liabilities.		
M. M. MAN	Complete if the organization answered "Yeu" i	o Form 990. Part IV. line 1	i 1e or 11í See Foun 990. Part X.
	line 25		
1.	(a) Description of hability (L.) E ool	value 3	,—————————————————————————————————————
(1) Federal	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	th) must social Form 000. 2ct V and (D) line 95.		
	(b) must equal Form 900, Part X col (B) line 25) / pruncertain tax positions in Part XIII, provide the text or the	2 (1.210016 10 12) 0162222512212	Inappend state uses to they separate the
∠ ∟abiiity iC	's liability for uncertain tall positions under FIN 48 (ASC 74		

	18SM	ements With Leve	Pa Nua per Return
	Complete if the organization answered "Yes" to Forin Us		
1	Total revenue, gains, and other support per audited fin ineral states in	nis	1
2	Amounts included on line 1 but not on Form 190 Para 4III line 12		
а	Net unrealized gains or in as ments		
p	Donated services and use of rapidities	<u> 40</u>	
	Recoveries of prior yeal glants	20	
d	Other (Describe in Part XIII.)	2.1	
	Add lines 2a through 2a		2e
3	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 930, Part VIII, line, 7b	33	
b	Other (Describe in Part XIII)	(1')	
	Add lines 4a and 4b	1	-,C
5 [[]]	Total revenue Add line 3 and 4c. (This must equal form 99. Par. 1	11 @ 12)	3
E 17:109	Reconciliation of Expenses per Audited Linum of Significant Complete if the organization answered the "to Fern		insector Retem.
1	Total expenses and losses per hudited fin inclal statements		1
2	Amounts included on line 1 but not on Form 990, Part 25, and 25		
а	Donated services and use of facilities	20	!
b	Prior year adjustments	2'D	
С	Other losses	20	
d	Other (Describe in Part XIII)	2.1	
е	Add lines 2a through 2		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on licc 1		
а	Investment expenses not included on Form 990. Part will, an lab	3.1	
þ	Other (Describe in Part (III))	ر ، ا	
С	Add lines 4a and 4b		;c
_ 5	Total expenses Add hrus 3 and 4c (This muiltiegu Trum, 5 Per	5. " - 161	5
\mathcal{O}_{i}	Supplemental in crimation		
	e the descriptions required for Part II, lines 3, 3, and 5 Part III, lines 1 XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also compl. te this		
-			····

SCHEDULE O (Form 990 or 990-EZ)

Supplemental In our later to Time SEC or 950-2Z Complete to provide information on lespon ses to specific greations on Form 990 or 900-E2 or to provile and delicated information

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

At achite Filin \$90 € 1,9e-12
► Information about Schedule O (Form \$90 ± \$0.0-12) and its instructions is at year, irs gov/form990

ने कार्य कार्मिनवित्र ात्रभावज्ञाताः 👌

Name of the organization	Employer identification number
TB SCOTT LIBRARY ENDOWMENT FUND	39-1410473
······································	
PART IV, LINE 11 - WE DO NOT OWN ANY ITEM	S CIST OR LONSOLIDATE
FINANCIAL STATEMENTS.	· ······
PART IV, LINE 19 - WE DO NOT PARTICIPATE IN	GAMING ACTIVITIES.
PART VI, LINE 116 - COPIES GIVEN TO ALL BOX	AD MEMBERS FOR THEIR
AEVIEW AEFORE FILING	
	······································
PART VI, LINE IIC - ANNHAL SIGNING OF STATE	MENT REQUIRED
PARTVI, LINE 19 - EVERY THING ASICED FOR 15	UPON REQUEST.
PART VII, SECTION A - STALY STEVENS IS THE	FULL TIME LIBOARY
NIACETIA PANIE DIN EMA	DYFE OF THE CITY OF MERRILL
MINTERNAL TON CONTRACTOR	THE DI THE CITY OF MUNK!
······································	······································
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T. B. Scott Free Library BOARD OF TRUSTEES ROSTER

December 2013

Gene Bebel Vice President (1992-) *

School District appointee; term ends: NA

607 Cedar Street

Home: 715-536-2388 Cell: 715-574-9037

kgb607@charter.net

Chris Malm (2012-)

City Council rep.; term ends 4/2015

100 S. Mill Street

Home: 715-539-8166 Cell: 715-218-2591

malmca@msn.com

Mike Geisler President (1995-)

City appointee; term ends 6/2016

204 Cottage Street Home: 715-536-2203

mvgeisler@aol.com

Richard Mamer Financial Sec. (1994-)

City appointee; term ends 6/2015

604 E. Main Street Home: 715-536-6329

Work: 715-536-8328 Fax: 715-536-1597

bmamer@gmail.com

Tim Meehean (1995-) *

City Appointee; term ends 6/2014

107 N. Van Rensselaer Street

Home: 715-536-5993 tmeehean@gmail.com Katie Breitenmoser (2012-)

County Appointee; term ends: 6/2015

W6982 Joe Snow Rd. Home: 715-581-0888 katie.b1@outlook.com

Jim Wedemeyer (1997-)

City appointee; term ends 6/2017

204 N. Van Rensselaer Street

Home: 715-536-8135

jameswedemeyer@frontier.com

Vickie Yelle (2012-)

City appointee; term ends 6/2015

1300 E. 6th St.

Home: 715-536-7472 vjyelle@aol.com

Paul Gilk (2012-)

County Board rep.; term ends 4/2016

N3920 County Rd. E Home: 715-536-5889

Stacy Stevens (2009-)

Library Director; Board Secretary

106 W. First Street

Home: 715-536-1079 Cell: 715-581-0897

Work: 715-536-7191 Fax: 715-536-1705

director@tbscottlibrary.org

* Member of the County Library Planning Committee

♦Library Board Standing Committees**♦**

<u>Building and Grounds</u> Gene Bebel, Chair Jim Wedemeyer

Endowment Fund Richard Mamer, Chair Mike Geisler Vickie Yelle

Personnel & Finance Tim Meehean, Chair

T B SCOTT LIBRARY ENDOWMENT FUND ATTACHMENT FORM 990 12/31/13

Our Mission: Serving the Merrill area through traditional and innovative services, T.B. Scott Library connects people to their community and the world, promotes reading, supports lifelong learning, ensures free and open access to ideas and provides opportunities for recreation.

boli7 71-1-2

Form, **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

nternal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868.										
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box										
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).										
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.										
	lectronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form									
Dotum f	request an e	extension of time to file any of the formal extension of time to file any of the formal extension of time to file any of the formal extension of time to file any of the formal extension of time to file any of the formal extension of time to file any of the file and the fil	Deposit C	ontroote which m	with the exception of	C in	1 00/0,	format (acc		
		re details on the electronic filing of th								
						Ji lai l				
Part I		atic 3-Month Extension of Time					 			
A corpo	ration requi	ed to file Form 990-T and reques	sting an a	utomatic 6-month	extension—check this	box	and c	omplete		
Part I on	ly							. ▶ 🗆		
All other	corporation	s (including 1120-C filers), partnershi	ips, REMIC	ີຣ, and trusts must ເ	ise Form 7004 to requ	est a	n exten	sion of time		
to file inc	ome tax reti	ırns.	•		·					
					Enter filer's identifying	num	ber, see	instructions		
	Name o	exempt organization or other filer, see in	structions		Employer identification i					
Type or		· · ·	iotraotiono.			42047				
print		tt Library Endowment Fund								
File by the		, street, and room or suite no. If a P O bo	ox, see instru	ictions.	Social security number ((NICC				
due date fo	" -	st Street								
filing your return. See	City, tov	vn or post office, state, and ZIP code For	r a foreign ac	ddress, see instruction	s.					
instructions		VI 54455			_					
			. (")							
Enter the	e Return cod	e for the return that this application i	s for (file a	separate application	n for each return) .			. 0 1		
Applica	ation		Return	Application				Return		
is For			Code	Is For				Code		
	90 or Form 9	190_F7	01	Form 990-T (corno	990-T (corporation)			07		
		90-62	02	Form 1041-A	nation)			08		
Form 9					han malimatral			09		
	720 (ındıvıdı	al)	03	Form 4720 (other t	nan individual)					
Form 9			04	Form 5227				10		
Form 9	90-T (sec. 40	01(a) or 408(a) trust)	05	Form 6069				11		
Form 9	90-T (trust o	ther than above)	06	Form 8870				12		
• The bo	ooks are in th	ne care of ► Richard A Mamer, 1027	1/2 Main St	reet, Merrill 54452						
			_	NI N	745 527 4507					
	ione No. 🟲	715-536-8328		ax No. ►	715-536-1597			. \square		
If the cIf this i	organization s for a Grou	does not have an office or place of b p Return, enter the organization's fou	usiness in ur digit Gro	the United States, c up Exemption Numb	heck this box . per (GEN)			▶□ his is		
for the v	vhole group,	check this box \dots	it is for par	t of the group, chec	k this box	▶ [] and a	ttach		
a list wit	h the names	and EINs of all members the extens	ion is for.			_				
1	request an a	automatic 3-month (6 months for a co	orporation	required to file Form	990-T) extension of tir	me				
		gust 15 , 20 13 , to file the exer	mpt organi	zation return for the	organization named at	oove.	The ex	tension is		
		zation's return for:								
		r year 20 13 or								
_	- Calcinat									
	► ☐ tax yea	heginning	, 20	, and ending			, 20) .		
		r entered in line 1 is for less than 12 r			al return □ Final retur	n	,			
			monuis, ch	eck reason.	arreturii 🗀 i irarretur	''				
	_ Change in	accounting period	00 T 4700	COCOtth t	antatura tay laga any		·			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							\mathcal{O}			
nonrefundable credits. See instructions. 3a \$ U										
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0				
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						$\overline{}$				
		. Subtract line 3b from line 3a. Includ			, if required, by using		l.	\bigcirc		
E	EFTPS (Electronic Federal Tax Payment System). See instructions.									
Caution	If you are go	ng to make an electronic funds withdraw	al (dırect del	oit) with this Form 8868	3, see Form 8453-EO and	Form	8879-E	O for payment		
instruction	ons.			•				_		