Form 990

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)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
ABBOTT HOUSE FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 700

City or town, state or province, country, and ZIP or foreign postal code
MITCHELL, SD 57301

D Employer identification number
46-0379896

E Telephone number

G Gross receipts $ 1,747,244

F Name and address of principal officer

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ABBOTTHOUSE ORG

H(c) Group exemption number ▶

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

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE SUPPORT TO ABBOTT HOUSE, INC

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	204,346	603,085
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,000	258,776
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,346	861,861
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	236,504	622,865
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶12,000		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23,030	35,485
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	259,534	658,350
	19	Revenue less expenses Subtract line 18 from line 12	57,812	203,511

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,110,072	3,535,829
	21	Total liabilities (Part X, line 26)	22,046	22,046
	22	Net assets or fund balances Subtract line 21 from line 20	3,088,026	3,513,783

Part II Signature Block

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

Sign Here

****** 2014-11-07
Signature of officer Date

ERIC KLOOZ EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JAY TOLSMA CPA		2014-11-07		P00736087

Firm's name ▶ ELO PROF LLC — Firm's EIN ▶ 46-0434947

Firm's address ▶ PO BOX 249 MITCHELL, SD 57301 — Phone no (605) 996-7717

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☐

1 Briefly describe the organization's mission

PROVIDE SUPPORT TO ABBOTT HOUSE, INC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 622,865 including grants of $ 622,865) (Revenue $)

PROVIDE SUPPORT TO ABBOTT HOUSE, INC FOR THE CONTINUATION OF PROVIDING RESIDENTIAL TREATMENT SERVICES AND CARE TO THEIR CLIENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 622,865

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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? *If "Yes," complete Schedule D, Part VII*	11b		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV 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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
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		No
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		No
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		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* . . .	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
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 e-file (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
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? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . ☑

Section 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 . . .	1a	8		
	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 . . .	1b	8		
2	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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders? . . .	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body? . . .	8a		Yes	
b	Each committee with authority to act on behalf of the governing body? . . .	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . .	13		No
14	Did the organization have a written document retention and destruction policy? . . .	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . .	15a		No
b	Other officers or key employees of the organization . . .	15b		No
	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 arrangement with a taxable entity during the year? . . .	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records of the organization
▶KIMBERLY MOORE 909 COURT MERRILL
MITCHELL, SD 57301 (605) 996-2486

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROD COLVIN DIRECTOR	1 00	X						0	0	0
(2) JACK BUSCHELMAN DIRECTOR	1 00	X						0	0	0
(3) BOYD BLUMER DIRECTOR	1 00	X						0	0	0
(4) TONA ROZUM DIRECTOR	1 00	X						0	0	0
(5) PAM NIELSON BOLINE DIRECTOR	1 00	X						0	0	0
(6) BOB SMETANA SEC/TREAS	1 00			X				0	0	0
(7) GOPAL VYAS PRESIDENT	1 00			X				0	0	0
(8) GENE JUFFER VP	1 00			X				0	0	0

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 603,085				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		603,085			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		61,695			61,695
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,066,738 / 15,726				
	b	Less cost or other basis and sales expenses	885,383 /				
	c	Gain or (loss)	181,355 / 15,726				
	d	Net gain or (loss) . . . . ▶		197,081	181,355		15,726
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		861,861	181,355		77,421

Part IX Statement of Functional Expenses

Section 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 . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	622,865	622,865		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INVESTMENT FEES	12,328		12,328	
b FUNDRAISING	12,000			12,000
c OTHER	10,802		10,802	
d ANNUITY INTEREST	355		355	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	658,350	622,865	23,485	12,000
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	65,068	1	83,357
	2	Savings and temporary cash investments	416,940	2	272,117
	3	Pledges and grants receivable, net	76,724	3	151,845
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	158,897
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	2,551,340	11	2,869,613
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,110,072	16	3,535,829
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	22,046	25	22,046
	26	**Total liabilities.** Add lines 17 through 25	22,046	26	22,046
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,088,026	27	1,915,233
	28	Temporarily restricted net assets		28	1,489,210
	29	Permanently restricted net assets		29	109,340
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,088,026	33	3,513,783
	34	Total liabilities and net assets/fund balances	3,110,072	34	3,535,829

Part XI Reconcilliation 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 (A), line 12)	1	861,861
2	Total expenses (must equal Part IX, column (A), line 25)	2	658,350
3	Revenue less expenses Subtract line 2 from line 1	3	203,511
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,088,026
5	Net unrealized gains (losses) on investments	5	222,246
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,513,783

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ABBOTT HOUSE FOUNDATION INC

Employer identification number
46-0379896

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,034,565	457,294	491,191	204,346	603,085	2,790,481
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	1,034,565	457,294	491,191	204,346	603,085	2,790,481
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)						38,049
6 **Public support.** Subtract line 5 from line 4						2,752,432

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,034,565	457,294	491,191	204,346	603,085	2,790,481
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,469	54,734	74,133	64,041	61,695	307,072
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)						3,097,553

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88 860 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	86 000 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
ABBOTT HOUSE FOUNDATION INC

Employer identification number
46-0379896

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	109,340	109,340	107,780	107,000	
b	Contributions			1,560	780	107,000
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	109,340	109,340	109,340	107,780	107,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ▶

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO ABBOTT HOUSE, INC	19,599
ANNUITY CONTRACTS PAYABLE	2,447
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	22,046

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,084,107
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	222,246		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	222,246
3	Subtract line **2e** from line **1**			3	861,861
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	861,861

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	658,350
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	658,350
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	658,350

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ABBOTT HOUSE FOUNDATION INC

Employer identification number
46-0379896

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.
Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
(1) ABBOTT HOUSE INC PO BOX 700 909 COURT MERRILL MITCHELL,SD 57301	46-0229822		622,865				SUPPORT OF MISSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE BOARD IS PROVIDED WITH FINANCIALS ON REGULAR BASIS TO REVIEW THE USE OF GRANT FUNDS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ABBOTT HOUSE FOUNDATION INC

Employer identification number
46-0379896

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	
FORM 990, PAGE 6, PART VI, LINE 12C	SITUATIONS ARE REVIEWED ON ANNUAL BASIS TO DETERMINE ANY NEW OR CHANGED CONFLICTS OF INTEREST
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION PROVIDES THESE DOCUMENTS UPON REQUEST THE FORM 990 IS AVAILABLE ONLINE THROUGH THE IRS WEBSITE

WELLS FARGO

ABBOTT HOUSE FOUNDATION INC AGY

Forms 1099 for 2013

1099-B Proceeds From Broker and Barter Exchange Transactions (OMB No. 1545-0715) Copy B, For Recipient

A schedule of your net gains and losses is shown below Although we have shown quantity sold on the sales with either two decimal places, as a whole number, or as a fractional share, all of these amounts will be filed with the IRS as whole numbers per IRS publication 1220 Please note that if you have sold an asset for which we do not have cost basis information, it is either shown separately in the section entitled Cost Not Available or it may appear with a zero tax cost Please review these carefully when preparing your return Note also that an asterisk symbol (*) next to tax cost indicates that the tax cost has been adjusted for current year's return of capital If applicable, we have shown IRC Section 988 translation gains and losses separately within the sales sections Please note these gains or losses are not entitled to capital gains treatment. Rather, under IRC Section 988, they are either ordinary income or loss.

Proceeds from Short Term Covered Security Transactions

This category includes transactions that are short-term gain or loss on Form 1099-B, Box 1c Form 1099-B, Box 6b is checked because this category includes only sales of covered securities If applicable, transactions subject to wash sale are shown separately. If wash sales are not shown separately your account has no wash sales in this category For individual taxpayers, these transactions are reportable on Form 8949, Part I, Box A.

Short Term Covered Security Transactions (Form 8949, Part I, Box A)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition (Box 1b)	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis (Box 3)	Net gain or loss
NOVARTIS AG - ADR	NVS	66987V109	100	01/08/13	03/13/13	$6,849 04	$6,460 00	$389 04
INTEL CORP	INTC	458140100	200	05/20/13	06/26/13	$4,793 92	$4,815 20	$-21 28
TEVA PHARMACEUTICAL INDUSTRIE'	TEVA	881624209	120	05/20/13	07/11/13	$4,667 11	$4,839 06	$-171 95
APPLE COMPUTER INC COM	AAPL	037833100	20	11/01/12	08/15/13	$9,999 02	$11,965 40	$-1,966 38
ISHARES IBOXX $ INV GR CORP BD	LQD	464287242	410	12/13/12	10/22/13	$47,310 06	$49,630 50	$-2,320 44
JOHNSON CONTROLS INC	JCI	478366107	80	05/20/13	12/06/13	$4,027 13	$3,018 00	$1,009 13
Total short term gain/loss from covered security transactions not subject to wash sale·						$77,646 28	$80,728 16	$-3,081 88

WELLS FARGO

ABBOTT HOUSE FOUNDATION INC AGY

Total short term gain/loss from covered security transactions:	Gross Proceeds	Tax Cost	Gain or Loss	Loss Disallowed	Net Gain or Loss
Report each transaction on Form 8949, Part I, Box A	$77,646.28	$80,728.16	$-3,081.88	$0.00	$-3,081.88

Proceeds from Long Term Covered Security Transactions

This category includes transactions that are long-term gain or loss on Form 1099-B, Box 1c. Form 1099-B, Box 6b is checked because this category includes only sales of covered securities. If applicable, transactions subject to wash sale are shown separately If wash sales are not shown separately, your account has no wash sales in this category. For individual taxpayers, these transactions are reportable on Form 8949, Part II, Box D.

Long Term Covered Security Transactions (Form 8949, Part II, Box D)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition (Box 1b)	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis (Box 3)	Net gain or loss
VODAFONE GROUP PLC NEW ADR	VOD	92857W209	500	02/06/12	02/08/13	$13,744 73	$14,144 20	$-399 47
NOVARTIS AG - ADR	NVS	66987V109	90	02/06/12	03/13/13	$6,164 14	$5,051 69	$1,112 45
JPMORGAN CHASE & CO	JPM	46625H100	100	02/06/12	04/16/13	$4,806 90	$3,813 74	$993 16
ISHARES S&P MIDCAP 400 GROWTH	IJK	464287606	100	02/03/12	05/20/13	$13,617 69	$10,925 99	$2,691 70
THORNBURG INTL VALUE FUND-CL I	TGVIX	885215566	648 72	02/07/12	05/20/13	$20,000 00	$17,482 98	$2,517 02
ARTISAN INTERNATIONAL FUND 661	ARTIX	04314H204	718 65	02/07/12	05/20/13	$20,000 00	$15,673 74	$4,326 26
ISHARES S&P MIDCAP 400 VALUE	IJJ	464287705	125	02/03/12	05/20/13	$13,151 63	$10,497 49	$2,654 14
INTEL CORP	INTC	458140100	320	02/06/12	06/26/13	$7,670 27	$8,527 84	$-857 57
TEVA PHARMACEUTICAL INDUSTRIE:	TEVA	881624209	240	02/06/12	07/11/13	$9,334 23	$10,903 18	$-1,568 95
DIAMOND HILL LONG-SHORT FD CL	DHLSX	25264S833	165 11	04/03/12	08/27/13	$3,442 48	$3,000 00	$442 48
ARTISAN INTERNATIONAL FUND 661	ARTIX	04314H204	918 11	02/07/12	08/27/13	$25,000 00	$20,023 87	$4,976 13
THORNBURG INTL VALUE FUND-CL I	TGVIX	885215566	850 05	02/07/12	08/27/13	$25,000 00	$22,908 87	$2,091 13
DIAMOND HILL LONG-SHORT FD CL	DHLSX	25264S833	2539 5	02/03/12	08/27/13	$52,948 64	$45,000 00	$7,948 64
IVY ASSET STRATEGY FUND CLASS	IVAEX	466001864	77 49	04/03/12	08/27/13	$2,213 09	$2,000 00	$213 09
IVY ASSET STRATEGY FUND CLASS	IVAEX	466001864	2777 78	02/03/12	08/27/13	$79,333 34	$70,000 00	$9,333 34
THERMO FISHER SCIENTIFIC INC	TMO	883556102	100	02/06/12	09/24/13	$9,316 94	$5,557 99	$3,758 95
ABERDEEN EMERG MARKETS-INST ℰ	ABEMX	003021714	643 92	04/03/12	10/22/13	$10,000 00	$9,517 06	$482 94
ARTISAN INTERNATIONAL FUND 661	ARTIX	04314H204	84 03	02/07/12	10/22/13	$2,500 00	$1,832 78	$667 22
ISHARES IBOXX $ INV GR CORP BD	LQD	464287242	100	02/03/12	10/22/13	$11,539 04	$11,615 99	$-76 95

Long Term Covered Security Transactions (Form 8949, Part II, Box D)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition (Box 1b)	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis (Box 3)	Net gain or loss
UNION PACIFIC CORP	UNP	907818108	40	11/01/12	11/13/13	$6,299 09	$4,933 60	$1,365 49
JOHNSON CONTROLS INC	JCI	478366107	140	11/30/12	12/06/13	$7,047 48	$3,855 52	$3,191 96
Total long term gain/loss from covered security transactions not subject to wash sale:						$343,129 69	$297,266 53	$45,863 16

Total long term gain/loss from covered security transactions:	Gross Proceeds	Tax Cost	Gain or Loss	Loss Disallowed	Net Gain or Loss
Report each transaction on Form 8949, Part II, Box D	**$343,129.69**	**$297,266.53**	**$45,863.16**	**$0.00**	**$45,863.16**

Proceeds from Long Term Noncovered Security Transactions

This category includes transactions that are long-term gain or loss Form 1099-B, Box 6a is checked because this category includes only sales of non-covered securities. For sales of noncovered securities we report security description, symbol, cusip, quantity sold, sale date, federal income tax withheld and gross proceeds to the Internal Revenue Service but we do not report acquisition date, tax cost, wash sale loss disallowed and type of gain or loss. If applicable, transactions subject to wash sale are shown separately If wash sales are not shown separately, your account has no wash sales in this category. For individual taxpayers, these transactions are reportable on Form 8949, Part II, Box E

Long Term Noncovered Security Transactions (Form 8949, Part II, Box E)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis	Net gain or loss
KRAFT FOODS GROUP INC	KRFT	50076Q106	22 71	10/06/04	01/08/13	$1,036 94	$398 53	$638 41
ABBVIE INC		00287Y109	80	03/01/06	01/08/13	$2,701 55	$1,825 45	$876 10
ABBVIE INC		00287Y109	100	11/15/05	01/08/13	$3,376 93	$2,147 59	$1,229 34
EXXON MOBIL CORPORATION	XOM	30231G102	130	05/02/02	01/08/13	$11,419 04	$5,375 24	$6,043 80
JOHNSON & JOHNSON	JNJ	478160104	200	02/16/01	01/08/13	$14,279 70	$9,348 00	$4,931 70
KRAFT FOODS GROUP INC	KRFT	50076Q106	23 07	05/22/03	01/08/13	$1,053 46	$342 06	$711 40
MCDONALDS CORP	MCD	580135101	180	12/17/02	01/08/13	$16,284 24	$2,946 24	$13,338 00
ABBOTT LABORATORIES	ABT	002824100	80	03/01/06	01/08/13	$2,655 95	$1,683 35	$972 60
ABBOTT LABORATORIES	ABT	002824100	100	11/15/05	01/08/13	$3,319 93	$1,980 41	$1,339 52
NEXTERA ENERGY INC	NEE	65339F101	140	03/01/06	01/08/13	$9,883 79	$5,825 40	$4,058 39

ABBOTT HOUSE FOUNDATION INC AGY

Long Term Noncovered Security Transactions (Form 8949, Part II, Box E)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis	Net gain or loss
CHEVRON CORP	CVX	166764100	200	11/04/98	01/08/13	$21,853 51	$7,966 25	$13,887 26
TRAVELERS COS INC	TRV	89417E109	100	01/24/06	01/08/13	$7,319 34	$4,544 00	$2,775 34
TRAVELERS COS INC	TRV	89417E109	100	03/01/06	01/08/13	$7,319 34	$4,284 00	$3,035 34
TRACTOR SUPPLY CO COM	TSCO	892356106	40	05/23/08	01/08/13	$3,665 92	$631 30	$3,034 62
GENERAL ELECTRIC CO	GE	369604103	245	09/30/99	01/08/13	$5,095 91	$9,760 59	$-4,664 68
KRAFT FOODS GROUP INC	KRFT	50076Q106	9 23	12/03/02	01/08/13	$421 39	$131 71	$289 68
FED NATL MTG ASSN 9 000% 10		31358FEE5	7 12	01/10/01	01/25/13	$7 12	$7 53	$-0 41
CVS/CAREMARK CORPORATION	CVS	126650100	160	02/05/03	02/08/13	$8,190 23	$2,045 36	$6,144 87
FHLMC POOL G11473 5 000% 11/		31283KT65	71 04	03/23/04	02/15/13	$71 04	$61 55	$9 49
FED NATL MTG ASSN 9 000% 10		31358FEE5	7 13	01/10/01	02/25/13	$7 13	$7 54	$-0 41
FNMA POOL 754289 6 000% 11/		31403N7A9	78 63	12/11/03	02/25/13	$78 63	$81 96	$-3 33
FHLMC POOL G11473 5 000% 11/		31283KT65	60 76	03/23/04	03/15/13	$60 76	$52 65	$8 11
IPATH DOW JONES-UBS COMMODITY	DJP	06738C778	600	12/17/08	03/25/13	$24,467 51	$20,709 84	$3,757 67
CREDIT SUISSE COMM RT ST-CO 21	CRSOX	22544R305	4 06	12/16/11	03/25/13	$32 31	$32 39	$-0 08
CREDIT SUISSE COMM RT ST-CO 21	CRSOX	22544R305	2111 29	01/24/11	03/25/13	$16,784 75	$19,635 00	$-2,850 25
FED NATL MTG ASSN 9 000% 10		31358FEE5	62 33	01/10/01	03/25/13	$62 33	$65 93	$-3 60
FNMA POOL 754289 6 000% 11/		31403N7A9	63 07	12/11/03	03/25/13	$63 07	$65 74	$-2 67
CREDIT SUISSE COMM RT ST-CO 21	CRSOX	22544R305	533 05	01/12/11	03/25/13	$4,237 74	$5,000 00	$-762 26
FHLMC POOL G11473 5 000% 11/		31283KT65	168 74	03/23/04	04/15/13	$168 74	$146 21	$22 53
CVS/CAREMARK CORPORATION	CVS	126650100	200	02/05/03	04/16/13	$11,461 76	$2,556 70	$8,905 06
FNMA POOL 754289 6 000% 11/		31403N7A9	103 49	12/11/03	04/25/13	$103 49	$107 88	$-4 39
FED NATL MTG ASSN 9 000% 10		31358FEE5	6 2	01/10/01	04/25/13	$6 20	$6 56	$-0 36
FHLMC POOL G11473 5 000% 11/		31283KT65	80 45	03/23/04	05/15/13	$80 45	$69 71	$10 74
ISHARES S&P MIDCAP 400 VALUE	IJJ	464287705	125	01/24/11	05/20/13	$13,151 63	$10,119 03	$3,032 60
ISHARES S&P MIDCAP 400 GROWTH	IJK	464287606	100	01/24/11	05/20/13	$13,617 69	$10,073 96	$3,543 73
FNMA POOL 754289 6 000% 11/		31403N7A9	49 39	12/11/03	05/25/13	$49 39	$51 48	$-2 09

Long Term Noncovered Security Transactions (Form 8949, Part II, Box E)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis	Net gain or loss
FED NATL MTG ASSN 9 000% 10		31358FEE5	6 27	01/10/01	05/25/13	$6 27	$6 63	$-0 36
FHLMC POOL G11473 5 000% 11/		31283KT65	63 81	03/23/04	06/15/13	$63 81	$55 29	$8 52
FNMA POOL 754289 6 000% 11/		31403N7A9	4 26	12/11/03	06/25/13	$4 26	$4 44	$-0 18
FED NATL MTG ASSN 9 000% 10		31358FEE5	23 74	01/10/01	06/25/13	$23 74	$25 11	$-1 37
JOHNSON & JOHNSON	JNJ	478160104	100	01/01/50	06/26/13	$8,712 85	$4,945 70	$3,767 15
INTEL CORP	INTC	458140100	100	03/01/06	06/26/13	$2,396 96	$2,082 00	$314 96
INTEL CORP	INTC	458140100	40	02/22/06	06/26/13	$958 78	$820 00	$138 78
INTEL CORP	INTC	458140100	60	02/22/06	07/11/13	$1,412 97	$1,230 00	$182 97
AMERICAN EXPRESS 4 875% 7		025816AQ2	50000	01/02/08	07/15/13	$50,000 00	$49,987 50	$12 50
FHLMC POOL G11473 5 000% 11/		31283KT65	65 52	03/23/04	07/15/13	$65 52	$56 77	$8 75
FED NATL MTG ASSN 9 000% 10		31358FEE5	6 28	01/10/01	07/25/13	$6 28	$6 64	$-0 36
FNMA POOL 754289 6 000% 11/		31403N7A9	4 22	12/11/03	07/25/13	$4 22	$4 40	$-0 18
WELLS FARGO & CO	WFC	949746101	50	06/18/08	08/07/13	$2,170 96	$1,295 53	$875 43
FHLMC POOL G11473 5 000% 11/		31283KT65	99 56	03/23/04	08/15/13	$99 56	$86 26	$13 30
AFLAC INC	AFL	001055102	100	01/24/06	08/15/13	$6,046 91	$4,717 00	$1,329 91
FED NATL MTG ASSN 9 000% 10		31358FEE5	6 27	01/10/01	08/25/13	$6 27	$6 63	$-0 36
FNMA POOL 754289 6 000% 11/		31403N7A9	34 3	12/11/03	08/25/13	$34 30	$35 75	$-1 45
ISHARES DOW JONES SELECT DIVID	DVY	464287168	200	01/12/11	08/27/13	$13,023 53	$10,012 00	$3,011 53
WF ADV SMALL CAP OPPOR FD-ADM	NVSOX	94975G488	188 64	06/23/04	08/27/13	$7,398 25	$6,206 10	$1,192 15
WF ADV SMALL CAP OPPOR FD-ADM	NVSOX	94975G488	142 83	12/13/04	08/27/13	$5,601 75	$4,664 79	$936 96
VANGUARD MID CAP INDEX-SIGNFD	VMISX	922908447	143 75	03/16/07	08/27/13	$5,500 00	$4,159 30	$1,340 70
ISHARES DOW JONES SELECT DIVID	DVY	464287168	140	01/19/11	08/27/13	$9,116 47	$6,998 59	$2,117 88
FHLMC POOL G11473 5 000% 11/		31283KT65	74 91	03/23/04	09/15/13	$74 91	$64 91	$10 00
CHEVRON CORP	CVX	166764100	40	11/04/98	09/24/13	$5,006 62	$1,593 25	$3,413 37
FNMA POOL 754289 6 000% 11/		31403N7A9	41 13	12/11/03	09/25/13	$41 13	$42 87	$-1 74
FED NATL MTG ASSN 9 000% 10		31358FEE5	33 81	01/10/01	09/25/13	$33 81	$35 76	$-1 95

Long Term Noncovered Security Transactions (Form 8949, Part II, Box E)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis	Net gain or loss
AMAZON COM INC	AMZN	023135106	5 5	04/21/08	10/01/13	$1,746 44	$438 88	$1,307 56
AMAZON COM INC	AMZN	023135106	4	04/18/08	10/01/13	$1,270 14	$318 74	$951 40
AMAZON COM INC	AMZN	023135106	5 5	04/21/08	10/01/13	$1,746 44	$440 27	$1,306 17
AMAZON COM INC	AMZN	023135106	8 5	04/24/08	10/01/13	$2,699 04	$659 89	$2,039 15
AMAZON COM INC	AMZN	023135106	6 5	09/02/08	10/01/13	$2,063 97	$542 36	$1,521 61
AMAZON COM INC	AMZN	023135106	4 5	10/03/08	10/01/13	$1,428 90	$312 17	$1,116 73
AMAZON COM INC	AMZN	023135106	3	02/27/09	10/01/13	$952 60	$192 39	$760 21
AMAZON COM INC	AMZN	023135106	9	10/20/08	10/01/13	$2,857 81	$459 00	$2,398 81
MASTERCARD INC	MA	57636Q104	2 5	03/25/09	10/01/13	$1,696 95	$406 79	$1,290 16
MASTERCARD INC	MA	57636Q104	2 5	05/20/09	10/01/13	$1,696 95	$435 80	$1,261 15
MASTERCARD INC	MA	57636Q104	3	05/27/09	10/01/13	$2,036 33	$510 00	$1,526 33
MASTERCARD INC	MA	57636Q104	1	08/04/09	10/01/13	$678 78	$201 59	$477 19
MASTERCARD INC	MA	57636Q104	10	08/04/10	10/01/13	$6,787 78	$2,012 60	$4,775 18
MASTERCARD INC	MA	57636Q104	10	09/01/10	10/01/13	$6,787 78	$2,019 40	$4,768 38
MASTERCARD INC	MA	57636Q104	4	10/04/10	10/01/13	$2,715 11	$890 16	$1,824 95
AMAZON COM INC	AMZN	023135106	1 5	02/11/08	10/01/13	$476 30	$110 96	$365 34
AMAZON COM INC	AMZN	023135106	12	08/04/10	10/01/13	$3,810 41	$1,509 00	$2,301 41
FHLMC POOL G11473 5 000% 11/		31283KT65	72 88	03/23/04	10/15/13	$72 88	$63 15	$9 73
ISHARES IBOXX $ INV GR CORP BD	LQD	464287242	50	09/23/10	10/22/13	$5,769 52	$5,627 00	$142 52
ISHARES IBOXX $ INV GR CORP BD	LQD	464287242	100	07/16/10	10/22/13	$11,539 04	$10,917 00	$622 04
ISHARES DOW JONES SELECT DIVID	DVY	464287168	160	01/19/11	10/22/13	$11,099 48	$7,998 38	$3,101 10
T ROWE PRICE SHORT TERM BD FD	PRWBX	77957P105	8333 33	07/16/10	10/22/13	$40,000 00	$40,583 33	$-583 33
VANGUARD MID CAP INDEX-SIGNFD	VMISX	922908447	120 19	03/16/07	10/22/13	$5,000 00	$3,477 60	$1,522 40
WF ADV SMALL CAP OPPOR FD-ADM	NVSOX	94975G488	46 8	12/13/04	10/22/13	$2,000 00	$1,528 33	$471 67
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	95	07/16/10	10/22/13	$10,747 90	$10,069 05	$678 85
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	25	08/20/10	10/22/13	$2,828 40	$2,684 50	$143 90

ABBOTT HOUSE FOUNDATION INC AGY

Long Term Noncovered Security Transactions (Form 8949, Part II, Box E)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis	Net gain or loss
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	50	09/23/10	10/22/13	$5,656 79	$5,467 48	$189 31
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	120	10/22/10	10/22/13	$13,576 30	$13,404 89	$171 41
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	60	10/27/10	10/22/13	$6,788 15	$6,662 40	$125 75
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	400	12/22/10	10/22/13	$45,254 33	$42,990 00	$2,264 33
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	100	01/07/11	10/22/13	$11,313 58	$10,788 74	$524 84
ISHARES IBOXX $ INV GR CORP BD	LQD	464287242	350	10/22/10	10/22/13	$40,386 64	$39,294 50	$1,092 14
ISHARES IBOXX $ INV GR CORP BD	LQD	464287242	50	03/01/11	10/22/13	$5,769 52	$5,423 00	$346 52
ISHARES BARCLAYS TIPS BOND FUN	TIP	464287176	465	03/01/11	10/22/13	$52,608 16	$50,140 95	$2,467 21
FNMA POOL 754289 6 000% 11/		31403N7A9	3 58	12/11/03	10/25/13	$3 58	$3 73	$-0 15
FED NATL MTG ASSN 9 000% 10		31358FEE5	18 41	01/10/01	10/25/13	$18 41	$19 47	$-1 06
MICROSOFT CORP	MSFT	594918104	140	03/19/04	11/13/13	$5,286 31	$3,556 42	$1,729 89
FHLMC POOL G11473 5 000% 11/		31283KT65	59 12	03/23/04	11/15/13	$59 12	$51 23	$7 89
FED NATL MTG ASSN 9 000% 10		31358FEE5	6 07	01/10/01	11/25/13	$6 07	$6 42	$-0 35
FNMA POOL 754289 6 000% 11/		31403N7A9	3 5	12/11/03	11/25/13	$3 50	$3 65	$-0 15
FHLMC POOL G11473 5 000% 11/		31283KT65	72 45	03/23/04	12/15/13	$72 45	$62 77	$9 68
FED NATL MTG ASSN 9 000% 10		31358FEE5	37 41	01/10/01	12/25/13	$37 41	$39 57	$-2 16
FNMA POOL 754289 6 000% 11/		31403N7A9	33 22	12/11/03	12/25/13	$33 22	$34 63	$-1 41
FHLMC POOL G11473 5 000% 11/		31283KT65	57 74	03/23/04	01/15/14	$57 74	$50 03	$7 71
FNMA POOL 754289 6 000% 11/		31403N7A9	40 53	12/11/03	01/25/14	$40 53	$42 25	$-1 72
Total long term gain/loss from noncovered security transactions not subject to wash sale:						$639,679 80	$501,680 83	$137,998 97

Total long term gain/loss from noncovered security transactions:	**Gross Proceeds**	**Tax Cost**	**Gain or Loss**	**Loss Disallowed**	**Net Gain or Loss**
Report each transaction on Form 8949, Part II, Box E	**$639,679.80**	**$501,680.83**	**$137,998.97**	**$0.00**	**$137,998.97**

Proceeds from Noncovered Security Transactions with missing cost basis

This category includes transactions for which we do not have cost basis information to report to you and we do not calculate net gain or loss. Form 1099-B, Box 6a is checked because this category includes only sales of noncovered securities For sales of noncovered securities we report security description, symbol, cusip, quantity sold, sale date, federal income tax withheld and gross proceeds to the Internal Revenue Service but we do not report acquisition date, tax cost, wash sale loss disallowed and type of gain or loss. For individual taxpayers, these transactions are reportable on Form 8949, Part I, Box B or Part II, Box E.

Noncovered Security Transactions with missing cost basis (Form 8949, Part I, Box B or Part II, Box E)

Description (Box 8)	Symbol (Box 1d)	Cusip	Quantity sold (Box 1e)	Date of acquisition	Sale date (Box 1a)	Sales price less commissions (Box 2a)	Cost or other basis	Net gain or loss
GENERAL ELECTRIC CO	GE	369604103	15	01/01/50	01/08/13	$311 99	Unknown	
Total proceeds from noncovered security transactions with missing cost basis:						$311 99		
Total gross proceeds from noncovered security transactions with missing costs:						**Gross Proceeds**		
Report each transaction on Form 8949, Part I, Box B or Part II, Box E						**$311.99**		

Total proceeds reported to IRS on Form 1099-B **$1,060,767.76**