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Form **990**

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.

		of the Treasury nue Service	Information ah	out Form 990 and its in					Open to Public Inspection	
			dar year, or tax year beginning			ending	0.g0 (7 101 111330.			
	Check If		f organization				D Employer identif	ication	number	
	upplicable									
	Addre	e PLIM	OUTH ENDOWMENT	FOUNDATION						
Ļ	Name change	e <u>Doing B</u>	Business As				48-6	124	180	
Ļ	Initial return		r and street (or P 0 box if mail is	not delivered to street addr	ress)	Room/suite	E Telephone number		4 0400	
┝	Termir ated Amend		N CLIFTON				•		4-0433	
누	retum Applic	City or 1	town, state or province, country	y, and ZIP or foreign pos	stal code		G Gross receipts \$		1,427,857.	
	tion pendir	WICI	IITA, KS 67208 and address of principal officer:	CDANIM A CMA	MINIADD		H(a) Is this a group i		Yes X No	
			AS C ABOVE	GKMII A. DIA	MINTIND		for subordinate		<u> </u>	
		empt status:)◀ (insert no)	4947(a)(1)	or 527	H(b) Are all subordinates		see instructions)	
		te: ► N/A	<u> </u>	/ (misert no)	<u> </u>	01 321	H(c) Group exempted			
			X Corporation Trust	Association Of	ther 🟲	I Year	of formation 1966			
	art I	Summary				L 1001	or formation = = = = = [ivi Otato	o or regar dormone ===	
L			be the organization's mission o	r most significant activiti	les: TO S	UPPORT	LOCAL CHAR	RITI	ES AND	
Activities & Governance			SCHOLARSHIPS T			"				
ī	2	Check this bo	x If the organization	discontinued its operati	ions or dispo	sed of more	than 25% of its net a	ışsets.		
o Ve	3	Number of vo	ting members of the governing	body (Part VI, line 1a)			3		12	
ಇ	4	Number of inc	dependent voting members of t	the governing body (Par	t VI, line 1b)		. 4	<u> </u>	12	
es	5	Total number	of individuals employed in cale	endar year 2013 (Part V,	line 2a)		5		0	
Ĭ	6	Total number	of volunteers (estimate if neces	ssary)		-	<u>6</u>		27	
Act	1		ed business revenue from Part '	• • •					0.	
	b	Net unrelated	business taxable income from	Form 990-T, line 34	<u> </u>	• • •	7b		0.	
							Prior Year 3,811.	 	Current Year 1,000.	
ĕ			and grants (Part VIII, line 1h)			-	3,011.	<u>'</u>	0.	
Revenue			ice revenue (Part VIII, line 2g)	2 4 d 7d)			5,485.		216,275.	
æ			come (Part VIII, column (A), line e (Part VIII, column (A), lines 5,		-)		0,403.	_	0.	
11	4		e (r art viii, column (A), illies 5, e · add lines 8 through 11 (must				9,296.		217,275.	
- 6	. 8		•				117,962.		113,605.	
G	14	Benefits paid	milar amounts paid (Part IX, co to or for members (Part IX, col er compensation, employee be	ump (A) TIME (A) EIVE			0.		0.	
Š	15	Salaries, othe	r compensation, employee bei	efits (Part IX-column (A), lines 5(10)		0.		0.	
PS-	13		fundraising fees (Part IX, colum	1		\ \ \	0.		0.	
e d			sing expenses (Part IX, column	(D) £the 25 NU ►		\0.				
ЩÇ			es (Part IX, column (A), lines 11	ia-\((0), 11f-24e)	UT	_ ر	25,813.		17,888.	
	≥18 ≥19	Total expense	es. Add lines 13·17 (must equal	I Part IX, column A Hine	25)		143,775.		131,493.	
	Z 19		expenses. Subtract line 18 fro			<u>.</u>	<134,479.	· <u> </u>	<u>85,782.</u>	
Net Assets or Fund Balances	В					Be	ginning of Current Year	ļ	End of Year	
sset	<u>7</u> 20		Part X, line 16)		•	· _	1,999,754.		2,067,752.	
팔	21		s (Part X, line 26)		•	-	20,634.		2,850.	
몵	22		fund balances. Subtract line 2	1 from line 20			1,979,120.	ــــــــــــــــــــــــــــــــــــــ	2,064,902.	
		Signatur		roturn includes accompan	avena aabadula		anta and to the best of m		dedge and helief it is	
			I declare that I have examined this Declaration of preparer (other that					пу кпоч	viedge and belief, it is	
true	, correc	a, and complete	10000	in officer) is based on all int	ionnation of w	men preparer	1/-//-	201	<i></i>	
Sico	_	Signatur	e of officer	<u> </u>			Date		7	
Sig:		' ·		PRESIDENT						
	-		print name and title					•	.	
		Print/Type pre	· · · · · · · · · · · · · · · · · · ·	Preparer's signatur	re	Ţ	Date 0 3 2014 Check [PTIN	
Paid	1		GOLUBSKI	RICK E. G		ı	VOV U 3 2014 if self-empto	yed P	00281940	
Pro	arer	Eirm'e nama	ALLEN, GIBBS				Firm's FIM		-1032601	

Phone no. 316-267-7231

WICHITA, KS 67202-4868

Firm's address 301 N. MAIN, SUITE 1700

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

Use Only

	990 (2013) PLYMOUTH ENDOWMENT FOUNDATION 48-6124180 Page 2
Pal	t 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:
	TO SUPPORT LOCAL CHARITIES AND PROVIDE SCHOLARSHIPS TO STUDENTS
	-
_	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X 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.
1a	(Code) (Expenses \$113,605 . including grants of \$113,605 .) (Revenue \$
	LOCAL CONTRIBUTIONS \$ 101,605
	SCHOLARSHIPS \$ 12,000
\$b	(Code) (Expenses \$ including grants of \$) (Revenue \$
łc	(Code) (Expenses \$
	
ld	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
e	
4e	Form 990 (20°

1 4	Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		ĺ	
	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	ļ	Х
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	X	,
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
Ь	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	X	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			

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

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Was the organization included in consolidated, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

Part X, line 16? If "Yes," complete Schedule D, Part IX

or more? If "Yes," complete Schedule F, Parts I and IV

1c and 8a? If "Yes," complete Schedule G, Part II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

Schedule D, Parts XI and XII

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

. . .

Form **990** (2013)

11c

11d

11e

11f

12a

12b

13

14b

15

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17

18

X

X

X

X

X

Х

X

Х

X

17

18

Page 4

Part IV Checklist of Required Schedules (continued)

PLYMOUTH ENDOWMENT FOUNDATION

			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	Х	
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	Х	
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		ļ	
	Schedule J .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No", go to line 25a	24a		Х
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		
	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		Х
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			٠,
	Schedule L, Part I	25b		Х
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,			v
	complete Schedule L, Part II	26		Х
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			Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		^
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):	200		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		Λ
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more trial \$25,000 in non-cash contributions? If res, complete scriedate in	25		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٥.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u></u>		
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	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		Х
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		Х
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	Х	
		Form	990	(0010)

332004 10-29-13

	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 0			<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable 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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .	2b	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filling 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		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
	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	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?	•	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	•	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		_	į	Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7c	i	X
_	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	. : 	Ì
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8	Ĺ	
9	Sponsoring organizations maintaining donor advised funds.				l'''
а	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?	•	9ь		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		É	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ļ	į	
11	Section 501(c)(12) organizations. Enter:	1			
a	Gross income from members or shareholders	11a	-	ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ	
	amounts due or received from them.)	11b		ĺ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		 -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	ĺ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40	 	-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			Ė	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	425		ĺ	
	organization is licensed to issue qualified health plans	13b	1	İ	
	Enter the amount of reserves on hand	136	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule.		14b		
	ii res, nas it illed a Form (20 to report these payments (ii ino, provide an explanation in Schedul	<u> </u>	_	990	(2013)
					,,

PLYMOUTH ENDOWMENT FOUNDATION 48-6124180 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 12 1a 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 12 **b** 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 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? R 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a. The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **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 Х Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 14 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? 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20

Form **990** (2013)

GRANT STANNARD - (316) 744-0433

6015 N. BROADWAY, WICHITA,

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 employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	nor any related	orga	anıza	tion	cor	mpe	nsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	\vdash	_		recit	Tuus	100)	from	from related	other
	(list any hours for	ja j						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	暑			Safe		(W-2/1099-MISC)	(11-2/1099 111100)	organization
	organizations	Individual trustae or director	Institutional trustae		Key employee	iad Li		(112 1000 111100)		and related
	below	defa	i de	 5) dig	o st	ĕ			organizations
-	line)	힐	lust	Officer Officer	ķe	Highest compensated employee	Former			
(1) GRANT A STANNARD	1.00									
PRESIDENT/GOVERNOR		Х		Х				0.	0.	0.
(2) STEVEN D GOUGH	1.00			ŀ					_	
SECRETARY		Х		X				0.	0.	0.
(3) KENNETH ARNOLD	1.00									_
ASSISTANT SECRETARY/GOVERN		Х		X				0.	0.	0.
(4) CARNEY BAKER	1.00			l						
TREASURER	1 00	X		X	_	-		0.	0.	0.
(5) STEVE YAGER	1.00		ĺ	١						_
VICE PRESIDENT	1 00	X	<u> </u>	X				0.	0.	0.
(6) JOHN KIMMEL	1.00	v							0	^
GOVERNOR	1 00	Х	ļ			<u> </u>	-	0.	0.	0.
(7) STEVEN WOODS	1.00	v						0.	0.	0.
GOVERNOR	1.00	X						0.	0.	<u> </u>
(8) KATHY BRAMMER	1.00	Х						0.	0.	0.
GOVERNOR (9) JOHN BRAMMER	1.00	Λ				1				
GOVERNOR	1.00	Х						0.	0.	0.
(10) DAVID MARTENEY	1.00				-					
GOVERNOR		X						0.	0.	0.
(11) ROBERT BLACKBURN	1.00									
GOVERNOR		Х						0.	0.	0.
			l							
			<u> </u>	<u> </u>						
							}			
	 	<u> </u>	<u> </u>		_	ļ _	_			
	+	<u> </u>	_	<u> </u>	<u> </u>	\vdash	<u> </u>			
		1								
	<u> </u>	<u> </u>		L		<u> </u>	<u> </u>	<u> </u>		Form 900 (2013)

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	(A) Name and title	(B) Average hours per week (list any hours for	box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		other compensati		
		related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organizatio and relate organizatio			
											-			
-														
								-						
C	Sub-total Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A	•	,	•	I	-	> >	0. 0.		0. 0. 0.			0.
	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportable	• 		Yes	0 No
	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3		х
	For any individual listed on line 1a, is the sand related organizations greater than \$18 Did any person listed on line 1a receive or	50,000? If "Yes,	," cc	mpl	ete :	Sch	edul	∍ J :	for such individual			4		Х
	rendered to the organization? If "Yes," colion B. Independent Contractors											5		<u> </u>
	Complete this table for your five highest of the organization. Report compensation for										oens			
	(A) Name and busines	s address	N	ONI	E	_			(B) Description of s	ervices	C	(C compe		n
2	Total number of independent contractors	_	not li	mıte	d to		•	stec	d above) who received n	nore than				•••
	\$100,000 of compensation from the organ	nization P					0			<u>I</u> .		Form	990	(2013)

Form	990	(2013) PLYMC	OUTH ENDOW	MENT FO	UNDATION		48-6124	180 Page 9
	t VI		nue					
		Check if Schedule O cont	tains a response oi	note to any lin	e in this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
P, E	С	Fundraising events	1c					
i i		Related organizations	1d					
S,E		Government grants (contribut	tions) 1e					
rion		All other contributions, gifts, gran						
돌		similar amounts not included abo		1,000.				
들임	g	Noncash contributions included in lines	s 1a-1f \$					
မှု င	h	Total. Add lines 1a-1f		>	1,000.			
		-	E	usiness Code				
မွ	2 a	·						
e Ž	b							
Sign	c	•						
e a	d	I						
Program Service Revenue	е							
ء ا	f	All other program service reve	enue <u> </u>					
	g	Total. Add lines 2a-2f		•			····	
	3	Investment income (including	dividends, interes	t, and				
		other sımılar amounts)		•	61,776.			61,776.
	4	Income from investment of ta	x-exempt bond pro	oceeds 🕨	1,088.			1,088.
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses		·				
	C	: Rental income or (loss)						
		Net rental income or (loss)			······································			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,363,993.					
	b	Less: cost or other basis						
		and sales expenses	1,210,582.					
		Gain or (loss)	153,411.					
		Net gain or (loss)			153,411.			153,411.
ne	8 a	Gross income from fundraisin	1					
Ş.		including \$						
Other Revenue		contributions reported on line	1					
Je .		Part IV, line 18	. a	-				
ਠ		Less: direct expenses	b L	•				
		 Net income or (loss) from fund Gross income from gaming ad 					······································	
	o a	Part IV, line 19	اء					
		Less: direct expenses	a					
		: Net income or (loss) from gan		•				
		Gross sales of inventory, less						
	10 0	and allowances	a					
	h	Less: cost of goods sold	ь					
		: Net income or (loss) from sale	• • -	•	•			
		Miscellaneous Revenu		usiness Code	······································			
	11 a							
	ıı a							
	^							
	<u>ر</u> ام	All other revenue						
	۰	Total. Add lines 11a-11d		—				
	12	Total revenue. See instructions		>	217,275.	0.	0.	216,275.
33200 10-29				-	<u> </u>	<u> </u>		Form 990 (2013)

Part IX Statement of	Functional	Expenses
------------------------	------------	----------

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	· · -		mpiete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	101,605.	101,605.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	12,000.	12,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	-			
c	Accounting	2,850.		2,850.	
d	Lobbying			,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	13,347.		13,347.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O	273.		273.	
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 0)				
а	FOREIGN TAX WITHHELD	1,378.		1,378.	
ь	SECRETARY OF STATE REPO	40.		40.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	131,493.	113,605.	17,888.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation				
	Check here ▶ If following SOP 98-2 (ASC 958-720)				

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art)	X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X .			<u>. </u>
				(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing .			1	
:	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
.	4	Accounts receivable, net			4	
- 1	5	Loans and other receivables from current and for	mer officers, directors,			TITLE I THE TITLE IN THE TENT
	_	trustees, key employees, and highest compensat				
		Part II of Schedule L		, [5	
1.	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
	•	section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of section				
,		employees' beneficiary organizations (see instr).			6	
	7	Notes and loans receivable, net	Somplete Fait II of Son E		7	
Ź,	_	Inventories for sale or use	ì		8	
1	8	***		9		
	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	1	***************************************		
"	0a	, , ,	10a			
		basis. Complete Part VI of Schedule D	10b		10c	
		Less: accumulated depreciation	108		11	
1		Investments - publicly traded securities		1,999,754.	12	2,067,752
- 1	2	Investments • other securities. See Part IV, line 1	1,000,1046	13	2,001,132	
	3	Investments - program-related. See Part IV, line 1	-	14		
	4	Intangible assets				
- 1	5	Other assets. See Part IV, line 11		1,999,754.	15	2,067,752
	6	Total assets. Add lines 1 through 15 (must equa	l line 34)	1,333,134.	16	2,850
- 1	7	Accounts payable and accrued expenses		20,634.	17	2,830
- 1	8	Grants payable .		20,034.	18	
	9	Deferred revenue			19	
- 1	20	Tax-exempt bond liabilities		-	20	
2	21	Escrow or custodial account liability. Complete P			21	,,,,,,
္မ 2	2	Loans and other payables to current and former				
		key employees, highest compensated employees	s, and disqualified persons.		_	
<u> </u>		Complete Part II of Schedule L	· ··		22	
1 2	23	Secured mortgages and notes payable to unrela-	· ·		23	
2	24	Unsecured notes and loans payable to unrelated			24	
2	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D .		20 624	25	2 050
2	26	Total liabilities. Add lines 17 through 25		20,634.	26	2,850
		Organizations that follow SFAS 117 (ASC 958)	, check here ► L and			
S		complete lines 27 through 29, and lines 33 and	134.			
2	27	Unrestricted net assets			27_	
Š 2	28	Temporarily restricted net assets			28	
2 2	29	Permanently restricted net assets	<u> </u>		29	
		Organizations that do not follow SFAS 117 (AS	SC 958), check here ▶ X			
5		and complete lines 30 through 34.	_		_	
g 3	30	Capital stock or trust principal, or current funds		0.	30	0
3 3	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0
ຊີ 3	32	Retained earnings, endowment, accumulated inc		1,979,120.	32	2,064,902
		_		1,979,120.	33	2,064,902
ž 3	13	Total net assets or fund balances		_//////		<u> </u>

Form **990** (2013)

	990 (2013) PLYMOUTH ENDOWMENT FOUNDATION	48-6124	1180	Pag	ge 12
Pa	TXI 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 (A), line 12)	1	217	, 2	<u>75.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	131	, 4	<u>93.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>82.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,979	, 1	<u> 20.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	.8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,064	, 9	02.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		,	Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis			1	17
Ь	Were the organization's financial statements audited by an independent accountant?	-	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		1	
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	[<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•	3b		
			Form 9	90 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 48-6124180 PLYMOUTH ENDOWMENT FOUNDATION

Par	t i	Reason 1	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he o	rganı	zation is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 [A church, cor	vention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2		A school desc	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з [A hospital or	a cooperative hospi	ital service organization o	described i	n section	170(b)(1)	(A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hos	prtal descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter	the hospital	s nam	e,
		city, and state	e:										
5 [An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describ	ed in		
			(b)(1)(A)(iv). (Comple										
6				ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).					
7		•	•	eives a substantial part					r from the	general	public desci	nbed II	n
		-	b)(1)(A)(vi). (Comple	•	• • •		•			•	•		
8 [\neg			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	Ħ	•		eives: (1) more than 33 1	•		rom contri	butions, m	nembershii	o fees, a	nd gross red	eipts	from
		•	•	nctions - subject to certa					-				
			•	axable income (less sect	-								
			509(a)(2). (Complete			y			,			•	
10 [perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	I).				
_	X	_		perated exclusively for th						out the	purposes o	f one	or
				ations described in section									
		-		organization and comple				,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		a Type I			ype III - Fui	_			I 🔲 Tvp	e III - No	n-functionall	v inted	arated
e [\neg			at the organization is not									-
•				than one or more publicly									
f				tten determination from t						(-7(-7		,,	
•		_	rganization, check th				po ., .,po	, 0, p.					
_			•	organization accepted ar	ny aift ar ca	ontribution	from any	of the follo	 owing pers	sons?			
9				directly controls, either al							·.	Yes	No
			-	upported organization?	one or tog	011101 111111	po. 506		() (.	,	11g(i)		Х
		_		n described in (i) above?					•	-	11g(ii)		Х
		•	•	a person described in (i) o		a?			•		11g(iii)		Х
h		• •	•	about the supported or	• •		•		•		<u> </u>		
		1 TOVIGE THE IC	onowing intermedien	about the supported of	gamzanom	ω,.							
(i) N		of supported nization	(ii) EiN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o in col. (i) lis governing (organizat	•	(vi) Is organizatio (i) organiz U S	n in col	(vii) Amount sup	of moi	netary
				(see instructions))	Yes	No	Yes	No	Yes	No			
		UTH	-										
CON	IGR.	EGATION	_	5	X		X		X		7	9 , 5	<u>51.</u>
					•								
								ļ <u> </u>					
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otal		1									7	9,5	<u>51.</u>
									Cabadul	- A (C	000 or 00	0 53	2012

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

332021 09-25-13

fails to qualify under the tests	.0.30 201011, piec		,			
Section A. Public Support	(-) 2000	/b) 2010	/a\ 0014	(4) 2012	(=) 2012	/6 Total
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.")		_			<u> </u>	
2 Tax revenues levied for the organ- ization'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 or publicly supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4	******	····	····	······································	· · · · · · · · · · · · · · · · · · ·	
ection B. Total Support		1	<u> </u>	<u> </u>	<u> </u>	1
alendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	(4) 2000	(5) 25 15	(0) 2011	10/2012	197.=9.19	(7.515
8 Gross income from interest,						
dividends, payments received on		}				
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business	.	· 				
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain			-			
or loss from the sale of capital						}
assets (Explain in Part IV.)						
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities,	etc. (see instruct	ions)			12	
3 First five years. If the Form 990 is for			d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check this box and stop			•			. ▶[
ection C. Computation of Publi		ercentage				
4 Public support percentage for 2013 (li	ne 6, column (f) c	divided by line 11,	column (f)) .		14	
5 Public support percentage from 2012	Schedule A, Parl	t II, line 14			15	
6a 33 1/3% support test - 2013. If the o	rganization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox and
stop here. The organization qualifies a	as a publicly supp	oorted organization	1			►l
b 33 1/3% support test - 2012. If the o	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
and stop here. The organization quali						▶[
7a 10% -facts-and-circumstances test	- 2013. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fact						
meets the "facts-and-circumstances"						▶[
b 10% -facts-and-circumstances test	-				17a, and line 15 is	10% or
more, and if the organization meets th						
organization meets the "facts-and-circ						<u> </u>

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

Schedule A (Form 990 or 990-EZ) 2013

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) 201	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				į		
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in					1	
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
· · · · · · · · · · · · · · · · · · ·			 			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			-			
6 Total. Add lines 1 through 5			 	 		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			1	+	 	
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			<u> </u>	ļ	<u> </u>	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				<u>r</u>		
alendar year (or fiscal year beginning in) ► 🏻	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3 (f) Total
9 Amounts from line 6			<u> </u>			
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources		_	<u> </u>			
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b			_			
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain				-		
or loss from the sale of capital						
assets (Explain in Part IV.)					 	
Total support. (Add lines 9, 10c, 11, and 12)	4b		l nat formation on fiftible			
4 First five years. If the Form 990 is for	the organization's	s first, second, thi	ra, tourth, or titth	iax year as a secti	on 50 ((c)(3) (organization,
check this box and stop here	o Support Po	rooptogo		•		
Section C. Computation of Publi			t (D)		145	
5 Public support percentage for 2013 (III		=	column (t)) .	••	15	
6 Public support percentage from 2012					16	
ection D. Computation of Inves					11	
7 Investment income percentage for 20	•		ne 13, column (f))		17	
8 Investment income percentage from 2					18	
9a 33 1/3% support tests - 2013. If the						_
more than 33 1/3%, check this box an	d stop here. The	organization qua	lifies as a publicly	supported organi	zation	▶∟
b 33 1/3% support tests - 2012. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
line 18 is not more than 33 1/3%, chec	ck this box and st	top here. The org	anızatıon qualifies	as a publicly sup	ported organi	zation .
20 Private foundation. If the organization						- F

chedule A (For	m 990 or 990-EZ	<u>)2013 PLYM</u> C	OUTH ENDOWN Provide the explar	MENT FO	UNDATION		<u>48-6124180</u>	Page
Part IV Su	pplemental	Information.	Provide the explar	nations required	by Part II, line 10; P	art II, line 17a or 1	7b; and Part III, line	12.
Als	o complete this	part for any additi	ional information.	(See instruction	s).			
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024 09-25-13				1.0		Schedule A	(Form 990 or 990-	EZ) 20
				16				

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PLYMOUTH ENDOWMENT FOUNDATION

Employer identification number 48-6124180

Pa	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	gate contributions to (during year)		
3	Aggre	gate grants from (during year)		
4		gate value at end of year		
5		e organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
		e organization's property, subject to the organization's	•	Yes No
6		e organization inform all grantees, donors, and donor a		used only
-		aritable purposes and not for the benefit of the donor of		-
		missible private benefit?	r contract, or for any other perpendicular	Yes No
Pa		Conservation Easements. Complete if the org	panization answered "Yes" to Form 990, P.	
1		ose(s) of conservation easements held by the organizati		
-		Preservation of land for public use (e.g., recreation or e		torically important land area
	芦	Protection of natural habitat	Preservation of a certi	• •
	Ħ	Preservation of open space		
2		plete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
_	-	f the tax year	ilea delibervation delimination in the form	of a conservation casement on the last
	uay u	Title tax year		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b		acreage restricted by conservation easements		2b
_		per of conservation easements on a certified historic str	Tucture included in (a)	2c
۵		per of conservation easements included in (c) acquired	• •	
u		in the National Register	arter of 17700, and not on a historic structu	2d
3		per of conservation easements modified, transferred, re	looped extragraphed or terminated by the	L -: L,
3	year I		leased, extinguished, or terminated by the	organization during the tax
4	•	per of states where property subject to conservation ea	nament is legated	
5				
5		the organization have a written policy regarding the per		Yes No
		ons, and enforcement of the conservation easements i		
6		and volunteer hours devoted to monitoring, inspecting, int of expenses incurred in monitoring, inspecting, and		
7				
8		each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(11)(4)(D)(I) Yes No
•		ection 170(h)(4)(B)(ii)?	an accompate in its revenue and evacans	
9		t XIII, describe how the organization reports conservati	•	
		le, if applicable, the text of the footnote to the organiza ervation easements.	tion's illiancial statements that describes t	the organization's accounting for
Da		Organizations Maintaining Collections o	f Art Historical Treasures or Of	ther Similar Assets
1 4	Ker j	Complete if the organization answered "Yes" to Form		arer Ommar Assers.
12	If the	organization elected, as permitted under SFAS 116 (AS		pent and halance cheet works of art
		ical treasures, or other similar assets held for public ext		
		ext of the footnote to its financial statements that descri		ice of public service, provide, in Fait Ain,
_				and halance sheet works of art. historical
b		organization elected, as permitted under SFAS 116 (AS		
		ures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic service, provide the following amounts
		ng to these items:		. •
		evenues included in Form 990, Part VIII, line 1		
_		ssets included in Form 990, Part X		> \$
2		organization received or held works of art, historical tre		gain, provide
		llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	. .
а		nues included in Form 990, Part VIII, line 1		\$
b	Asset	s included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.			=	
(a) Descript	Complete if the organization answered "Yes" tion of security or category (including name of security)	to Form 990, Part IV, line (b) Book value		Part X, line 12. valuation: Cost or end-	of-year market value
	al derivatives	(b) Dook value	(C) MELIOCO OF		or your market value
	held equity interests				
(3) Other	more equity interests		- 		
(A) SE	CURITIES	2,067,752	. COST		
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n) must equal Form 990, Part X, col (8) line 12) Investments - Program Related.	2,067,752	•		<u> </u>
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11c. See Form 990.	Part X, line 13.	
	(a) Description of investment	(b) Book value		valuation: Cost or end	of-year market value
(1)					
(2)					
(3)					
(4)				-	
(5)					
(6)					
(7)			<u> </u>		
(8)					
(9)					
Total. (Col (t Part IX	o) must equal Form 990, Part X, col (B) line 13) Other Assets.	<u> </u>	<u> </u>	<u></u>	
Part IA		to Form 000 Port IV line	11d Soc Form 000	Port V line 15	
	Complete if the organization answered "Yes"	Description	9 110. See Form 990,	rait A, line 15.	(b) Book value
(4)	(ω)	Description			(b) Dook value
(1)					
(2)	·				
(3)					
(5)	· · · · · · · · · · · · · · · · · · ·			-	
(6)				. —	·· ·
(7)	<u> </u>				
(8)		•		-	
(9)					
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		•	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11e or 11f. See Forr	m 990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1) Fed	eral income taxes				
(2)			-]	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			_	7	
(9)					
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		- -	
	for uncortain tax positions. In Part XIII, provide		to the organization's	financial statements t	hat raparta tha

332053 09-25-13

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

SCHEDULE (Form 990) Internal Revenue Service

Department of the Treasury

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

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

▶ Attach to Form 990.

2013	Open to Public Inspection

OMB No 1545-0047

Employer identification number 48-6124180 X Yes 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. PLYMOUTH ENDOWMENT FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	sedures for monit	oring the use of grant	funds in the United	States.			
Part # 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	iovernments and	Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi	onal space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
BREAKTHROUGH CLUB							
1005 E 2ND							
WICHITA, KS 67214	i		1,000.	0.			
HABITAT FOR HUMANITY							
420 E ENGLISH							
WICHITA, KS 67202			1,000.	0.			
MEDICAL SERVICE BUREAU							
1148 S HILLSIDE							
WICHITA, RS 67211			1,000.	0.			
NATIONAL ASSOC CONGREGATIONAL							
CHURCHES - PO BOX 228 - OAK CREEK,							
WI 53154			4,300.	,			
OHIVIRA COINCIL BOY SCOTTER OF							
AMERICA - PO BOX 48166 - WICHITA							

332101 10-29-13

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1,000.

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1,000,

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

WICHITA, RS 67202

N

RAINBOWS UNITED 340 S BROADWAY

KS 67201

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

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Page 1

	ENDOWMENT	PLYMOUTH ENDOWMENT FOUNDATION				4	48-6124180 Pag
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	idule I (Form 990), Par	r II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SENIOR SERVICES INC OF WICHITA 200 S WALNUT WICHITA, KS 67213			1,000.	0			
UNITED METHODIST URBAN MISSION 228 S ELLIS WICHITA, KS 67212			1,000.	0			
YOUTHVILLE 900 W BROADWAY NEWTON, RS 67114			1,000.	0			
YMCA WOMEN'S CRISIS CENTER 355 N WACO WICHITA, KS 67202			1,000.	. 0			
GRACE MED 1122 N TOPEKA ST WICHITA, KS 67214			1,000.	0			
KS ACTION FOR CHILDREN 720 SW JACKSON STE 201 TOPEKA, KS 66603			1,000.	.0			
UNION RESCUE MISSION 2800 N HILLSIDE WICHITA, KS 67220			1,000.	.0			

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1,000.

Schedule I (Form 990)

79,551.

PLYMOUTH CONGREGATIONAL CHURCH 202 N CLIFTON AVE WICHITA, RS 67208

332241 05-01-13

WICHITA, KS 67208

810 N HOLYOKE ST

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Page 1

Schedule (Form 990) PLYMOUTH ENDOWMENT FOUNDATION	ENDOWMENT	FOUNDATION	11 - 14 - 1				48-6124180 Page
Territal Continuation of Grants and Other	Assistance to Go	vernments and Organ	Izations in the U	nited States (Sche	dule I (Form 990), Pa	(111.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC 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
ROTARY CLUB OF WICHITA 106 W. DOUGLAS, SUITE 909 WICHITA, KS 67202			754.	0			
PIEDMONT COLLEGE 165 CENTRAL AVENUE DEMOREST, GA 30535			1,000.	0			
SALVATION ARMY 350 N MARKET WICHITA, RS 67202			1,000.	0			
PAN AMERICAN INSTITUTE MAR HUDSON 5204 TIJUANA, TX 78574			1,000.	0.			
GIRL SCOUTS OF AMERICA HEARTLAND 360 LEXINGTON WICHITA, RS 67218			1,000.	0.			

23

Schedule I (Form 990)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (book, FMV, appraisal, other) TO BE DISTRIBUTED IN THE CURRENT YEAR. APPLICATIONS ARE RECEIVED THROUGHOUT THE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. EXPLANATION: THE MISSION BOARD APPROVES AN ALLOTMENT OF GRANT MONEY (d) Amount of non-cash assistance ö 12,000 24 (c) Amount of cash grant (b) Number of recipients YEAR AND GOVERNORS APPROVE THE GRANTS (a) Type of grant or assistance PART I, LINE SCHOLARSHIPS 332102 10-29-13

Page 2

48-6124180

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.

PLYMOUTH ENDOWMENT FOUNDATION

Schedule I (Form 990) (2013)

Part III

SCHEDULE O

(Form 990 or 990-EZ)

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

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Inspection ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** PLYMOUTH ENDOWMENT FOUNDATION 48-6124180 FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE PRESIDENT WILL REVIEW THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

PLYMOUTH ENDOWMENT FOUNDATION

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► See separate instructions.

Open to Public Inspection 2013

Employer identification number 48-6124180

€

Direct controlling End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(a)	(q)	(0)	(p)	(e)	€	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Ing	Section 512	<u> </u>
of related organization		foreign country)	section	status (if section	entity	entity?	
		•		501(c)(3))		Yes	٥ ۷
PLYMOUTH CONGREGATIONAL CHURCH				_			
202 N CLIFTON AVE							
WICHITA, KS 67208	RELIGIOUS ORGANIZATION	KANSAS	501 (C) 3	501 (C) 3			×
							ļ
					:		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332161 09-12-13 LHA

Schedule R (Form 990) 2013

48-6124180

Page 2

Schedule R (Form 990) 2013 PLYMOUTH ENDOWMENT FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(k) centage nership			ated	Section 512(b)(13) controlled entity?	-) 2013
Perc	 		more rel			_			Schedule R (Form 990) 2013
(j) General or managing bartner? General or managing Second		-	one or	(h) Percentage ownership					Je R (F
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(g) Share of Fend-of-year assets					Sched
(h) Disproportionate allocations? Yes No			V, line 34				_	_	
1		_	1 990, Part I	(f) Share of total Income	:				
(g) Share of end-of-year assets			s" on Form	(e) Type of entity (C corp, S corp, or trust)					
(f) Share of total income			wered "Ye						
			tion ans) ntrolling ity					
(e) Predominant income (related, unrelated, ccluded from tax unde sections 512-514)			e organiza	(d) Direct controlling entity					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			nplete if th	(c) Legal domicile (state or foreign country)					27
(d) Direct controlling entity			r Trust Cor						
Direct o			oration o	(b) Primary activity					
(c) Legal domicile (state or foreign country)			as a Corp	Рип				:	
activity			Taxable a						
(b) Primary activity			nizations oration or						
			ted Organas a corpo	(a) Name, address, and EIN of related organization					
and EIN nization			n of Rela s treated	(a) , address ated orga					
(a) Name, address, and EIN of related organization			ntificatio anizations	Name of re					
Name, of rela									332162 09-12-13
			Part IV						332162

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ĝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1 P	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
Loans or loan guarantees by related organization(s)				5		×
f Dividends from related organization(s)				7		×
				=		: :
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				Ţ		×
j Lease of facilities, equipment, or other assets to related organization(s)				1;		×
k pase of facilities equipment or other assets from related organization(s)				7	1991.1	×
Deformance of controls or membership or fundamental collections for	(a)doctorios			=		×
reformance of services of membership or fundration solicitations by related organization(s)	anization(s)			<u> </u>		: ×
Sharing of facilities, equipment, mailing lists, or other assets with relate	(c) (s)			Ę		×
 Sharing of paid employees with related organization(s) 				9		×
						;
				٩ ,		< >
q Reimbursement paid by related organization(s) for expenses				<u>Б</u>	T	4
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) PLYMOUTH CONGREGATIONAL CHURCH	В	79,551.	САЅН		ļ	
(2)						
(3)						
(4)						
(5)				:		
(9)						
332163 09-12-13	28		Schedule R (Form 990) 2013	R (Form	(066	2013

Page 4

Part Vt Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(q)	(0)	(p)	(e) Are all		(6)	ε	(3)	5	3
Name, address, and EIN of entity	Primary activity	elign ign	Predominant income parmers sec (related, unrelated, 5010)(3) excluded from tax	501(c)(3) orgs?		Share of end-of-year	Uispropor- tionate allocations?	Uspropor- Code V-UBI General or Percentage tone amount in box 20 managing ownership allocators? of Schedule K-1 partner?	General o managing partner?	ownership
		(Auro)	under section 512-514)	Yes No	D	939413	Xes No	(Form 1055)	×e× ×e× ×e× ×e× ×e× ×e× ×e× ×e× ×e× ×e×	
								Schedule	R (For	Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013 PLIMOUTH ENDOWMENT FOUNDATION	48-612418U Page 5
Part VII	Supplemental Information	
	oupplemental information	
	Provide additional information for responses to questions on Schedule R (see instructions).	
		
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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013 Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

8th Floor

New York, NY 10004

Identification Number 26-4310632

Taxpayer ID Number Account Number 48-6124180 185 221597 302

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Short Term - Covered Securities (Consider Box 6b (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part I with box A checked.)

(Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
RSA INSURANCE GROUP PLC	CU	SIP. 74971A1	07 Symbo	d (Box 1d)				
	16 000	06/20/12	05/22/13	\$137 83	\$135 58	\$0.00	\$2 25	\$0.00
	42.000	01/10/13	05/22/13	\$361.80	\$425.92	\$0.00	(\$64.12)	<u>\$0,00</u>
Security Subtotal	58,000			\$499 63	\$561 50	\$0.00	(\$61.87)	\$0.00
SCHLUMBERGER LTD	CU	SIP: 8068571	08 Symbo	d (Box 1d): SLB				
	2 000	06/25/12	03/26/13	\$148 33	\$120 88	\$0 00	\$27 45	\$0.00
	8.000	06/25/12	03/26/13	\$591.98	\$483.51	\$0.00	\$108. <u>47</u>	\$0_00
Security Subtotal	10 000			\$740 31	\$604,39	\$0.00	<u>\$135 92</u>	\$0.00
SHIN ETSU CHEM CO LTD ADR	CU	SIP. 8245511	05 Symbo	ol (Box 1d). SHECY				
	8 000	07/02/13	11/19/13	\$11 <u>6 88</u>	\$133 87	\$0.00	(\$16 99)	\$0.00
THE MOSAIC CO (HLDG CO) NEW	CU	SIP: 61945C1	03 Symbo	of (Box 1d) MOS		· ·		
	11 000	11/14/12	10/10/13	\$508 79	\$536 77	\$0.00	(\$27_98)	50 00
VEECO INSTRUMENTS INC DEL	CU	SIP. 9224171	00 Symbo	ol (Box 1d) VECO				
	18 000	10/17/12	04/19/13	\$584 98	\$539 96	\$0.00	\$45 02	\$0.00
	3,000	11/02/12	04/19/13	\$97.50	\$92.97	\$0.00	\$4 .53	<u>\$0.00</u>
Security Subtotal	21.000			\$682.48	\$632.93	_\$0.00	\$49.55	\$0,00
Total Short Term Covered Securities	9			\$8,995.62	\$8,524.93	\$0.00	\$470.69	\$0.00

Morgan Stanley

Corporate Tax Statement Tax Year 2013

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8th Floor

New York, NY 10004

Identification Number 28-4310632

Taxpayer ID Number

48-6124180

Account Number

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

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

Short Term - Noncovered Securities (Consider Box 6a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part I with box B checked.)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ABBVIE INC COM	CU	SIP 00287Y	09 Symbo	d (Box 1d). ABBV				<u>, </u>
	28 000	07/30/12	01/07/13	\$977 48	\$968 92	\$0 00	\$8 56	\$0 00
CHINA MOBILE LTD	CUS	SIP 16941M	109 Symbo	(Box 1d) CHL				
	8 000	03/09/12	01/15/13	\$457 01	\$439 65	\$0.00	\$17 36	\$0.00
	2.000	04/13/12	01/15/13	\$114.25	\$109.11	\$0.00	\$5.14	\$0.00
Security Subtotal	10 000			\$571 26	\$548,76	\$0.00	\$22 50	\$0.00
ENSCO PLC CLASS A	cus	SIP G3157S	106 Symbo	l (Box 1d). ESV				
	2 000	04/13/12	04/11/13	\$116.85	\$105 55	\$0.00	\$11 30	\$0.00
GREENHILL & CO INC	CU	SIP: 3952591	04 Symbo	H (Box 1d) GHL				
	3 000	04/05/12	03/04/13	\$177 30	\$132 49	\$0 00	\$44 81	\$0 00
	8 000	04/05/12	03/07/13	\$481 73	\$353 32	\$0.00	\$128 41	\$0.00
	9.000	04/05/12	03/25/13	\$484.21	\$397.48	\$0.00	\$86.73	\$0.00
Security Subtotal	20,000	_		\$1,143,24	\$883,29	\$0.00	\$259.95	00.02
Total Short Term Noncovered Sec	urities			\$2,808.83	\$2,506.52	\$0.00	\$302.31	\$0.00
Total Short Term Covered and No	scovered Sec	trittoe		\$11 804 45	\$11,031 45	\$0.00	\$773.00	\$0.00



Corporate Tax Statement Tax Year 2013

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Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor

New York, NY 10004 Identification Number: 26-4310632

Taxpayer ID Number Account Number

48-6124180 185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

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

Long Term - Covered Securities (Consider Box 6b (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part II with box D checked.)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
CANADIAN NATURAL RESOURCES LTD	CU	SIP: 1363851	01 Symbo	(Box 1d): CNQ				
	6 000	06/25/12	07/17/13	\$192 02	\$155 16	\$0.00	\$36 86	\$0 00
CELESIO AG UNSPONS ADR	CU	SIP: 15100H1	09 Symbo	(Box 1d) CAKFY				
	46 000	07/27/12	07/31/13	\$202 46	\$158 41	\$0.00	\$44 05	\$0 00 \$0 00
Security Subtotal	42.000 88.000	07/27/12	08/01/13	\$186.71 \$389.17	\$144.63 \$303.04	\$0,00 \$0,00	\$42.08 \$86.13	\$0.00 \$0.00
COGNIZANT TECH SOLUTIONS CL A	CU	SIP: 1924461	02 Symbo	(Box 1d) CTSH				
	13 000	05/10/12	05/15/13	\$822 76	\$784 12	\$0.00	\$38 64	\$0.00
INTUIT INC	CU	SIP: 4612021	03 Symbo	I (Box 1d) INTU				
	42 000	09/26/12	11/26/13	\$3,065 00	\$2,426 97	\$0.00	\$638 03	\$0.00
LLOYDS BANKING GROUP PLC	CU	SIP. 5394391	09 Symbo	l (Box 1d): LYG				
	265 000	10/10/12	11/18/13	\$1,300 03	\$648 77	\$0.00	\$651 26	\$0 00
	15.000	10/16/12	11/18/13	\$73.59	\$40,80		\$32.79	\$0.00
Security Subtotal	280 000			\$1,373 62	\$689,57	\$0.00	\$684 05	\$0.00
NIKE INC B	CU	SIP: 6541061	03 Symbo	l (Box 1d). NKE				
	36 000	06/05/12	10/01/13	\$2,606 90	\$1,890 64	\$0.00	\$716 26	\$0.00
THE MOSAIC CO (HLDG CO) NEW	CU	SIP: 61945C1	03 Symbo	1 (Box 1d): MOS				
	10 000	06/05/12	10/10/13	\$462 54	\$464 78	\$0.00	(\$2 24)	\$0.00
WHEELOCK & CO LTD UNSPON ADR	CU	SIP: 9632712	00 Symbo	I (Box 1d): WHLKY				_
	10 000	06/25/12	07/11/13	\$516 96	\$350 00	\$0.00	\$166 96	\$0.00
Total Long Term Covered Securities	3	<u> </u>		\$9,428.97	\$7,064.28	\$0.00	\$2,364.69	\$0.00

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IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS



Corporate Tax Statement Tax Year 2013

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8th Floor New York, NY 10004

Identification Number: 26-4310632

Taxpayer ID Number Account Number 48-6124180

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

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

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

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ABBVIE INC COM	CUS	SIP: 00287Y	109 Symbo	(Box 1d) ABBV				
	48 000	11/16/11	01/07/13	\$1,675 68	\$1,350 77	\$0.00	\$324 91	\$0 00
	24,000	11/28/11	01/07/13	\$837.84	\$662.26		\$175.58	\$0.00
Security Subtotal	72,000			\$2,513 52	\$2,013 03	\$0.00	<u>\$500 49</u>	\$0.00
AKZO NOBEL NV ADR	CUS	SIP 0101993	05 Symbo	i (Box 1d): AKZOY				
	18 000	10/28/09	05/10/13	\$381 63	\$360.90	\$0.00	\$20 73	\$0 00
	25,000	02/22/10	05/10/13	\$530.04	\$447.26	\$0.00	\$82.78	\$0.00
Security Subtotal	43 000		_	\$911 67	\$808.16	\$0.00_	\$103,51	\$0.00
ANADARKO PETE	CUS	SIP: 0325111	07 Symbo	(Box 1d): APC				
	12 000	06/15/06	01/31/13	\$964 43	\$572 81	\$0 00	\$391 62	\$0.00
APPLE INC	CUS	SIP: 0378331	00 Symbo	l (Box 1d): AAPL				
	10 000	02/01/11	01/25/13	\$4,433 48	\$3,454 74	\$0.00	\$978 74	\$0.00
ARYZTA AG ZUERICH	CU	SIP: 04338X	102 Symbo	i (Box 1d): ARZTY				
	31 000	04/29/11	10/22/13	\$1,136 34	\$859 79	\$0.00	\$276 55	\$0.00
	5.000	07/01/11	10/22/13	\$183.28	\$135.15	\$0.00	\$48.13	\$0.00
Security Subtotal	36 000			\$1,319 62	\$994.94	\$0.00	\$324 68	\$0.00
BAYER AG SPON ADR	CU	SIP: 0727303	302 Symbo	l (Box 1d): BAYRY				
	2 000	05/13/11	01/02/13	\$188 57	\$165 18	\$0.00	\$23 39	\$0.00
	6 000	05/20/11	01/02/13	\$565 69	\$489 12	\$0 00	\$76 57	\$0.00
	4.000	05/20/11	05/10/13	\$430.83	\$326.08	\$0.00	\$104.75	\$0.00
Security Subtotal	12.000			\$1,185 09	\$980 38	\$0.00	\$204.71	\$0,00

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Morgan Stanley

Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor

New York, NY 10004

Identification Number

26-4310632

Taxpayer ID Number Account Number

48-6124180 185 221597 302

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 6a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
BG GROUP PLC	CU	ISIP: 0554342	03 Symbo	H (Box 1d): BRGYY				
	15 000	03/26/10	01/10/13	\$247 35	\$255 66	\$0.00	(\$8 31)	\$0 00
	15 000	09/15/11	01/10/13	\$247 35	\$302 67	\$0 00	(\$55 32)	\$0 00
	10.000	09/16/11	01/10/13	\$164.90	\$205.40	\$0.00	(\$40.50)	\$0.00
Security Subtotal	40 000			\$659 60	\$763 73	\$0.00	(\$104 13)	\$0.00
BIOGEN IDEC INC	CU	ISIP 09062X1	103 Symbo	d (Box 1d): BIIB				
	22 000	03/22/05	01/31/13	\$3,435 77	\$842 04	\$0.00	\$2,593 73	\$0 00
BOEING CO	CU	SIP: 0970231	05 Symbo	l (Box 1d): BA				
	8 000	10/06/05	03/13/13	\$675 37	\$542 18	\$0 00	\$133 19	\$0.00
BRIDGESTONE CP ADR	CU	ISIP 1084412	05 Symbo	I (Box 1d): BRDCY				
	4 000	12/09/10	04/25/13	\$301 79	\$159 59	\$0 00	\$142 20	\$0.00
	4 000	12/09/10	04/26/13	\$296 35	\$159 59	\$0.00	\$136 76	\$0.00
	2 000	07/01/11	05/01/13	\$149 33	\$92 66	\$0.00	\$56 67	\$0 00
	8,000	07/01/11	07/03/13	\$583.98	\$370.64	\$0.00	\$213.34	\$0.00
Security Subtotal	18 000			\$1,331,45	\$782.48	\$0.00_	\$548.97	\$0.00
CANADIAN NATURAL RESOURCES LTD	CU	ISIP: 1363851	01 Symbo	d (Box 1d) CNQ				
	25 000	03/12/10	03/04/13	\$756 10	\$916 63	\$0.00	(\$160 53)	\$0 00
	7 000	03/12/10	05/09/13	\$208 25	\$256 66	\$0.00	(\$48 41)	\$0.00
	8 000	05/27/10	05/09/13	\$237 99	\$276 42	\$0.00	(\$38 43)	\$0.00
	2 000	05/27/10	07/17/13	\$64 01	\$69 10	\$0.00	(\$5 09)	\$0.00
	14 000	08/12/11	07/17/13	\$448 06	\$512 61	\$0.00	(\$64 55)	\$0 00
	3.000	11/09/11	07/17/13	\$96.01	\$109.53	\$0.00	(\$13,52)	\$0.00
Security Subtotal	59,000			\$1,810,42	\$2,140,95	\$0.00	(\$330,53)	\$0.00

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New York, NY 10004

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities * (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
CARNIVAL CP NEW PAIRED COM	CU	SIP. 1436583	00 Symbo	(Box 1d) CCL				
	15 000	10/28/09	12/13/13	\$538 81	\$440 85	50 00	\$97 96	\$0.00
CELESIO AG UNSPONS ADR	CU	SIP- 15100H	109 Symbo	(Box 1d). CAKFY	· · · · · · · · · · · · · · · · · · ·			
	118 000	02/03/12	06/20/13	\$525 97	\$481 83	\$0 00	\$44 14	\$0.00
	7 000	03/16/12	06/20/13	\$31 20	\$27 40	\$0 00	\$3 80	\$0.00
	85 000	03/16/12	07/16/13	\$349 84	\$332 74	\$0 00	\$17 10	\$0.00
	18 000	03/16/12	07/31/13	\$79 22	\$70 46	\$0 00	\$8 76	\$0.00
	4.000	03/16/12	07/31/13	\$17.60	\$15.66	\$0.00	\$1.94	\$0.00
Security Subtotal	232,000			\$1,003 83	\$928 09		\$75.74	\$0.00
CH ROBINSON WORLDWIDE INC NEW	CU	SIP: 12541W	209 Symbo	(Box 1d) CHRW				
	12 000	02/01/11	12/19/13	\$676 96	\$939 07	\$0.00	(\$262 11)	\$0.00
	26 000	02/01/11	12/20/13	\$1,474 B1	\$2,034 65	\$0.00	(\$559 84)	\$0.00
	3 000	07/27/11	12/20/13	\$170 17	\$221 89		(\$51 72)	\$0.00
	11.000	02/24/12	12/20/13	\$623.96	\$739.55	\$0.00	(\$115.59)	\$0.00
Security Subtotal	52,000			\$2,945 90	\$3,935 16		(\$989 26)	\$0,00
CHUBB CORP	CU	SIP: 1712321	01 Symbo	I (Box 1d): CB				
	7 000	12/14/04	07/23/13	\$609 36	\$267 02	\$0 00	\$342 34	\$0.00
CISCO SYS INC	CU	SIP: 17275R	102 Symbo	(Box 1d): CSCO	-			
	28 000	12/08/05	02/13/13	\$587 98	\$496 17	\$0 00	\$91 81	\$0.00
	31 000	12/08/05	02/13/13	\$649 98	\$549 33	\$0.00	\$100 65	\$0.00
,	2 000	12/09/08	02/13/13	\$41 93	\$34 20	\$0.00	\$7.73	\$0.00
1								CONTINUED ON NEXT DAG

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Corporate Tax Statement Tax Year 2013

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OMB NO. 1545-0715

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

Long Term - Noncovered Securities * (Consider Box 6a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
CISCO SYS INC	22 000	12/09/08	04/04/13	\$461 92	\$376 15	\$0.00	\$85 77	\$0.00
	24.000	12/09/08	04/19/13	\$489.83	\$410.35	\$0.00	\$79.48	20.02
Security Subtotal	107 000			\$2,231,64	\$1,868,20	\$0.00	\$365.44	\$0 00
COGNIZANT TECH SOLUTIONS CL A	CL	ISIP: 1924461	02 Symbo	d (Box 1d) CTSH				
	30 000	02/22/11	04/26/13	\$1,858 56	\$2,302 38	\$0 00	(\$443 82)	\$0.00
	15 000	02/24/11	04/26/13	\$929 28	\$1,113 82	\$0 00	(\$184 54)	\$0 00
	7 000	04/04/11	04/26/13	\$433 67	\$575 51	\$0 00	(\$141.84)	\$0.00
	11 000	04/04/11	05/15/13	\$696 18	\$904 38	\$0 00	(\$208 20)	\$0.00
	15 000	04/12/11	05/15/13	\$949 33	\$1,196 81	\$0 00	(\$247 48)	\$0.00
	1 000	04/13/11	05/15/13	\$63 29	\$80 59	\$0 00	(\$17 30)	\$0.00
	11 000	05/26/11	05/15/13	\$696 18	\$825 61	\$0 00	(\$129 43)	\$0.00
	7,000	08/22/11	05/15/13	\$443.02	\$405.28	\$0.00	\$ 37.74	\$0.00
Security Subtotal	97 000			\$6,069,51	\$7,404,38	\$0.00	(\$1.334.87)	\$0.00
COMCAST CORP CL A SPECIAL NEW	CL	ISIP: 20030N2	200 Symbo	H (Box 1d). CMCSH	(
	14 209	12/14/04	01/31/13	\$524 17	\$288 25	\$0 00	\$235 92	\$0.00
	119.791	07/21/05	01/31/13	\$4,419.10	\$2.341.70	\$0.00	\$2,077,40	\$0.00
Security Subtotal	134,000			\$4,943 27	\$2,629 95	\$0.00	\$2,313 32	\$0.00
CREE RESEARCH INC	CU	SIP: 2254471	01 Symbo	d (Box 1d): CREE				
	10 000	01/25/05	01/31/13	\$433 19	\$236 23	\$0 00	\$196 96	\$0 00
	20 000	09/16/10	01/31/13	\$866 38	\$1,022 65	\$0.00	(\$156 27)	\$0.00
	23,000	02/01/11	01/31/13	\$996.33	\$1,187.90	20.02	(\$191.57)	\$0.00
Security Subtotal	53.000			\$2,295.90	\$2,446.78	\$0,00	(\$150,88)	\$0.00

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Corporate Tax Statement Tax Year 2013

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26-4310632 Identification Number

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48-6124180 185 221597 302

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
DAIMLER AG	CU	SIP: D1668R	123 Symbo	l (Box 1d): DDAIF				
	14 000	10/28/09	07/15/13	\$939 59	\$682 64	\$0.00	\$256 95	\$0 00
	4 000	10/28/09	07/26/13	\$277 43	\$195 04	\$0.00	\$82 39	\$0 00
	6.000	03/18/11	07/26/13	\$416.15	\$389.14	\$0.00	\$27.01	<u>\$0.00</u>
Security Subtotal	24 000			\$1,633,17	\$1,266.82		\$366 35	\$0.00
DEERE & CO	CUS	SIP: 2441991	05 Symbo	l (Box 1d). DE				
	5 000	12/03/09	05/15/13	\$447.48	\$271 87	\$0.00	\$175 61	\$0.00
	10 000	12/03/09	06/25/13	\$822 98	\$543 75	\$0.00	\$279 23	\$0 00
	2 000	12/04/09	06/25/13	\$164 60	\$110 12	\$0.00	\$54 48	\$0 00
	6 000	12/04/09	06/26/13	\$492 59	\$330 36	\$0.00	\$162 23	\$0 00
	6 000	12/04/09	07/01/13	\$488 93	\$330 36		\$158 57	\$0 00
	6 000	12/04/09	07/09/13	\$492 02	\$330 36	\$0.00	\$161 66	\$0 00
	2 000	11/09/11	07/09/13	\$164 00	\$145 96	\$0.00	\$18 04	\$0 00
	6.000	11/09/11	07/09/13	\$489.91	\$437.88	\$0.00	\$52,03	<u>\$0.00</u>
Security Subtotal	43 000			\$3,562.51	\$2,500.66		\$1,061 85	\$0.00
DON QUIJOTE CO LTD UNSP ADR	CU	SIP: 2575691	03 Symbo	I (Box 1d). DQJCY				
	1 000	02/27/12	05/01/13	\$159 34	\$104 57	\$0.00	\$54 77	\$0.00
	3 000	02/27/12	05/17/13	\$469 64	\$313 70	\$0.00	\$155 94	\$0.00
	1 000	02/27/12	08/01/13	\$158 87	\$104 57	\$0.00	\$54 30	\$0 00
	1 000	02/28/12	08/01/13	\$158 86	\$104 85	\$0.00	\$54 01	\$0.00
	4,000	03/09/12	11/18/13	\$756.23	\$411.58		\$344.65	\$0.00
Security Subtotal	10 000			\$1,702 94	\$1,039.27		\$663 67	\$0.00

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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

8th Floor

New York, NY 10004

Identification Number

26-4310632

Taxpayer ID Number

48-6124180

Account Number

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
DOVER CORP	CU	SIP: 2600031	08 Symbo	l (Box 1d). DOV				
	8 000	08/09/07	07/15/13	\$648 02	\$399 74	\$0.00	\$248 28	\$0.00
	6 000	08/09/07	09/12/13	\$533 99	\$299 80	\$0.00	\$234 19	\$0.00
	2 000	08/09/07	09/13/13	\$178 02	\$99 93	\$0.00	\$78 09	\$0.00
	6 000	08/09/07	09/18/13	\$542 99	\$299 80	\$0.00	\$243 19	\$0.00
	10 000	08/09/07	09/20/13	\$910 02	\$499 67	\$0.00	\$410 35	\$0.00
	4,000	11/09/11	09/20/13	\$364.01	\$215.40	\$0.00	<u>\$148.61</u>	<u>\$0.00</u>
Security Subtotal	36 000			\$3,177 05	\$1,814.34		\$1,382 71	\$0.00
EBAY INC	CU	SIP: 2786421	03 Symbo	I (Box 1d): EBAY				
	20 000	08/06/10	03/14/13	\$1,036 03	\$425 37	\$0.00	\$610 66	\$0.00
EMERSON ELECTRIC CO	CU	SIP: 2910111	04 Symbo	l (Box 1d): EMR				
	19 000	12/17/04	05/07/13	\$1,071 82	\$666 22	\$0.00	\$405 60	\$0.00
	9 000	12/17/04	07/12/13	\$513 15	\$315 58	\$0.00	\$197 57	\$0.00
	10 000	12/17/04	07/12/13	\$570 42	\$350 64	\$0.00	\$219 78	\$0.00
	10 000	12/17/04	07/15/13	\$575 69	\$350 64	\$0.00	\$225 05	\$0.00
	7 000	12/17/04	07/15/13	\$402 65	\$245 45	\$0.00	\$157 20	\$0.00
	3 000	05/22/09	07/15/13	\$172 57	\$97 10	\$0 00	\$75 47	\$0.00
	9 000	05/22/09	07/18/13	\$520 09	\$291 31	\$0.00	\$228 78	\$0 00
	3 000	05/22/09	07/18/13	\$172 50	\$97 10	\$0 00	\$75 40	\$0.00
	6 000	06/02/11	07/18/13	\$344 99	\$312 00	\$0.00	\$32 99	\$0 00
	2.000	06/02/11	07/19/13	\$115.37	\$104.00	\$0.00	<u>\$11.37</u>	\$0.00
Security Subtotal	78 000			\$4,459.25	\$2,830.04	\$0.00	\$1,629 21	\$0,00

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Identification Number 26-4310632

Taxpayer ID Number Account Number

48-6124180 185 221597 302

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities (Consider Box 6a (Noncovered Secunity) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ENSCO PLC CLASS A	CU	SIP: G3157S	106 Symbo	d (Box 1d). ESV		-		
	4 000	01/19/12	02/20/13	\$254 24	\$208 59	\$0.00	\$45 65	\$0.00
	8 000	01/19/12	03/15/13	\$477 31	\$417 17	\$0.00	\$60 14	\$0.00
	7 000	01/26/12	03/15/13	\$417 64	\$376 95	\$0.00	\$40 69	\$0.00
	1 000	02/03/12	03/15/13	\$59 66	\$55 87	\$0.00	\$3 79	\$0 00
	7.000	02/03/12	04/11/13	\$408,97	\$391.06	\$0.00	\$17.91	\$0,00
Security Subtotal	27,000			\$1,617,82	\$1,449.64	\$0,00	\$168, <u>1</u> 8	\$0 00
ERICSSON LM TEL ADR CL B NEW	CU	SIP. 2948216	08 Symbo	i (Box 1d). ERIC				
	14 000	12/22/09	01/31/13	\$162 83	\$128 01	\$0.00	\$34 82	\$0.00
	14 000	12/22/09	01/31/13	\$162.84	\$128 02	\$0.00	\$34 82	\$0.00
	57 000	12/23/09	01/31/13	\$662 94	\$527 55	\$0.00	\$135 39	\$0.00
	3 000	12/23/09	03/04/13	\$36 93	\$27 77	\$0 00	\$9 16	\$0.00
	17 000	01/25/10	03/04/13	\$209 26	\$166 59	\$0 00	\$42 67	\$0 00
	45 000	01/25/10	03/20/13	\$574 31	\$440 98	\$0 00	\$133 33	\$0.00
	45 000	01/26/10	03/20/13	\$574 30	\$437 65	\$0 00	\$136 65	\$0.00
	35.000	01/26/10	04/24/13	\$420.25	\$340.39	\$0.00	\$79.86	<u>\$0.00</u>
Security Subtotal	230.000			\$2,803 66	\$2,196.96	\$0.00	\$606,70	\$0.00
FACTSET RESEARCH SYSTEMS INC	CU	SIP: 3030751	05 Symbo	ol (Box 1d). FDS				
	10 000	10/17/11	04/08/13	\$903 27	\$940 84	\$0.00	(\$37 57)	\$0.00
	1.000	11/21/11	04/08/13	\$90.33	\$90,26	\$0,00	\$0.07	\$0.00
Security Subtotal	11.000			\$993.60	\$1,031,10	\$0,00	(\$37,50)	\$0.00
FLUOR CORP NEW	CU	SIP. 3434121	02 Symbo	of (Box 1d): FLR				
	3 000	11/20/08	01/31/13	\$194 78	\$91 41	\$0 00	\$103 37	\$0 00
	4 000	11/20/08	01/31/13	\$259 71	\$121 88	\$0 00	\$137 83	\$0 00
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IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

8th Floor

New York, NY 10004

Identification Number

26-4310632

Taxpayer ID Number Account Number

48-6124180 185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

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

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
FLUOR CORP NEW	2 000	11/20/08	01/31/13	\$130 08	\$60 94	\$0.00	\$69 14	\$0.00
	3 000	01/07/09	01/31/13	\$194 78	\$144 23	\$0 00	\$50 55	\$0 00
	7 000	01/07/09	01/31/13	\$455 28	\$336 55	\$0.00	\$118 73	\$0.00
	4 000	01/12/09	01/31/13	\$259 72	\$190 58	\$0 00	\$69 14	\$0.00
	6 000	01/12/09	09/27/13	\$426 39	\$285 88	\$0.00	\$140 51	\$0.00
	2.000	01/12/09	09/27/13	\$142.12	\$95,29	\$0.00	<u>\$4</u> 6.83	\$0.00
Security Subtotal	31 000			\$2,062,86	\$1,326,76	\$0 00	\$736 10	\$0.00
GAP INC	CL	SIP. 3647601	08 Symbo	(Box 1d). GPS				
	18 000	07/25/08	01/10/13	\$560 33	\$296 98	\$0.00	\$263 35	\$0 00
	10 000	07/25/08	01/11/13	\$315 55	\$164 99	\$0.00	\$150 56	\$0.00
	10 000	10/21/10	01/11/13	\$315 55	\$190 12	\$0.00	\$125 43	\$0.00
	6,000	02/01/11	01/11/13	\$189.34	\$117.12	\$0.00	\$72,22	\$0,00
Security Subtotal	44,000			\$1,380 77	\$769,21		\$611.56	\$0.00
GREENHILL & CO INC		SIP. 3952591	04 Symbo	I (Box 1d): GHL				
	10 000	07/15/11	01/09/13	\$548 09	\$513.71	\$0.00	\$34 38	\$0.00
	5 000	07/25/11	01/09/13	\$274 04	\$239 62	\$0.00	\$34 42	\$0 00
	2 000	07/25/11	01/25/13	\$118 70	\$95 85	\$0.00	\$22 85	\$0.00
	4 000	07/25/11	03/04/13	\$236 39	\$191 69	\$0.00	\$44 70	\$0.00
	1 000	07/27/11	03/04/13	\$59 10			\$12 02	\$0.00
	4.000	11/09/11	03/04/13	\$236,39	\$146.92		\$89.47	\$0.00
Security Subtotal	26 000	,		\$1,472.71	\$1,234.87		\$237.84	\$0.00
GUESS INC		SIP 4016171	05 Symbo	(Box 1d): GES				
	17 000	04/03/12	05/31/13	\$537 34	\$538 78	\$0.00	(\$1 44)	\$0 00

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IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS



THE PLYMOUTH ENDOWMENT ATTN: GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013 Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

8th Floor

New York, NY 10004

Identification Number

Taxpayer ID Number 48

26-4310632 48-6124180

Account Number

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.)
(Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
HALLIBURTON CO	CU	SIP: 4062161	01 Symbo	ol (Box 1d): HAL		-		
	34 000	12/30/09	01/31/13	\$1,385 21	\$1,015 80	\$0 00	\$369 41	\$0.00
	7 000	12/30/09	04/03/13	\$272 43	\$209 13	\$0 00	\$63 30	\$0.00
	15.000	12/30/09	04/04/13	\$576.02	\$448. <u>1</u> 5		\$127.87	\$0.00
Security Subtotal	56.000			\$2,233 66	\$1,673.08	\$0.00	\$560,58	\$0.00
HESS CORPORATION	CU	SIP 42809H	107 Symbo	ol (Box 1d)· HES				
	14 000	08/06/09	01/29/13	\$944 91	\$772 49	\$0.00	\$172 42	\$0.00
	17 000	08/07/09	01/29/13	\$1,147 38	\$938 20	\$0.00	\$209 18	\$0.00
	7 000	08/07/09	04/19/13	\$470 53	\$386 32	\$0.00	\$84 21	\$0.00
	4 000	08/07/09	04/22/13	\$270 27	\$220 75	\$0.00	\$49 52	\$0.00
	1 000	08/07/09	04/26/13	\$71 10	\$55 19		\$15 91	\$0.00
	9.000	07/27/11	04/26/13	\$639.92	\$ <u>633.5</u> 6		\$ 6.36	\$0.00
Security Subtotal	52.000			\$3,544,11	\$3,006.5 <u>1</u>	\$0.00_	\$537.60	\$0.00
HOME DEPOT INC	CU	SIP: 4370761	02 Symbo	ol (Box 1d): HD				
	18 000	03/28/08	01/31/13	\$1,208 17	\$494 34	\$0.00	\$713 83	\$0.00
	17.000	06/26/08	01/31/13	\$1,141.05	\$423.89		\$717.16	\$0.00
Security Subtotal	35,000		_	\$2,349 22	\$918.23	\$0.00_	\$1,430 99	\$0,00
HONEYWELL INTERNATIONAL INC	CU	SIP: 4385161	06 Symbo	of (Box 1d): HON				
	4 000	12/14/04	01/31/13	\$273 77	\$144 48		\$129 29	\$0.00
	9 000	11/03/05	01/31/13	\$615 97	\$319 04		\$296 93	\$0.00
	4 000	11/03/05	05/28/13	\$319 59	\$141 80		\$177 79	\$0.00
	2,000	11/03/05	11/13/13	\$173.95	\$70.90		\$103.05	\$0.00
Security Subtotal	19.000			\$1,383.28	<u>\$676 22</u>	\$0.00	\$707.06	\$0.00

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Corporate Tax Statement Tax Year 2013

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1 New York Plaza

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New York, NY 10004

26-4310632 Identification Number

Taxpayer ID Number Account Number

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185 221597 302

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

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

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
HSBC HOLDINGS PLC SPON ADR NEW	CU	SIP. 4042804	06 Symbo	ol (Box 1d): HSBC				
	10 000	10/28/09	02/20/13	\$560 79	\$550 30	\$0.00	\$10 49	\$0 00
	10,000	10/28/09	08/08/13	\$542.36	\$550,30	\$0.00	(\$7.94)	\$0.00
Security Subtotal	20 000			\$1,103.15	\$1,100 60	\$0,00	\$2.55	\$0,00
IMPERIAL TOBACCO GP PLC SP ADR	CU	ISIP: 4531421	01 Symbo	ol (Box 1d): ITYBY				
	10 000	10/11/11	07/10/13	\$685 71	\$672 50	\$0.00	\$13 21	* \$0 00
	2 000		07/16/13	\$136 07	\$135 49	\$0.00	\$0 58	\$0.00
	6 000	12/15/11	07/16/13	\$408 21	\$445 10	\$0.00	(\$36 89)	\$0.00
	8,000	01/19/12	07/16/13	\$408.20	\$414.01	\$0.00	<u>(\$5.81)</u>	<u>\$0.00</u>
Security Subtotal	24 000			\$1,638 19	\$1,667 10	\$0.00	(\$28,91)	\$0.00
INTUIT INC	CU	ISIP. 4612021	03 Symbo	of (Box 1d): INTU				
	10 000	12/27/11	10/04/13	\$663 63	\$532 00	\$0.00	\$131 63	\$0.00
	28 000	12/28/11	10/04/13	\$1,858 16	\$1,472 32	\$0.00	\$385 84	\$0.00
	14 000	03/23/12	10/04/13	\$929 07	\$801 25	\$0.00	\$127 82	\$0.00
	8.000	03/23/12	11/26/13	\$583.81	\$457.85	\$0.00	<u>\$125.96</u>	\$0.00
Security Subtotal	60 000			\$4,034 67	\$3,263.42	\$0.00	\$771 25	\$0.00
INTUITIVE SURGICAL INC	CU	SIP. 46120E	02 Symbo	ol (Box 1d). ISRG				
	4 000	04/12/11	03/07/13	\$2,053 86	\$1,460 70	\$0.00	\$593 16	\$0 00
	1 000	04/12/11	07/09/13	\$414 36	\$365 18	\$0.00	\$49 18	\$0.00
	2 000	06/02/11	07/09/13	\$828 72	\$689 91		\$138 81	\$0.00
	3 000		07/09/13	\$1,243 08	\$1,030 65	\$0.00	\$212 43	\$0.00
	3,000	08/16/11	07/09/13	\$1,243.09	\$1,050.44		\$192.65	\$0.00
Security Subtotal	13,000			\$5,783 11	\$4,596.88	\$0.00	\$1,186,23	\$0.00

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IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS



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Identification Number

on Number 26-4310632

Taxpayer ID Number Account Number: 48-6124180 185 221597 302

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 6a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.)
(Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 6)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ISIS PHARM INC	CU	SIP: 4643301	09 Symbo	ol (Box 1d): ISIS				
	1 000	10/14/10	01/31/13	\$14 55	\$8 64	\$0.00	\$5 91	\$0.00
	59,000	10/20/10	01/31/13	\$858,73	\$553.92	\$0.00	\$304.81	\$0.00
Security Subtotal	60 000			\$873.28	\$562.58	\$0,00	\$310,72	\$0.00
ITAU UNIBANCO MULTIPLE ADR	CU	SIP: 4655621	06 Symbo	d (Box 1d): ITUB				
	0 000	10/24/11	05/24/13	\$2 93	\$0.00	\$0.00	* \$2 93	\$0 00
JONES LANG LASALLE INC	CU	SIP: 48020Q	107 Symbo	ol (Box 1d): JLL				
	4 000	07/02/09	01/29/13	\$367 07	\$132 21	\$0.00	\$234 86	\$0.00
	2 000	07/02/09	03/06/13	\$195 80	\$66 10	\$0 00	\$129 70	\$0 0 0
	7.000	07/06/09	03/06/13	\$685,28	\$225,39	\$0.00	\$4 59.89	<u>\$0.00</u>
Security Subtotal	13 000			\$1,248 15	\$423,70	\$0,00	\$824,45	\$0.00
KLA TENCOR CORP	CU	SIP 4824801	00 Symbo	ol (Box 1d) KLAC				
	11 000	09/26/11	03/19/13	\$564 36	\$433 88	\$0.00	\$130 48	\$ 0 0 0
	1 000	09/27/11	03/19/13	\$51 31	\$40 42	\$0 00	\$10 89	\$0.00
	10 000	09/27/11	04/08/13	\$517 51	\$404 22	\$0 00	\$113 29	\$0.00
	2.000	09/29/11	04/08/13	\$103.50	\$78.20		\$25,30	<u>\$0.00</u>
Security Subtotal	24 000			\$1,236,68	\$956 72	\$0,00	\$279 96	\$0.00
LIBERTY MEDIA CORP SER A	CU	SIP: 5312291	02 Symbo	ol (Box 1d): LMCA				
	10 000	06/26/08	01/31/13	\$1,111 98	\$134 51	\$0.00	\$977 47	\$0.00
MALLINCKRODT PUBLIC LTD CO	CU	SIP: G5785G	107 Symbo	d (Box 1d): MNK				
	0 625	04/27/05	06/28/13	\$26 29	\$35 98	\$0.00	(\$9 69)	\$0.00
	1 000	04/21/05	07/03/13	\$42 26	\$22 75	\$0 00	\$19 51	\$0.00
	1 000	04/27/05	07/03/13	\$42 26	\$28 79	\$0 00	\$13 47	\$0.00
								CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

8th Floor

New York, NY 10004

26-4310632 Identification Number

Taxpayer ID Number

48-6124180

Account Number

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 6a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
MALLINCKRODT PUBLIC LTD CO	1 000	05/03/05	07/03/13	\$42 26	\$31 41	\$0 00	\$10.85	\$0.00
	1 000	02/01/11	07/03/13	\$42 26	\$21 63	\$0 00	\$20 63	\$0.00
	1.000	11/09/11	07/03/13	\$42.26	\$19.78	\$0.00	\$22.48	\$0.00
Security Subtotal	5.625_			\$237.59	\$160 34	\$0.00	\$77.25	\$0.00
MATTEL INC	CU	SIP. 5770811	02 Symbo	l (Box 1d) MAT				
	8 000	11/03/09	01/14/13	\$292 63	\$152 00	\$0 00	\$140 63	\$0.00
	15.000	11/03/09	01/15/13	\$555,14	\$285.00	\$0,00	\$270.14	<u>\$0.00</u>
Security Subtotal	23.000			\$847,77	\$437,00	\$0.00	\$410.77	\$0.00
METROPOLITAN WEST TOT RET BD I	CU	SIP: 5929055	09 Symbo	I (Box 1d) MWTIX				
	84 926	02/01/11	01/31/13	\$923 99	\$883 23	\$0.00	\$40 76	\$0.00
MICROSOFT CORP	CU	SIP: 5949181	04 Symbo	I (Box 1d) MSFT	_			
	13 000	03/21/05	01/14/13	\$350 01	\$315 63	\$0 00	\$34 38	\$0 00
	28 000	03/21/05	01/14/13	\$753 86	\$679 83	\$0.00	\$74 03	\$0.00
	27 000	10/06/10	01/14/13	\$726 93	\$658 78	\$0.00	\$68 15	\$0 00
	38 000	10/06/10	01/14/13	\$1,023 09	\$927 17	\$0.00	\$ 95 9 2	\$0.00
	20 000	02/01/11	01/14/13	\$538 47	\$557 60	\$0.00	(\$19 13)	\$0 00
	14 000	02/01/11	01/14/13	\$376 93	\$390 32	\$0.00	(\$13 39)	\$0.00
	24 000	07/01/11	01/14/13	\$646 16	\$621 35	\$0.00	\$24 81	\$0.00
	17.000	07/01/11	01/14/13	\$457.70	\$440.12	\$0.00	\$17.58	\$0,00
Security Subtotal	181.000			\$4,873.15	\$4,590,80	\$0.00	\$282 35	\$0,00
MITIE GROUP PLC UNSPON ADR		SIP: 60671Y1	07 Symbo	I (Box 1d): MITFY				
	45 000	01/04/12	06/03/13	\$689 68	\$723 83	\$0.00	(\$34 15)	\$0.00

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THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor New York, NY 10004

Identification Number 26-4310632

Taxpayer ID Number

48-6124180

Account Number

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
MUENCHENER RUECK-UNSPONS ADR	CL	ISIP: 6261881	06 Symbo	ol (Box 1d). MURGY	,			
	22 000	11/04/10	01/23/13	\$388 73	\$357 42	\$0.00	\$31 31	\$0.00
	13 000	11/04/10	08/08/13	\$248 73	\$211 21	\$0.00	\$37 52	\$0.00
	1,000	10/13/11	08/08/13	\$19.13	\$13.46	<u>\$0.00</u>	\$5.67	\$0,00
Security Subtotal	36 000			\$656,59	\$582.09	\$0.00	\$74 50	\$0.00
MURATA MANUFACTURING CO LTD	CU	ISIP: 6264251	02 Symbo	ol (Box 1d). MRAAY				
	31 000	01/07/10	02/12/13	\$499 49	\$401 67	\$0.00	\$97 82	\$0.00
	4 000	04/13/10	02/12/13	\$64 45	\$57 34	\$0.00	\$7 11	\$0 00
	28 000	04/13/10	02/21/13	\$444 89	\$401 41	\$0.00	\$43 48	\$0.00
	4 000	04/13/10	02/28/13	\$64 44	\$57 34	\$0.00	\$7 10	\$0.00
	22 000	04/14/10	02/28/13	\$354 44	\$312 99	\$0 00	\$41 45	\$0.00
	2 000	04/14/10	05/20/13	\$41 93	\$28 45		\$13 48	\$0.00
	16 000	08/02/11	05/20/13	\$335 42	\$252 00		\$83 42	\$0.00
	7.000	11/09/11	05/20/13	<u>\$146.74</u>	<u>\$95.41</u>		\$51.33	\$0.00
Security Subtotal	114,000			<u>\$1,951,80</u>	\$1,606,61	\$0,00	<u>\$345 19</u>	\$0 00
NSK LTD SPONSORED ADR	CU	ISIP: 6701841	00 Symbo	ol (Box 1d): NPSKY				
	14 000	10/28/09	05/17/13	\$282 54	\$167 22	\$0 00	\$115 32	\$0.00
OSHKOSH CORP	CU	ISIP 6882392	01 Symbo	ol (Box 1d): OSK				
	11 000	04/28/11	07/31/13	\$490 14	\$356 73	\$0.00	\$133 41	\$0.00
	3 000	04/28/11	08/13/13	\$137 70	\$97 29	\$0.00	\$40 41	\$0 00
	8 000	06/02/11	08/13/13	\$367 19	\$215 68	\$0 00	\$151 51	\$0 00
	2 000	11/09/11	08/13/13	\$91 80	\$41 98		\$49 82	\$0.00
	13.000	11/09/11	08/16/13	\$599,29	<u>\$272.87</u>		\$326.42	\$0.00
Security Subtotal	37.000			\$1,686,12	\$984 55	\$0.00	\$701.57	\$0.00

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IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

8th Floor

New York, NY 10004 Identification Number

26-4310632

Taxpayer ID Number

48-6124180

Account Number

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

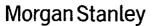
Long Term - Noncovered Securities # (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
PALL CORPORATION	CU	SIP- 6964293	07 Symbo	d (Box 1d). PLL				
	14 000	01/07/05	01/31/13	\$958 80	\$393 27	\$0 00	\$565 53	\$0.00
PEBBLEBROOK HOTEL TR COM	CU	SIP: 70509V1	00 Symbo	l (Box 1d) PEB		•		
	30 000	02/01/11	01/23/13	\$727 65	\$638 47	\$0 00	\$89 18	\$0 00
REXAM PLC SPONSADR COMNOPA	CU:	SIP: 7616555	05 Symbo	(Box 1d) REXMY				
	9 000	12/20/10	07/16/13	\$323 92	\$256 20	\$0 00	\$67 72	\$0.00
	17.000	01/07/11	07/16/13	\$ 611.85	\$512.59	\$0.00	\$99.26	\$0.00
Security Subtotal	26 000			\$935,77	\$768,79	\$0.00	\$166.98	\$0.00
ROYAL & SUN ALLIANCE INS GRP	CU	SIP: 78004V3	01 Symbo	d (Box 1d)				
	76 000	04/30/12	05/08/13	\$649 05	\$656 64	\$0.00	(\$7 59)	50 00
RSA INSURANCE GROUP PLC	CU	SIP: 74971A1	07 Symbo	d (Box 1d) [.]				
	30 000	04/30/12	05/22/13	\$258 43	\$259 20	\$0 <u>00</u>	(\$0 77)	\$0.00
SAFEWAY INC COM NEW	CU	SIP. 7865142	08 Symbo	ol (Box 1d): SWY				
	5 000	05/28/09	02/21/13	\$112 66	\$99 07	\$0 00	\$13 59	\$0.00
	24 000	05/29/09	02/21/13	\$513 59	\$479 94	\$0 00	\$33 65	\$0.00
	41 000	05/29/09	02/21/13	\$923 84	\$819 89	\$0 00	\$103 95	\$0.00
	11 000	06/17/09	02/21/13	\$235 39	\$225 22	\$0 00	\$10 17	\$0 00
	34 000	06/24/09	02/21/13	\$727 58	\$694 34		\$33 24	\$0.00
	59 000	09/16/09	02/21/13	\$1,262 58	\$1,135 75		\$126 83	\$0 00
	26 000	09/16/09	02/22/13	\$597 98	\$500 50		\$97 48	\$0.00
	28 000	09/16/09	03/01/13	\$670 82	\$539 00		\$131 82	
	12 000	09/16/09	03/05/13	\$292 25	\$231 00		\$61 25	\$0.00
	13 000	02/01/11	03/05/13	\$316 60	\$272 19	\$0 00	\$44 41	\$0.00
								CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

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THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

8th Floor

New York, NY 10004

Identification Number 26-4310632

Taxpayer ID Number: Account Number

48-6124180 185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

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

Long Term - Noncovered Securities * (Consider Box 8a (Noncovered Secunity) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
SAFEWAY INC COM NEW	24 000	02/01/11	09/17/13	\$727 78	\$502 51	\$0.00	\$225 27	\$0.00
	1 000	02/01/11	09/18/13	\$30 99	\$20 94	\$0.00	\$10 05	\$0 00
	4.000	11/09/11	09/18/13	\$123.96	\$77.63	<u>\$0.00</u>	<u>\$46.33</u>	\$0.00
Security Subtotal	282,000			\$6,538.02	\$5,597.98	\$0.00	\$9 <u>38,04</u>	\$0.00
SAFRAN SA	CU	SIP: 7865841	02 Symbo	ol (Box 1d): SAFRY				
	22 000	03/16/12	10/17/13	\$1,332 67	\$762 62	\$0.00	\$570 05	\$0.00
SANOFI ADR	CU	SIP- 80105N1	05 Symbo	ol (Box 1d) SNY		•		
	3 000	07/13/11	08/08/13	\$157 85	\$116 57	\$0 00	\$41 28	\$0.00
	21 000	07/15/11	08/08/13	\$1,104 95	\$824 55	\$0.00	\$280 40	\$0.00
	8,000	07/15/11	08/23/13	\$399.52	\$314.11	\$0.00	\$85.41	20.02
Security Subtotal	32 000			\$1,662.32	\$1,255 23	\$0.00	\$407.09	\$0.00
SCHLUMBERGER LTD	CU	SIP: 8068571	08 Symbo	ol (Box 1d) SLB				
	B 000	06/10/10	03/20/13	\$592 54	\$465 05	\$0.00	\$127 49	\$0.00
	5 000	07/01/10	03/20/13	\$370 34	\$275 81	\$0.00	\$94 53	\$0.00
	5 000	07/01/10	03/22/13	\$369 99	\$275 81	\$0.00	\$94 18	\$0.00
	2 000	08/24/10	03/22/13	\$148 00	\$110 70	\$0.00	\$37 30	\$0.00
	8 000	08/24/10	03/25/13	\$590 38	\$442 78	\$0.00	\$147 60	\$0.00
	5,000	11/09/11	03/26/13	\$370.81	\$367.26	\$0.00	\$3.55	<u>\$0.0</u> 0
Security Subtotal	33,000			\$2,442 06	\$1,937,41	\$0 00	\$504.65	\$0.00
SCHNEIDER ELEC SA UNSP ADR	CU	SIP: 80687P1	06 Symbo	ol (Box 1d): SBGSY				
	35 000	03/18/11	05/17/13	\$528 77	\$562 90	\$0 00	(\$34 13)	\$0 00

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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor

New York, NY 10004

26-4310632 Identification Number

Taxpayer ID Number

48-6124180

Account Number

185 221597 302

Customer Service: 866-324-6088

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 6)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
SEAGATE TECHNOLOGY PLC	CU	SIP: G7945M	107 Symbo	d (Box 1d) STX				
	53 000	11/11/08	01/31/13	\$1,815 87	\$294 67	\$0 00	\$1,521 20	\$0.00
	33 000	08/18/10	01/31/13	\$1,130 63	\$368 67	\$0.00	\$761 9 6	\$0.00
	13.000	08/23/10	01/31/13	\$445.40	\$142.49		\$302,91	\$0.00
Security Subtotal	99,000			\$3,391 90	\$805.83		\$2.586.07	\$0,00
SHIN ETSU CHEM CO LTD ADR	cu	SIP 8245511	05 Symbo	ol (Box 1d): SHECY				
	84 000	04/30/10	11/19/13	\$1,227 18	\$1,215 52	\$0.00	\$11 66	\$0 00
	8,000	11/09/11	11/19/13	\$116.87	\$95.60	\$0.00	<u>\$21.27</u>	\$0.00
Security Subtotal	92,000			\$1,344 05	\$1,311.12	\$0.00	\$32 93	
STARBUCKS CORP WASHINGTON	CU	ISIP: 8552441	09 Symbo	of (Box 1d): SBUX				
	26 000	02/01/11	06/26/13	\$1,709 84	\$838 13	\$0.00	\$871 71	\$0.00
SYMANTEC CORP	CU	ISIP. 8715031	08 Symbo	ol (Box 1d): SYMC				
	29 000	03/09/11	03/07/13	\$710 21	\$533 31	\$0 00	\$176 90	
	17,000	03/11/11	03/07/13	\$416.33	\$307.52	<u>\$0.</u> 00	<u>\$108.81</u>	\$0.00
Security Subtotal	46 000			\$1,126,54	\$840.83	\$0.00	\$285,71	\$0.00
TECHTRONIC IND LTD SPONS ADR	cu	ISIP 87873R	101 Symbo	ol (Box 1d): TTNDY				
	50 000	01/19/12	07/11/13	\$623 14	\$297 61	\$0.00	\$325 53	\$0.00
TEXAS INSTRUMENTS	cu	SIP: 8825081	04 Symbo	ol (Box 1d): TXN				
	28 000	07/23/08	02/11/13	\$876 31	\$649 66	\$0.00	\$226 65	
	7 000		02/12/13	\$234 76	\$174 91	\$0.00	\$ 59 85	
	9 000		02/12/13	\$301 83	\$218 09	\$0.00	\$83 74	\$0.00
								CONTINUED ON NEXT PAGE

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IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS



THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013 Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor

New York, NY 10004

Identification Number 26-4310632

Taxpayer ID Number
Account Number

48-6124180 185 221597 302

Customer Service: 866-324-608B

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 6a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.)
(Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
TEXAS INSTRUMENTS	6 000	07/24/08	03/15/13	\$210 00	\$145 39	\$0.00	\$64 61	\$0.00
	28.000	11/11/08	03/15/13	\$979.99	\$475.90	\$0.00	\$504.09	\$0.00
Security Subtotal	76 000			\$2,602 89	\$1,663 95		\$938.94	\$0.00
THE ADT CORPORATION COM	CU	SIP: 00101J1	06 Symbo	ol (Box 1d). ADT				
	2 000	04/21/05	01/31/13	\$95 24	\$55 43	\$0.00	\$39 81	\$0.00
	9 000	04/27/05	01/31/13	\$428 59	\$296 04	\$0.00	\$132 55	\$0.00
	5 000	05/03/05	01/31/13	\$238 10	\$143 56	\$0.00	\$94 54	\$ 0 0 0
	7.000	11/08/07	01/31/13	\$333,35	\$186.87	\$0.00	\$146.48	\$0.02
Security Subtotal	23,000			\$1,095.28	\$681,90	\$0 <u>00</u>	\$413 38	\$0.00
UNILEVER NV NY SH NEW	cu	ISIP: 9047847	'09 Symbo	ol (Box 1d): UN				
	18 000	10/28/09	03/15/13	\$727 19	\$547 38	\$0 00	\$179 81	\$0.00
	2 000	10/28/09	07/02/13	\$79 31	\$60 82	\$0 00	\$18 49	\$0.00
	10 000	07/01/10	07/02/13	\$396 54	\$273 20	SO 00	\$123 34	\$0.00
	8,000	10/14/11	07/02/13	\$317.22	\$272.16	\$0.00	\$45.06	\$0.00
Security Subtotal	38.000			\$1,520,26	\$1,153.56	\$0.00	\$366 70	\$0.00
UNILEVER PLC (NEW) ADS	CU	ISIP. 9047677	'04 Symbo	ol (Box 1d): UL				
	5 000	05/23/05	07/22/13	\$209 74	\$112 98	\$0 00	\$96 76	\$0.00
VARIAN MEDICAL SYS INC	CU	SIP: 92220P1	05 Symbo	ol (Box 1d): VAR				
	21 000	02/01/11	06/27/13	\$1,397,73	\$1,404 19	\$0.00	(\$6 46)	\$0.00
	10 000	02/01/11	08/26/13	\$729 84	\$668 66		\$61 18	\$0.00
	1 000	02/01/11	08/27/13	\$71 57	\$66 87	\$0.00	\$4 70	\$0.00
	6 000	02/01/11	08/27/13	\$427 74	\$401 20	\$0.00	\$26 54	\$0.00
	5 000	02/01/11	08/28/13	\$357 73	\$334 33	\$0.00	\$23 40	\$0.00
	4 000	08/04/11	08/28/13	\$286 18	\$236 12	\$0.00	\$50 06	\$0.00
								CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor

New York, NY 10004

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1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities * (Consider Box 6a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.) (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
VARIAN MEDICAL SYS INC	10 000	08/04/11	08/29/13	\$717 51	\$590 29	\$0.00	\$127 22	\$0.00
	5 000	08/04/11	08/29/13	\$357 05	\$295 15	\$0 00	\$61 90	\$ 0 00
	15.000	08/04/11	08/30/13	\$1.055.79	\$885,44	20.02	\$170.35	<u>\$0.00</u>
Security Subtotal	77.000			\$5,401 14	\$4,882,25	\$0,00	\$518,89	\$0,00
VODAFONE GP PLC ADS NEW	CU	ISIP: 92857W	209 Symbo	(Box 1d) VOD				
	3 000	11/18/05	01/10/13	\$79 26	\$75 03	\$0 00	\$4 23	\$0.00
	2 000	02/09/06	01/10/13	\$52 84	\$47 80	\$0 00	\$5 04	\$0.00
	3 000	01/26/11	01/10/13	\$79 25	\$87 07	\$0 00	(\$7 82)	\$0 00
	19 773	11/18/05	02/05/13	\$530 07	\$494 55	\$0 00	\$35 52	\$0 00
	9 000	11/18/05	02/05/13	\$241 27	\$225 09	\$0 00	\$16 18	\$0.00
	7 588	01/20/06	02/05/13	\$203 42	\$180 55	\$0 00	\$22 87	\$0.00
	2 000	01/20/06	02/05/13	\$53 62	\$47 58	\$0 00	\$6 04	\$0.00
	1.639	02/09/06	02/05/13	\$43.93	\$39.17	\$0.00	\$4.76	<u>\$0.00</u>
Security Subtotal	48.000			\$1,283 66	\$1,196,84	\$0.00	\$86 82	\$0,00
WALT DISNEY CO HLDG CO	Cu	ISIP: 2546871	06 Symbo	(Box 1d) DIS				
	26.000	09/26/05	01/31/13	\$1,401 22	\$597 62	\$0 00	\$803 60	\$0.00
WESTFIELD GROUP SPONSORED ADR	CU	ISIP: 9602241	03 Symbo	(Box 1d) WFGPY			·	
	19 000	12/01/11	07/11/13	\$407 83	\$322 79	\$0.00	\$85 04	\$0.00
	27 000	12/01/11	07/25/13	\$557 83	\$458 71	\$0 00	\$99 12	\$0 0 0
	33.000	02/16/12	07/25/13	\$681.79	\$648.78	\$0.00	\$33.01	\$0.00
Security Subtotal	79 000			\$1,647,45	\$1,430 28	\$0.00	\$217.17	\$0.00

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Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013 Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor

New York, NY 10004

Identification Number 26-4310632

Taxpayer ID Number Account Number 48-6124180 185 221597 302

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities * (Consider Box 8e (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked.)

(Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE CQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
WEYERHAEUSER CO	cus	IP. 96216610	04 Symbo	l (Box 1d)· WY				
	24 000	07/22/10	01/10/13	\$731 03	\$372 95	\$0.00	\$358 08	\$0.00
	20.000	07/22/10	03/26/13	\$619.98	\$310.79	\$0.00	\$309.19	\$0.00
Security Subtotal	44 000			\$1,351,01	\$683 74	\$0.00	\$667 27	\$0.00

CONTINUED ON NEXT PAGE

Corporate Tax Statement Tax Year 2013

THE PLYMOUTH ENDOWMENT ATTN GRANT STANNARD 6015 N BROADWAY WICHITA KS 67219-2013

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floor

New York, NY 10004

Identification Number

26-4310632

Taxpayer ID Number Account Number

48-6124180 185 221597 302

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

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

Long Term - Noncovered Securities # (Consider Box 8a (Noncovered Security) as being checked for this section. These transactions should be reported on Form 8849 Part II with box E checked } (Continued)

DESCRIPTION (Box 8)	QUANTITY (Box 1e)	DATE ACQUIRED (Box 1b)	DATE OF SALE (Box 1a)	SALES PRICE (Box 2a)	ADJUSTED COST OR OTHER BASIS (Box 3)	WASH SALE LOSS DISALLOWED (Box 5)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
WHEELOCK & COLTD UNSPON ADR	Cı	JSIP 9632712	200 Symbo	I (Box 1d): WHLK)	,			
	3 000	05/03/11	03/12/13	\$158 50	\$127 07	\$0 00	\$31 43	\$0 00
	2 000		03/12/13	\$105 66	\$61 50		\$44 16	\$0.00
Security Subtotal	8,000 13,000		07/11/13	\$413.57 \$677.73	\$246.00 \$434.57		\$167.57 \$243.16	\$0.00 \$0.00
Total Long Term Noncovered Sec	urities			\$146,427.38	\$111,116.61	\$0 00	\$35,310.77	\$0 00
Total Long Term Covered and No	ncovered Se	curities		\$155,856.35	\$118,180.89	\$0 00	\$37,675.46	\$0.00
Total Short and Long Term, Cove	red and None	covered Sec	urities	\$167,660 80	\$129,212.34	\$0.00	\$38,448.46	\$0.00
Form 1099-B Total Reportat	le Amoun	ts						
Total Sales Price (Box 2a)				\$167,660.80				
Total Cost or Other Basis (Box 3)					\$15,589.21			
Total Wash Sale Loss Disallowed	(Box 5)					\$0.00		
Total Fed Tax Withheld (Box 4)					-			\$0.00

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

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Account name. THE PLYMOUTH ENDOWMENT FDN Friendly account name; PEF MM-Stock
Account number: WT 01142 NI

Your Financial Advisor NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Checks (continued)

Check number	Date cleared	Description	Amount (\$)
000830	Jun 11, 13	QUIVIRA COUNCIL BOY SCOUTS	1,000 00
000831	Jun 7, 13	RAINBOWS UNITED INC	1,000 00
000832	Jun 6, 13	SENIOR SERVICES INC MEALS O	1,000 00
000833	Jun 5, 13	UNION RESCUE MISSION	1,000 00
000834	Jun 14, 13	WICHITA CHILDREN HOME	1,000 00
000835	Nov 4, 13	SALVATION ARMY	1,000 00
000836	Jun 17, 13	PIEDMONT COLLEGE	1,000 00
000837	Jun 14, 13	PAN AMERICAN INSTITUTE	1,000 00
000838	Jun 7, 13	UNITED METHODIST URBAN MINI	1,000 00
000839	Jun 12, 13	YOUTHVILLE	1,000 00
000840	Jun 7, 13	YWCA WOMENS CRISIS CENTER	1,000 00
000841	Jun 20, 13	KANSAS SEC OF STATE	40 00

Check number	Date deared	Description	Amount (\$)
000842	Jul 10, 13	ROTARY CLUB OF WICHITA	188 50
000843	Aug 7, 13	PLYMOUTH CONGREGATIONAL CHU	500 00
000844	Aug 7, 13	PLYMOUTH CONGREGATIONAL CHU	36,551 00
000845	Sep 27, 13	BHUYAN SONDRA	1,000 00
000846	Oct 1, 13	HARVEY KHRYSTI	1,000 00
000847	Sep 26, 13	NOVOTNY CONSTANTINE	1,000 00
000848	Sep 9, 13	WILKERSON AMANDA	1,000 00
000849	Oct 9, 13	ROTARY CLUB OF WICHITA	188 50
000850	Oct 11, 13	NACCC	3,225 00
000851	Dec 17, 13	POINDEXTER JACOB	3,000 00
000852	Dec 27, 13	PLYMOUTH CONGREGATIONAL CHU	2,500 00
Total		·-	\$134,279.00
Total Checks			\$134,279.00

Realized gains and losses

Estimated 2013 gains and losses for transactions with trade dates through 12/31/13 have been incorporated into this statement. Please note that gain or loss recognized on the sale or redemption of certain Structured Products, like Contingent Debt Securities, may be ordinary, and not capital, gain or loss. Please check with your tax advisor. To calculate gains and losses, we liquidate the oldest security lot first. This is known as the first-in, first-out or FPO accounting method. We use this method unless you specified which tax lot to close when you placed your order. This is known as a versus purchases or VSP order.

See Important information about your statement on the last page of this statement for more information. We may not adjust gains and losses for all capital changes. Cost basis for coupon tax-exempt municipal securities, include securities subject to ANT, has been adjusted for mandatory amortization of bond premium. Estimates in the Unclassified section can not be desarted as short term or long term because information is missing, or the product is one in which the gain/loss calculation is not provided.

Short-term capital gains and losses

Security description	Method	Quantity or face value		Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment(\$)	Loss (S)	Gain (\$)
ADOBE SYSTEMS INC (DELAWARE)	VSP	88.000	Dec 04, 12	Sep 18, 13	4.573 62	3,107 12			1,466 50
(DEDITION)	VSP		Dec 04, 12	Sep 20, 13	4,202 65	2,824 66			1,377 99
ALLEGION PLC	FIFO	0 666	Aug 23, 13	Dec 02, 13	28 15	24 95			3 20
	VSP	74 333	Aug 23, 13	Dec 17, 13	3,249 50	2,782 28			467 22
	VSP	46 665	Nov 25, 13	Dec 17, 13	2,040 05	1,977 61		co	62 44 Intinued next page

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Account name: THE PLYMOUTH ENDOWMENT FDN Friendly account name PEF MM-Stock Account number: WT 01142 N

Your Financial Advisor: NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses (continued)

Short-term capital gains and losses (continued)

Security description	Method	Quantity or face value		Sale date	Sale amount (5)	Cost basis (3)	Wash sale cost basis adjustment(\$)	Loss (\$)	Gain (\$)
AMERICAN INTL GROUP INC									2 630 40
COM NEW	VSP		Feb 22, 13	May 31, 13	19,762 34	17,132 85			2,629.49
ANADARKO PETROLEUM CORP	VSP	124 000	Jul 12, 12	May 15, 13	10,890 41	8,426 27			2,464 14
BEAM INC COM	VSP	200 000	Aug 05, 13	Oct 23, 13	13,875 32	13,173,46			701 86
BHP BILLITON LTD SPON ADR	VSP	200 000	Dec 14, 12	Feb 13, 13	15,773 64	15,270 80	_		502 84
CAMERON INTL CORP	VSP	200.000	Mar 25, 13	Jul 25, 13	11,999 79	12,697 20		-697 41	
CERNER CORP	VSP	200 000	May 31, 13	Sep 09, 13	9,423 86	9,840 20		-416 34	
CHEVRON CORP	VSP	35 000	Mar 26, 13	Aug 02, 13	4,323 84	4,229 43			94 41
	VSP	115 000	Mar 26, 13	Oct 10, 13	13,272 05	13,896 70		-624 64	_
COHEN & STEERS INC	VSP	441 000	May 16, 13	Jul 17, 13	15,439 84	18,513 33		-3,073 49	
COLFAX CORP	FIFO	150 000	Dec 10, 13	Dec 30, 13	9,532 35	9,001 50			530.85
COSTCO WHOLESALE CORP	VSP	200 000	Nov 28, 12	Feb 20, 13	20,327 82	20,091 96			235 86
FIRST REP BANK	VSP	242 000	Mar 07, 13	Jul 18, 13	10,381 62	9,169 73		-	1,211 89
	VSP	128 000	Mar 07, 13	Jul 22, 13	5,488 29	4,850 10			638 19
	VSP	226 000	Apr 10, 13	Jul 22, 13	9,690 27	9,018 15		_	672 12
FLOWSERVE CORP	VSP	75 000	Sep 05, 13	Oct 25, 13	5,032 41	4,365 00			667 41
	VSP	25 000	Sep 06, 13	Oct 25, 13	1,677 47	1,482 09			195 38
FOOT LOCKER INC	VSP	346 000	Oct 10, 12	Mar 15, 13	11,304 30	12,142 37		-838 07	
FREEPORT-MCMORAN COPPER & GOLD INC	VSP	54 000	Jul 19, 12	Apr 23, 13	1,515 69	1,862 46	·	-346 77	
	VSP	163 000	Aug 09, 12	Apr 23, 13	4,575 17	5,906 63		-1,331 46	
	VSP	500 000	Aug 23, 13	Oct 23, 13	18,171 50	15,903 00			2,268 50
HAIN CELESTIAL GROUP INC	VSP		Oct 26, 12	Jan 08, 13	13,108 24	14,688 50		-1,580 26	
HOME DEPOT INC	VSP	204 000	Feb 12, 13	Sep 17, 13	15,520 76	13,738 58			1,782 18
	VSP	36 000	Mar 15, 13	Sep 17, 13	2,738 96	2,507 59			231 37
	VSP	62 000	Mar 15, 13	Oct 18, 13	4,626 60	4,318 62			307.98
	VSP	138 000	Jul 17, 13	Oct 18, 13	10,297 93	11,126 91		-828 98	
ILLUMINA INC	VSP	130 000	Apr 15, 13	May 21, 13	9,581 47	7,504 78		cont	2,076 69 inued next page



Account name: THE PLYMOUTH ENDOWMENT FDN Friendly account name: PEF MM-Stock Account number: WT 01142 NI

Your Financial Advisor NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses (continued)

Short-term capital gains and losses (continued)

		Quantity or	Purchase	Sale	Sale	Cost	Wash sale cost basis		
Security description	Method	face value		date	amount (5)	basis (\$)	adjustment(\$)	Loss (\$)	Gain (\$)
JAZZ PHARMACEUTICALS PLC	VSP	125 000	Jul 25, 13	Aug 07, 13	9,875 08	9,224 01			651 07
	FIFO	100 000	Oct 03, 13	Oct 24, 13	9,347 54	9,115 00			232 54
JPMORGAN CHASE & CO	VSP	280 000	Feb 19, 13	Apr 03, 13	13,081 82	13,856 50		-774 68	
	VSP	300 000	Jul 12, 13	Sep 18, 13	15,873 74	16,660 53		-786 79	
LINCOLN NATL CORP IND	V\$P	179 000	May 31, 13	Jul 11, 13	7,171 70	6,538 10	·· -		633 60
	VSP	321 000	May 31, 13	Jul 29, 13	13,241 34	11,724 74			1,516 60
MCDONALDS CORP	VSP	7 000	Jan 23, 13	Apr 24, 13	704 30	653 94			50 36
	VSP	72 000	Jan 23, 13	Jul 31, 13	7,060 27	6,726 23			334 04
METLIFE INC	VSP	388 000	Apr 25, 13	Jul 11, 13	18,779 44	14,943 39			3,836 05
NEW YORK CMNTY BANCORP	VSP	1,479 000	Mar 16, 12	Mar 06, 13	19,698 15	20,355 62		-657 47	
OASIS PETROLEUM INC	VSP	70 000	Mar 14, 13	Nov 06, 13	3,681 65	2,756 29			925 36
	VSP	110 000	Mar 14, 13	Nov 18, 13	5,450 73	4,331 30			1,119 43
	VSP	170 000	Mar 14, 13	Nov 25, 13	7,945 33	6,693 84			1,251 49
	VSP	200 000	Jul 18, 13	Sep 25, 13	9,504 85	8,303 77			1,201 08
	VSP	50 000	Jul 18, 13	Nov 06, 13	2,629 75	2,075 94			553 81
OCCIDENTAL PETROLEUM CRP	VSP	100 000	May 14, 13	Jun 10, 13	9,248 22	9,115 04			133 18
ON ASSIGNMENT INC	VSP	227 000	May 10, 13	Jul 25, 13	7,384 18	5,835 75			1,548 43
POTASH CORP SASK INC	-		_						
CANADA CAD	VSP		Apr 03, 13	Aug 23, 13	10,444 70	13,827 89		-3,383 19	
	VSP	330 000	May 09, 13	Aug 23, 13	9,847 86	14,459 79		-4,611 93	
	VSP	220 000	May 16, 13	Aug 23, 13	6,565 24	9,645 36		-3,080 12	
PRAXAIR INC	VSP	31 000	May 22, 13	Nov 04, 13	3,841 31	3,602 98			238 33
QUALCOMM INC	VSP	200 000	Sep 09, 13	Nov 25, 13	14,416 16	13,745 30			670 86
TIX COS INC NEW	VSP	153 000	Oct 10, 12	Sep 20, 13	8,651 07	6,883 46			1,767 61
TOWER GROUP INTL LTD COM	VSP	709 000	Jul 24, 13	Aug 12, 13	11,459 09	15,238 30		-3,779 21	
TUPPERWARE BRANDS CORP	FIFO	150 000	Oct 18, 13	Dec 30, 13	14,236 25	13,840 41			395 84
TUTOR PERINI CORP	VSP	750 000	Oct 02, 13	Oct 23, 13	17,716 12	16,116 36			1,599 76
TW TELECOM INC CL A	VSP	767 000	Oct 17, 12	Feb 12, 13	20,708 54	20,753 14		-44 60	

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Account name THE PLYMOUTH ENDOWMENT FDN Friendly account name PEF MM-Stock Account number: WT 01142 NI

Account number:

Your Financial Advisor: NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses (continued)

Short-term capital gains and losses (continued)

Security description	Method	Quantity or face value		Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment(\$)	Loss (\$)	Gain (\$)
UNILEVER NV N Y SHS NEW NETHERLANDS SPON ADR	VSP	300 000	Apr 30, 13	Sep 30, 13	11,321 80	12,732 00		-1,410 20	
THE THE STATE OF THE TAIL	VSP		Apr 30, 13	Oct 02, 13	11,183 82	12,732 00		-1.548 18	
	VSP		May 15, 13	Oct 02, 13	3,727 94	4,234 99		-507 05	
WILLIAMS COS INC (DEL)	VSP		Mar 14, 13	Jul 30, 13	16.890 23	17,681 70		-791 47	
зм со	VSP		May 21, 13	Dec 10, 13	9,233 12	8,063 86			1,169 26
Total					\$613,347 26	\$604,042 36		-\$31,112.31	\$40,417.21
Net short-term capital gains an	d losses				•				\$9,304 90
Long-term capital gain	s and losses								
y y-		Quantity or	Purchase	Safe	Sale	Cost	Wash sale cost basis		
Security description	Method	face value	dale	date	amount (\$)	basis (\$)	adjustment(\$)	Loss (\$)	Gain (\$)
ABBOTT LABS	FIFO	98 000	Feb 03, 12	Sep 24, 13	3,368.20	2,591 45			776 75
	VSP	100 000	Feb 03, 12	Sep 25, 13	3,368 30	2,644 34			723 96
ABBVIE INC COM	VSP	198 000	Feb 03, 12	Apr 09, 13	8,588 13	5,677 76			2,910 37
ADOBE SYSTEMS INC (DELAWARE)	VSP	160 000	Dec 04, 12	Dec 13, 13	9,517 46	5,649 31			3,868 15
AMBEV SA SPON ADR	FIFO	725 000	Jul 06, 10	Dec 30, 13	5,302 13	3,026 59			2,275 54
ANADARKO PETROLEUM CORP	VSP	72 000	Nov 15, 11	Apr 30, 13	6,034 73	5,739 12			295 61
	VSP	4 000	Nov 15, 11	May 15, 13	351 30	318 84	_		32 46
BCE INC NEW CAD	FIFO	200 000	Feb 13, 12	Sep 19, 13	8,549 87	7,874 63		-	675 24
	VSP	167 000	Feb 13, 12	Oct 15, 13	7,181 35	6,575 31			606 04
	VSP	33 000	Mar 26, 12	Oct 15, 13	1,419 07	1,336 83			82 24
	VSP	200 000	May 11, 12	Sep 19, 13	8,558 93	8,193 99			364 94
	VSP	100 000	May 11, 12	Oct 15, 13	4,300.21	4,096 99			203 22
CATERPILLAR INC	VSP	65 000	Mar 17, 11	Mar 14, 13	5,750 65	6,653 76		-903 11	
	VSP	54 000	Mar 17, 11	Apr 02, 13	4,574 95	5,527 73		-952 78	
	VSP	55 000	Mar 28, 11	Apr 02, 13	4,659 68	6,062 54		-1,402 86	
	VSP	51 000	Jun 16, 11	Apr 02, 13	4,320 79	4,914 72		-593 93	

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Account name THE PLYMOUTH ENDOWMENT FDN Friendly account name: PEF MM-Stock Account number: WT 01142 NI

Your Financial Advisor NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses (continued)

Long-term capital gains and losses (continued)

							Wash sale		
Security description	Method	Quantity or face value		Sale date	Sale amount (\$)	Cost bass (\$)	cost basis adjustment(\$)	Loss (\$)	Gain (\$)
COMPANHIA DE BEBIDAS DAS	Method	lace value	date	Gate	arriount (3)	0033 (3)	adjosancings/		
AMERS AMBEV									
EXCHANGE-EFF-11/2013	VSP	351 000	Mar 08, 11	Nov 06, 13	12,948 19	9,813 19			3,135 00
DIAGEO PLC NEW GB SPON ADR	VSP	66 000	Sep 04, 12	Oct 31, 13	8,418 16	7,338 28			1,079 88
EXXON MOBIL CORP	FIFO		Aug 10, 10	May 01, 13	2,712 44	1,923 23		··	789 21
	FIFO		Aug 10, 10	Sep 23, 13	6,620 13	4,652 98			1,967 15
	FIFO		Aug 10, 10	Sep 24, 13	2,183 21	1,551 00			632 21
	FIFO		Aug 10, 10	Dec 30, 13	2,937 94	1,799 15			1,138 79
	FIFO		Aug 17, 10	Dec 30, 13	2,127 48	1,282 22			845 26
FREEPORT-MCMORAN COPPER						i			
& GOLD INC	VSP	103 000	Oct 26, 11	Apr 23, 13	2,891 06	3,990 61		-1,099 55	
	VSP	80 000	Dec 07, 11	Apr 23, 13	2,245 48	3,200 00		-954 52	
	VSP	100 000	Jan 11, 12	Apr 23, 13	2,806 85	4,054 73		-1,247 88	
LLUMINA INC	VSP	115 000	Apr 03, 12	May 09, 13	7,724 29	5,932 45			1,791 84
	FIFO	152 000	Apr 03, 12	May 16, 13	10,655 78	7,841 15			2,814 63
	FIFO	23 000	Apr 12, 12	May 16, 13	1,612 39	1,183 37			429 02
	VSP	102 000	Apr 12, 12	May 21, 13	7,517 77	5,248 00			2,269 77
	VSP	193 000	Apr 17, 12	May 21, 13	14,224 80	8,494 58			5,730 22
INTL BUSINESS MACH	VSP	52 000	Aug 02, 11	Apr 05, 13	10,816 51	9,254 91			1,561 60
	VSP	32 000	Aug 02, 11	Apr 23, 13	6,096 82	5,695 33			401 49
	VSP	1 000	Aug 02, 11	Apr 30, 13	198 32	177 98			20 34
	VSP	36 000	Aug 04, 11	Apr 30, 13	7,139 54	6,180 05			959 49
	VSP	24 000	Sep 28, 11	Apr 30, 13	4,759 70	4,323 62			436 08
	VSP	34 000	Sep 28, 11	May 24, 13	6,997 99	6,125 13			872 86
	VSP	41 000	Mar 29, 12	May 24, 13	8,438 75	8,521 67		-82 92	
OHNSON & JOHNSON COM	FIFO	155 000	Apr 19, 11	Mar 11, 13	12,133 65	9,610 00			2,523 65
	FIFO	47 000	Jun 17, 11	Mar 11, 13	3,679 23	3,126 37			552 86
	FIFO	79 000	Jun 17, 11	Jul 01, 13	6,900 53	5,254 96			1,645 57
	FIFO	21 000	Jun 13, 12	Jul 01, 13	1,834 32	1,340 16			494 16
	HIFO	192 000	Sep 25, 12	Dec 30, 13	17,656 22	13,351 45			4,304 77
								cont	inued next page



Account name THE PLYMOUTH ENDOWMENT FDN Friendly account name PEF MM-Stock Account number WT 01142 NI

Your Financial Advisor: NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses (continued)

Long-term capital gains and losses (continued)

		0	N	Cala	Sale	Cost	Wash sale cost basis		
Security description	Method	Quantity or face value		Sale date	sare amount (\$)	basis (\$)	adjustment(\$)	Loss (\$)	Gain (\$)
	HIFO		Sep 25, 12	Dec 30, 13	735 68	556 31			179 37
LINN ENERGY LLC UNITS REPSTG LTD LIABILITY CO				·i					
INTS	VSP	750 000	Jan 17, 12	May 08, 13	25,951 90	27,138 96		-1,187 06	
MCDONALDS CORP	VSP	71 000	May 17, 10	Apr 24, 13	7,143 57	4,974 97			2,168 60
NOVARTIS AG SPON ADR	VSP	230 000	Aug 04, 10	Jan 23, 13	15,695 22	11,412 59			4,282 63
PFIZER INC	FIFO	184 000	Mar 13, 12	May 08, 13	5,288 81	4,038 80			1,250 01
	HIFO	319 000	Jul 03, 12	Dec 30, 13	9,701 61	7,330 62			2,370 99
PRAXAIR INC	VSP	36 000	Jul 26, 10	Mar 21, 13	4,035 02	3,079 04			955 98
ROYAL DUTCH SHELL PLC CL A SPON ADR	VSP	66 000	May 07, 10	Mar 06, 13	4,390 78	3,511 10			879 68
	VSP	29 000	Jun 15, 10	Mar 06, 13	1,929 28	1,547 97			381 31
	VSP	105 000	Jun 15, 10	Mar 25, 13	6,855 19	5,604 73			1,250 46
SCHLUMBERGER LTD NETHERLANDS ANTILLES	FIFO	58 000	Jan 21, 11	May 01, 13	4,286 10	5,050 31		-764 21	
TJX COS INC NEW	VSP	79 000	Jun 04, 12	Nov 07, 13	4,834 81	3,232 44			1,602 37
	VSP	46 000	Oct 10, 12	Nov 07, 13	2,815 21	2,069 54			745 67
UNION PACIFIC CORP	FIFO	30 000	May 03, 10	May 01, 13	4,401 80	2,304 11			2,097 69
	FIFO	75 000	May 03, 10	May 17, 13	11 890 23	5,760 26			6,129 97
VERIZON COMMUNICATIONS INC	VSP	100 000	Aug 13, 10	Apr 30, 13	5,370 88	3,003 96			2,366 92
	FIFO	200 000	Aug 13, 10	Sep 06, 13	9,272 68	6,007 92			3,264 76
•	FIFO	200 000	Aug 13, 10	Dec 10, 13	9,816 27	6,007 92			3,808 35
VISA INC CL A	VSP	98 000	May 18, 10	Feb 04, 13	15,463 76	6,760 55			8,703 21
	VSP	22 000	Jun 23, 10	Feb 04, 13	3,471 46	1,712,47			1,758 99
	VSP	95 000	Jun 23, 10	May 02, 13	16,814 62	7,394 75			9,419 87
	VSP	10 000	Oct 31, 11	May 02, 13	1,769 96	958 34			811 62
	VSP	55 000	Oct 31, 11	Aug 02, 13	10,056 11	5,270 86			4,785 25
	VSP	1 000	Oct 31, 11	Aug 19, 13	176 49	95 83			80 66
	VSP	69 000	Nov 23, 11	Aug 19, 13	12,177 47	6,258 99		cont	5,918 48 inued next page



Account name: THE PLYMOUTH ENDOWMENT FDN Friendly account name: PEF MM-Stock Account number: WT 01142 NI

Account number:

Your Financial Advisor NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value		Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment(\$)	Loss (\$)	Gain (\$)
VOC ENERGY TRUST SBI	FIFO	729 000	Dec 01, 11	Dec 18, 13	10,417 23	14,417 00		-3,999 77	
	FIFO	171 000	Dec 27, 11	Dec 18, 13	2,443 55	3,472 99		-1,029 44	
ZOETIS INC	Adjustment	0 153	Mar 13, 12	Jun 27, 13	4 78	3 41			1 37
	VSP	179 000	Mar 13, 12	Nov 19, 13	5,607 99	3,969 54			1,638 45
Total					\$472,941.76	\$371,096 76		-\$14,218.03	\$116,063.03
Net long-term capital gains	or losses								\$101,845 00

Net capital gains/losses

\$111,149.90



Business Services Account

THE PLYMOUTH ENDOWMENT FON

Friendly account name: PEF Alt Strat Account number: WT 37278 NI

Your Finandal Advisor. NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses

Estimated 2013 gains and losses for transactions with trade dates through 12/31/13 have been incorporated into this statement. Please note that gain or loss recognized on the sale or redemption of certain Structured Products, like Contingent Debt Securities, may be ordinary, and not capital, gain or loss. Please check with your tax achisor. To calculate gains and losses, we liquidate the oldest security lot first, This is known as the first-in, first-out or FFO accounting method. We use this method unless you specified which tax lot to close when you placed your order. This is known as a versus purchases or VSP order.

See Important information about your statement on the last page of this statement for more information. We may not adjust gains and losses for all capital changes. Cost basis for coupon tax-exempt municipal securities, include secunities subject to AMT, has been adjusted for mandatory amortization of bond premium. Estimates in the Unclassified section can not be deastified as short term or long term because information is missing, or the product is one in which the gain/loss calculation is not provided.

Short-term capital gains and losses

Security description	Method	Quantity or face value		Sale date	Sale amount (\$)	Cost basss (\$)	Wash sale cost basis adjustment(\$)	Loss (\$)	Gain (5)
	Method	lace value	Oate	uate	aritourit (3)	D83/3/J/	adjastini 14(2)	1035 (3)	
HARTFORD WORLD BOND FUND C	FIFO	467 780	May 09, 12	Mar 22, 13	4,954 91	4.899 37			55 54
	FIFO		Nov 20, 12	May 17, 13	110 91	110 76			0 15
	FIFO		Nov 20, 12	May 17, 13	56 25	56 18			0 07
HSBC FIN CAPITAL TRUST 05 911% 113035 DTD112905 FC053006 IX NTS B/E	FIFO	10,000 000	Dec 05, 12	Jul 29, 13	10,069 75	10,002 10			67 65
Total	- 1110	10,000 000	DEC 00, 12	70, 25, 15	\$15,191 82	\$15,068.41			\$123.41
Net short-term capital gains and	diorras				\$13,19162	\$13,000.41			\$123.41
Met short-term Capital galls alk	1 103363								• • • • • • • • • • • • • • • • • • • •
Long-term capital gains	s and losses								
							Wash sale		
		Quantity or		Sale	Sale	Cost	cost basis		
Security description	Method	face value	date	date	amount (\$)	basis (\$)	adjustment(\$)	Loss (\$)	Gain (\$)
AMERICAN EXP CENT UT US RT 01 3000% MAT 12/02/13 FIXED RATE CD	FIFO	15.000 000	Jul 06. 12	Dec 02, 13	15,000 00	15,000 00			
CAPITAL ONE BK VA US		72,000	32,00,12						
RT 04 3000% MAT 03/05/13 FIXED RATE CD	FIFO	3,000 000	Aug 30, 11	Mar 05, 13	3,000 00	3,127 50		-127 50	
DISCOVER BK DE US RT 03 3000% MAT 05/13/13						 -			
FIXED RATE CD	FIFO	7,000 000	Sep 21, 11	May 13, 13	7,000 00	7,242 27		-242 27	
HARTFORD FNCL SVCS NOTES 05 500% 101516 DTD100306 FC041507 CALL@M/W+158P	FIFO	13,000 000	Sep 08, 09	May 10, 13	14,652 25	11,791 42			2,860 83
HARTFORD WORLD BOND FUND C	FIFO	964 383	May 09, 12	May 17, 13	10,323 38	10,100 63		cont	222 75 inued next page



Business Services Account

THE PLYMOUTH ENDOWMENT FON

Account name: THE PLYMOOT.
Friendly account name. PEF Alt Strat
WY 37278 NJ

Your Financial Advisor: NICHOLS INVESTMENT GROUP 316-612-6500/866-311-9752

Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value		Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment(\$)	Loss (\$)	Gain (\$)
HSBC FIN CORP INTERNOTES 05 300% 011513 DTD071008 FC011509 NTS B/E	FIFO	10,000 000	Dec 31, 09	Jan 15, 13	10,000 00	10,430 65		-430 65	
NASDAQ OMX GROUP (THF) 04 000% 011515 DTD011510 FC071510 MW +30BP	FIFO	15,000 000	Apr 08 11	May 10, 13	15,632 25	14,945 40			686 85
UBS FIXED INCOME OPPORTUNITIES FUND CLASS C	FIFO	1,023 004	May 09, 12	Oct 18, 13	9,795 13	10,000 00		-204 87	
Total				-	\$85,403.01	\$82,637.87		-\$1,005.29	\$3,770.43
Net long-term capital gains or	losses								\$2,765.14
Net capital gains/losses									\$2,888,55

Form **8868**

(Rev January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

ternal Rever	nue Service	► Information about Form 8866	B and its i	instructions is at www.irs gov/form	18868 •			
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).								
		ss you have already been granted a				rm 8868.		
lectronic	c filing _(e-file) . Yo	u can electronically file Form 8868 if ye	ou need a	3-month automatic extension of tin	ne to file (6	months for a corpo	oration	
		or an additional (not automatic) 3-mor						
		ns listed in Part I or Part II with the exc						
	-	which must be sent to the IRS in paper						
		ick on e-file for Charities & Nonprofits.		,,		3	•	
Partil		3-Month Extension of Time		ubmit original (no copies nee	eded).			
		Form 990-T and requesting an autom						
Part I only	•	, , c				•		
•		ling 1120-C filers), partnerships, REMI	Cs. and to	usts must use Form 7004 to reques	st an exten	sion of time		
	me tax returns.	g 20 0, pa				er's identifying num	ber	
ype or	Name of evern	t organization or other filer, see instruc	rtions			identification numb		
orint	Traine or exemp	organization of other men, see mende	J. 10110.		=p, c.		,	
	PLYMOUTH	ENDOWMENT FOUNDATI	ON			48-612418	0	
ile by the lue date for	Number, street,	and room or suite no. If a P.O. box, se	e instruct	tions.	Social se	cunty number (SSN)	
ling your eturn See	202 N CL				L			
nstructions		st office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
	WICHITA,	KS 67208						
Enter the I	Return code for th	e return that this application is for (file	a separat	te application for each return)			0 1	
Application	on		Return	Application			Return	
s For			Code	Is For			Code	
om 990	or Form 990-EZ		01	Form 990-T (corporation)			07	
orm 990-	BL		02	Form 1041-A	08			
orm 4720) (individual)		03	Form 4720 (other than individual)			09	
orm 990-	PF		04	Form 5227				
orm 990-	T (sec. 401(a) or 4	08(a) trust)	05	Form 6069		11		
orm 990-	T (trust other than	above)	06	Form 8870				
		GRANT STANNARD						
The bo	oks are in the care	of ► 6015 N. BROADWA	<u> Y - V</u>	VICHITA, KS 67219				
Teleph	one No.▶ (31	6) 744-0433		Fax No. ▶ (316) 744-	0436			
		ot have an office or place of business	in the Un	ited States, check this box		·		
If this is	s for a Group Retu	rn, enter the organization's four digit (Group Exe	mption Number (GEN) I	If this is fo	r the whole group, c	heck this	
oox 🛌 🛚	If it is for part	of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the extension is	for.	
1 I rec	quest an automatio	3-month (6 months for a corporation	required t	Tile Form 990-T) extension of time	until			
	AUGUST 15	, 2014 , to file the exempt	or gamza	for return for the organization name	ed above.	The extension		
ıs fo	r the organization		ハバン					
▶[X calendar year	2013 or (~)(ノノレ					
▶[tax year begin	ning	, an	d ending				
						_		
2 If th	e tax year entered	in line 1 is for less than 12 months, ch	neck reas	on: Initial return	Final retur	n		
	Change in accor							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions.								
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
c Bala	ance due. Subtrac	t line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
		ronic Federal Tax Payment System). S			3c_	\$	0.	
		make an electronic funds withdrawal	(dırect de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879-EO fo	r payment	
nstruction	1S.					-		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

Form 886	8 (Rev. 1-2014)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	box		▶ X	
•	ly complete Part II if you have already been granted an a				3868.		
● if you a	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I (on page 1).	<u> </u>			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).	
<u>-</u> -			Enter filer's	identifyin	g number,	see instructions	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	dentificatio	on number (EIN) or	
print					40.61	0.4.1.0.0	
File by the	PLYMOUTH ENDOWMENT FOUNDATION	ON				24180	
due date for filing your return See	Ing your Norther, street, and room of suite no. If a r.O. box, see instructions.						
instructions	City, town or post office, state, and ZIP code. For a fow ICHITA, KS 67208	oreign add	ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application		-	Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01					
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	···	04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	T (trust other than above)	06	Form 8870		d F 000	12	
STOP! D	o not complete Part II if you were not already granted GRANT STANNARD	an auton	natic 3-month extension on a prev	iousiy tile	a Form 880)	
• The be	ooks are in the care of ► 6015 N. BROADWA	1 _ v	WICHITA KS 67219				
	none No. ► (316) 744-0433		Fax No. ► (316) 744-	0436			
	organization does not have an office or place of business	s in the l ln				▶ □	
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole	group, check this	
box ►	. If it is for part of the group, check this box		ich a list with the names and EINs of				
			BER 15, 2014.				
	calendar year 2013 , or other tax year beginning		, and ending	g			
	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn		
	Change in accounting period						
7 Sta	te in detail why you need the extension						
AI	DDITIONAL TIME IS NEEDED TO I	PREPAI	RE A COMPLETE AND	ACCUR	ATE RE	TURN.	
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any		<u> </u>		
nor	refundable credits. See instructions.			8a	\$	0.	
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated				
tax	payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid				
pre	eviously with Form 8868.			8b	\$	0.	
c Bal	l ance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			0	
EF	TPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.	
			st be completed for Part II o		f my knowlad	lan and bolinf	
unaer pen It Is true. c	aities of perjury, I declare that I have examined this to the forth, tockly do orrect, and complete, and that I am authorised to propare this fo	ing accomp	panying schedules and statements, and to) the pest o	i iliy kilowied	ige aliu bellet,	
Signature	一つつり	PRESI		Date	_		
oignature		کری ک		Duto		8868 (Rev. 1-2014)	
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