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Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AYERS FOUNDERS TRUST</b>		<b>D</b> Employer identification number <b>23-7327660</b>
	Doing Business As		<b>E</b> Telephone number <b>740 588-6740</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>PO BOX 1558 DEPT EA4E86</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBUS, OH 43216</b>		
	<b>F</b> Name and address of principal officer: <b>HUNTINGTON NATIONAL BANK 220 MARKET AVE S, STE 200 CANTON OH 44702</b>		<b>G</b> Gross receipts \$ <b>1,572,455.</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ <b>N/A</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1973</b> <b>M</b> State of legal domicile <b>OH</b>	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <u>THE TRUST OPERATES SOLEY FOR THE BENEFIT OF THE ZANESVILLE MUSEUM OF ART CENTER, WHICH IS A 501 (C) (3) ORGANIZATION.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>NONE</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>NONE</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>NONE</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>NONE</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	290,562	296,127
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12b)	290,562	296,127
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	156,511	157,973
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,497	34,524
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>NONE</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	876	746	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	189,884	193,243	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	100,678	102,884	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	2,787,135	2,890,017
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	NONE	NONE

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer 	Date <b>10/13/2014</b>			
	Type or print name and title <b>HUNTINGTON NATIONAL BANK</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RONALD SHOEMAKER</b>	Preparer's signature 	Date <b>10/13/2014</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00021964</b>
	Firm's name ▶ <b>ERNST &amp; YOUNG U.S. LLP</b>		Firm's EIN ▶ <b>34-6565596</b>		
	Firm's address ▶ <b>1100 HUNTINGTON CTR, 41 S HIGH, COLUMBUS, OH 43215</b>		Phone no <b>419-321-6096</b>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE TRUST OPERATES SOLEY FOR THE BENEFIT OF THE ZANESVILLE MUSEUM OF ART CENTER, WHICH IS A 501 (C) (3) ORGANIZATION.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 157,973. including grants of \$ 157,973.) (Revenue \$ )  
TO PROVIDE FINANCIAL ASSISTANCE TO THE ZANESVILLE MUSEUM OF ART.

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

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

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

4e Total program service expenses ▶ 157,973.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
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? <i>If "Yes," complete Schedule J . . . . .</i>		X
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25a . . . . .</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
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? . . . . .		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and charitable trusts.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 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 more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed Ohio
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HUNTINGTON NATIONAL BANK TEL: (740) 588-6740

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HUNTINGTON NATIONAL BANK TRUSTEE			X				34,524	NONE	NONE	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							34,524	NONE	NONE	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.*

	Yes	No
<b>3</b>		X
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If Yes, complete Schedule J for such individual.*

	Yes	No
<b>4</b>		X
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If Yes, complete Schedule J for such person.*

	Yes	No
<b>5</b>		X

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f. \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶					
<b>Program Service Revenue</b>	<b>2a</b>	_____ <b>Business Code</b>					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	70,673.			70,673.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory 1,501,782					
	<b>b</b>	Less cost or other basis and sales expenses . . . . . 1,276,328					
	<b>c</b>	Gain or (loss) . . . . . 225,454					
	<b>d</b>	Net gain or (loss) . . . . . ▶	225,454.				
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
	<b>b</b>	Less direct expenses . . . . . b					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶					
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . a					
<b>b</b>	Less direct expenses . . . . . b						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . a						
<b>b</b>	Less cost of goods sold . . . . . b						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	_____						
<b>b</b>	_____						
<b>c</b>	_____						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		296,127.			70,673.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .	157,973.	157,973.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16. . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	34,524.		34,524.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	298.		298.	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17.				
f Investment management fees . . . . .				
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a -----				
b -----				
c -----				
d -----				
e All other expenses	448.		448.	
<b>25 Total functional expenses</b> Add lines 1 through 24e	<b>193,243.</b>	<b>157,973.</b>	<b>35,270.</b>	<b>NONE</b>
26 <b>Joint costs</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities	2,787,135.	<b>11</b>	2,890,017.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,787,135.	<b>16</b>	2,890,017.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	NONE	<b>26</b>	NONE
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds	2,787,135.	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	2,890,017.
<b>33</b> Total net assets or fund balances	2,787,135.	<b>33</b>	2,890,017.	
<b>34</b> Total liabilities and net assets/fund balances	2,787,135.	<b>34</b>	2,890,017.	

**Part XI 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	296,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	193,243.
3	Revenue less expenses. Subtract line 2 from line 1	3	102,884.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,787,135.
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	-2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,890,017.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

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

**2013**

**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](http://www.irs.gov/form990)

Name of the organization <b>AYERS FOUNDERS TRUST</b>	Employer identification number <b>23-7327660</b>
---	---

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		X
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		X
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		X
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) SEE PART IV									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support						N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3 . . . . .						
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						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
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 . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

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

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  
=====

NAME OF SUPPORTED ORGANIZATION:

ZANESVILLE MUSEUM OF ART

EIN: 31-0828429

TYPE OF ORGANIZATION FROM PART I: 11A

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 157,973.

TOTAL SUPPORT: -----  
157,973.  
=====

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

AYERS FOUNDERS TRUST

Employer identification number

23-7327660

FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW

THE RETURN IS REVIEWED BY THE TRUST ADMINISTRATOR PRIOR TO FILING  
WITH THE IRS.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c

THE TRUST FOLLOWS HUNTINGTON BANK'S POLICY ON  
CONFLICT OF INTEREST.

DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION

FORM 990, PAGE 6, PART VI, LINE 15b

TRUSTEE FEES CHARGED TO TRUST ARE IN ACCORDANCE WITH  
NORMAL PUBLISHED FEES.

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 18

THE INFORMATION IS AVAILABLE ON PUBLIC WEBSITE [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG) OR  
UPON REQUEST.

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 19

THE TRUSTS GOVERNING DOCUMENT, FINANCIAL STATEMENTS, AND CONFLICT OF  
INTEREST POLICY ARE AVAILABLE UPON REQUEST.

EXPLANATION FOR FORM 990, PART XI, LINE 9

LINE 9 OF \$1 REPRESENTS ROUNDING.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Employer identification number

23-7327660

AYERS FOUNDERS TRUST

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>SEE PART VII SUPPLEMENT</u>							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

**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. 23-7327660

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV** 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**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	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b>	Loans or loan guarantees to or for related organization(s)	X	
<b>e</b>	Loans or loan guarantees by related organization(s)	X	
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b>	Sharing of paid employees with related organization(s)		X
<b>p</b>	Reimbursement paid to related organization(s) for expenses		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses		X
<b>r</b>	Other transfer of cash or property to related organization(s)		X
<b>s</b>	Other transfer of cash or property from related organization(s)		X

**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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ZANESVILLE MUSEUM OF ART	b	156,511.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37. 23-7327660

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Supplement to Schedule R, Part II, Form 990

=====

Name of entity: ZANESVILLE MUSEUM OF ART  
Address of Entity: 620 MILITARY ROAD, ZANESVILLE, OH 43701  
Employer ID Number:31-0828429  
Primary Activity:ART MUSEUM  
Legal domicile state:OH  
Exempt code section:501 (C) (3)  
Public charity status:11  
Direct controlling entity:N/A  
Sec. 512(b)(13) Controlled Entity: No

HUNTINGTON NATIONAL BANK  
 422 MAIN STREET  
 ZANESVILLE, OH 43701

**The Huntington Trust**

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST  
 ACCOUNT NUMBER: [REDACTED]

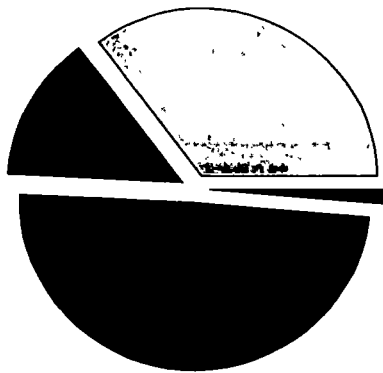


JEFF MASLANICH  
 ERNST & YOUNG, LLC  
 950 MAIN STREET  
 CLEVELAND, OH 44113

ADMINISTRATOR: WAYNE D WYCOFF  
 740-588-6734  
 wayne.wycoff@huntington.com

INVESTMENT OFFICER: CHAD TOM  
 740-588-6735  
 CHAD.TOM@HUNTINGTON.COM

**ASSET ALLOCATION SUMMARY**



	MARKET VALUE	PERCENT
EQUITY INVESTMENTS	1,274,402.35	35.3%
FIXED INCOME	503,514.50	13.9%
MUTUAL FUNDS	1,784,465.66	49.5%
SHORT TERM INVESTMENTS	47,976.96	1.3%
<b>Total</b>	<b>3,610,359.47</b>	<b>100.0%</b>

**ACCOUNT SUMMARY**

	THIS PERIOD	YEAR TO DATE
BEGINNING MARKET VALUE	3,301,783.50	3,538,675.89
DIVIDENDS/INTEREST	64,196.15	27,816.85
OTHER CASH RECEIPTS	20,946.15	3,080.62
DISBURSEMENTS AND FEES	213,891.88	99,832.64
RECEIPTS/DISTRIBUTIONS IN KIND	0.17	0.00
REALIZED GAIN/LOSS	231,702.22	121,211.17
CHANGE IN MARKET VALUE	205,623.16	19,407.58
ENDING MARKET VALUE	3,610,359.47	3,610,359.47

**FOR YOUR INFORMATION**

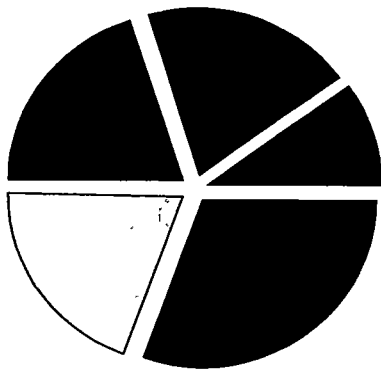
JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST  
 ACCOUNT NUMBER: ██████████

**PORTFOLIO DETAIL**

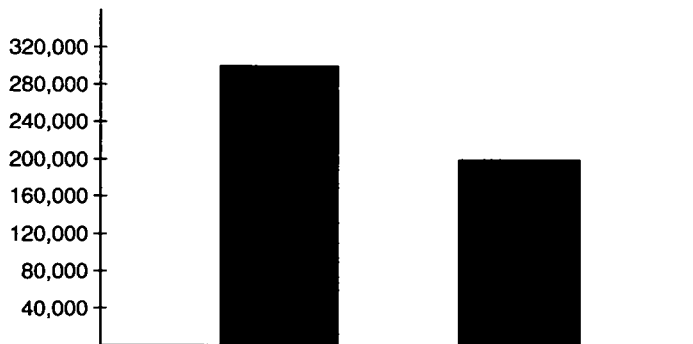
DESCRIPTION	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>SHORT TERM INVESTMENTS</b>				
<b>MONEY MARKET FUNDS</b>				
608993853 HUNTINGTON CONSERVATIVE DEPOSIT ACCOUNT	47,976.96 47,976.96	1.00 1.00	23.98 2.00	0.05
<b>** TOTAL MONEY MARKET FUNDS</b>	<b>SUB-TOTAL</b>			
	47,976.96 47,976.96		23.98 2.00	0.05
<b>* TOTAL SHORT TERM INVESTMENTS</b>			23.98 2.00	0.05

**BOND QUALITY SUMMARY**



S & P QUALITY RATING	MARKET VALUE	PERCENT
AA	50,736.50	10.1%
AA-	99,885.00	19.8%
A-	100,435.00	20.0%
BBB+	99,285.50	19.7%
BBB	153,172.50	30.4%
<b>Total</b>	<b>503,514.50</b>	<b>100.0%</b>

**BOND MATURITY SUMMARY**



YEARS TO MATURITY	PAR VALUE	PERCENT
3-5 YEARS	300,000.00	60.0%
5-10 YEARS	200,000.00	40.0%
<b>Total</b>	<b>500,000.00</b>	<b>100.0%</b>

AVERAGE TIME TO MATURITY: 4.6 YEARS

CURRENT YIELD: 2.16%

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST

ACCOUNT NUMBER: [REDACTED]

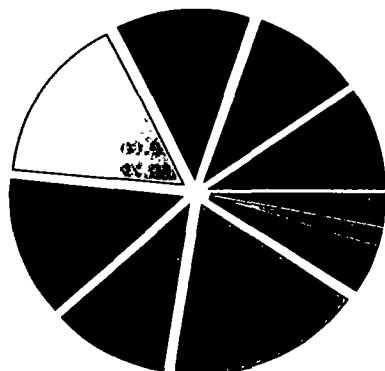
**PORTFOLIO DETAIL ( CONTINUED )**

DESCRIPTION	RATING	PAR VALUE	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	YIELD CURRENT/ MATURITY
<b>FIXED INCOME</b>						
<b>CORPORATE OBLIGATIONS</b>						
<b>CORPORATE BONDS</b>						
021441AE0 ALTERA CORPORATION 2 5% 11/15/2018	A-	50,000 000	50,768 00 49,813 50	101 54 99.63	1,250 00 159 72	2 46 2 16
053332AL6 AUTOZONE INC 4% 11/15/2020-2020	BBB	50,000.000	53,177.50 51,654.27	106.36 103.31	2,000 00 255 56	3 76 2 93
166764AG5 CHEVRON CORPORATION 2.427% 06/24/2020-2020	AA	50,000.000	50,736 50 49,813 50	101 47 99 63	1,213 50 23 60	2 39 2 21
25459HBH7 DIRECTV HOLDINGS/FINANCE 1.75% 01/15/2018	BBB	50,000 000	50,069 00 49,297 83	100 14 98 60	875 00 403 47	1 75 1 74
26138EAQ2 DR PEPPER SNAPPLE GROUP 2% 01/15/2020	BBB+	50,000 000	49,033 00 48,173 59	98.07 96 35	1,000 00 461.11	2 04 2 42
459200HE4 IBM CORP 1.875% 05/15/2019	AA-	50,000.000	49,919.50 49,522.50	99.84 99 05	937 50 119 79	1 88 1 94
489170AD2 KENNAMETAL INC 2 65% 11/01/2019-2019	BBB	50,000 000	49,926 00 49,479.30	99 85 98 96	1,325 00 220 83	2 65 2 71
74251VAG7 PRINCIPAL FINANCIAL GROUP 1 85% 11/15/2017	BBB+	50,000 000	50,252.50 50,120.88	100 51 100 24	925 00 118 19	1.84 1 72
89233P6S0 TOYOTA MOTOR CREDIT CORP SERIES MTN 1.25% 10/05/2017	AA-	50,000 000	49,965.50 49,715.00	99 93 99 43	625 00 149 31	1 25 1 33
<b>*** TOTAL CORPORATE BONDS</b>			<b>SUB-TOTAL</b> 453,847.50 447,590.37		10,151.00 1,911.58	2.24
<b>** TOTAL CORPORATE OBLIGATIONS</b>			<b>SUB-TOTAL</b> 453,847.50 447,590.37		10,151.00 1,911.58	2.24
<b>CORPORATE OBLIGATIONS-FOREIGN</b>						
<b>CORPORATE BONDS - FOREIGN</b>						
92857WBE9 VODAFONE GROUP PLC 1 5% 02/19/2018	A-	50,000.000	49,667 00 49,249.50	99 33 98 50	750 00 275 00	1 51 1 72
<b>*** TOTAL CORPORATE BONDS - FOREIGN</b>			<b>SUB-TOTAL</b> 49,667.00 49,249.50		750.00 275.00	1.51
<b>** TOTAL CORPORATE OBLIGATIONS-FOREIGN</b>			<b>SUB-TOTAL</b> 49,667.00 49,249.50		750.00 275.00	1.51
<b>* TOTAL FIXED INCOME</b>			503,514.50 496,839.87		10,901.00 2,186.58	2.16

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST  
 ACCOUNT NUMBER: [REDACTED]

**PORTFOLIO DETAIL ( CONTINUED )**  
**EQUITY DIVERSIFICATION SUMMARY**



INDUSTRY CODE	MARKET VALUE	PERCENT
CONSUMER DISCRETIONARY	124,844.75	9.8%
CONSUMER STAPLES	128,373.75	10.1%
ENERGY	159,772.95	12.5%
FINANCIALS	203,626.50	16.0%
HEALTH CARE	169,130.75	13.3%
INDUSTRIALS	139,242.60	10.9%
INFORMATION TECHNOLOGY	231,786.05	18.2%
MATERIALS	55,655.20	4.4%
TELECOMMUNICATION SERVICES	24,675.60	1.9%
UTILITIES	37,294.20	2.9%
<b>Total</b>	<b>1,274,402.35</b>	<b>100.0%</b>

DESCRIPTION	TICKER	SHARES	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>EQUITY INVESTMENTS</b>						
<b>CONSUMER DISCRETIONARY</b>						
20030N101 COMCAST CORP CL A	CMCSA	455.000	24,424.40 8,589.18	53.68 18.88	409.50 102.38	1.68
437076102 HOME DEPOT INC	HD	195.000	15,787.20 14,700.76	80.96 75.39	366.60	2.32
580135101 MCDONALDS CORP	MCD	160.000	16,118.40 10,495.99	100.74 65.60	518.40	3.22
654106103 NIKE INC CL B	NKE	295.000	22,877.25 9,561.45	77.55 32.41	283.20 70.80	1.24
872540109 TJX COMPANIES INC	TJX	370.000	19,665.50 13,505.57	53.15 36.50	259.00	1.32
892356106 TRACTOR SUPPLY COMPANY	TSCO	430.000	25,972.00 28,549.34	60.40 66.39	275.20	1.06
<b>** TOTAL CONSUMER DISCRETIONARY</b>		<b>SUB-TOTAL</b>	<b>124,844.75 85,402.29</b>		<b>2,111.90 173.18</b>	<b>1.69</b>
<b>CONSUMER STAPLES</b>						
126650100 CVS CAREMARK CORP	CVS	280.000	21,103.60 12,317.11	75.37 43.99	308.00	1.46

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST

ACCOUNT NUMBER: [REDACTED]

## PORTFOLIO DETAIL ( CONTINUED )

DESCRIPTION	TICKER	SHARES	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>CONSUMER STAPLES</b>						
171340102 CHURCH & DWIGHT CO INC W/1 RT/SH	CHD	280 000	19,586 00 11,518 22	69.95 41.14	347 20	1 77
370334104 GENERAL MILLS INC	GIS	400.000	21,016.00 12,243 04	52 54 30 61	656 00	3 12
501044101 THE KROGER CO	KR	335.000	16,559 05 12,960 82	49 43 38 69	221 10	1.34
518439104 ESTEE LAUDER CO INC	EL	280 000	20,792.80 15,164.02	74 26 54 16	224 00	1.08
713448108 PEPSICO INC	PEP	185 000	16,527.90 974 85	89 34 5 27	484 70	2.93
832696405 SMUCKER (J M ) CO THE-NEW COM WI	SJM	120 000	12,788.40 12,884.40	106 57 107 37	278.40	2 18
<b>** TOTAL CONSUMER STAPLES</b>			<b>SUB- TOTAL</b>		<b>2,519.40 0.00</b>	<b>1.96</b>
<b>ENERGY</b>						
032511107 ANADARKO PETROLEUM CORP W/1 RT/SH	APC	130.000	14,231.10 12,409.79	109 47 95.46	140 40	0.99
166764100 CHEVRON CORPORATION	CVX	160.000	20,888.00 15,660.15	130.55 97 88	684 80	3 28
20825C104 CONOCOPHILLIPS	COP	185.000	15,860.05 2 83	85 73 0 02	510 60	3 22
30231G102 EXXON MOBIL CORP	XOM	215.000	21,646.20 59.39	100 68 0 28	593 40	2.74
406216101 HALLIBURTON CO	HAL	255 000	18,107 55 12,573 80	71 01 49 31	153 00	0 84
806857108 SCHLUMBERGER LTD	SLB	235 000	27,718 25 16,041 10	117.95 68 26	376 00 94 00	1 36
91913Y100 VALERO ENERGY CORP	VLO	520 000	26,052 00 8,230.76	50 10 15 83	520 00	2 00
G65431101 NOBLE CORP PLC	NE	455.000	15,269.80 15,092 35	33 56 33 17	568 75	3 72
<b>** TOTAL ENERGY</b>			<b>SUB- TOTAL</b>		<b>3,546.95 94.00</b>	<b>2.22</b>

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST

ACCOUNT NUMBER: [REDACTED]

**PORTFOLIO DETAIL ( CONTINUED )**

DESCRIPTION	TICKER	SHARES	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>FINANCIALS</b>						
025816109 AMERICAN EXPRESS	AXP	295.000	27,986.65 16,157.79	94.87 54.77	306.80	1.10
171232101 CHUBB CORP W/1 RT/SH	CB	270.000	24,885.90 12,238.88	92.17 45.33	540.00 135.00	2.17
354613101 FRANKLIN RES INC	BEN	465.000	26,895.60 17,912.60	57.84 38.52	223.20 55.80	0.83
46625H100 JP MORGAN CHASE & CO	JPM	420.000	24,200.40 17,839.50	57.62 42.48	672.00	2.78
59156R108 METLIFE INC	MET	405.000	22,501.80 19,966.46	55.56 49.30	567.00	2.52
744320102 PRUDENTIAL FINANCIAL INC	PRU	280.000	24,855.60 14,074.97	88.77 50.27	593.60	2.39
857477103 STATE STREET CORP	STT	365.000	24,549.90 15,323.16	67.26 41.98	438.00 109.50	1.78
89417E109 TRAVELERS COS INC	TRV	295.000	27,750.65 14,458.67	94.07 49.01	649.00	2.34
<b>** TOTAL FINANCIALS</b>			<b>SUB-TOTAL</b> 203,626.50 127,972.03		3,989.60 300.30	1.96
<b>HEALTH CARE</b>						
071813109 BAXTER INTERNATIONAL INC W/1 RT/SH	BAX	335.000	24,220.50 16,493.55	72.30 49.23	696.80 174.20	2.88
110122108 BRISTOL-MYERS SQUIBB CO	BMJ	425.000	20,616.75 3,039.42	48.51 7.15	612.00	2.97
14149Y108 CARDINAL HEALTH INC	CAH	325.000	22,282.00 13,558.45	68.56 41.72	445.25 111.31	2.00
375558103 GILEAD SCIENCES INC	GILD	400.000	33,164.00 10,049.98	82.91 25.12		
58933Y105 MERCK & CO INC	MRK	450.000	26,032.50 16,065.45	57.85 35.70	792.00 198.00	3.04
883556102 THERMO FISHER SCIENTIFIC INC 1 RT PER SHARE EXP 9-25-15	TMO	155.000	18,290.00 14,131.33	118.00 91.17	93.00 23.25	0.51

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST

ACCOUNT NUMBER: [REDACTED]

**PORTFOLIO DETAIL ( CONTINUED )**

DESCRIPTION	TICKER	SHARES	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>HEALTH CARE</b>						
91324P102 UNITEDHEALTH GROUP INC	UNH	300 000	24,525 00 16,951 17	81.75 56.50	450.00	1 83
<b>** TOTAL HEALTH CARE</b>		<b>SUB- TOTAL</b>	<b>169,130.75 90,289.35</b>		<b>3,089.05 506.76</b>	<b>1.83</b>
<b>INDUSTRIALS</b>						
244199105 DEERE & CO W/1 RT/SH	DE	220 000	19,921.00 18,135 97	90 55 82 44	528 00 132 00	2 65
291011104 EMERSON ELECTRIC CO	EMR	315 000	20,903 40 16,304 30	66 36 51 76	541.80	2 59
369604103 GENERAL ELECTRIC CO	GE	715 000	18,790.20 1,377 31	26.28 1.93	629.20 157.30	3.35
452308109 ILLINOIS TOOL WORKS	ITW	280 000	24,516 80 15,086.54	87 56 53 88	470.40 117.60	1.92
655844108 NORFOLK SOUTHERN CORP W/1 RT/SH	NSC	130 000	13,393.90 1,121 14	103.03 8.62	280 80	2 10
88579Y101 3M COMPANY	MMM	145.000	20,769.80 4,013.85	143.24 27 68	495.90	2.39
907818108 UNION PACIFIC CORP	UNP	210.000	20,947 50 13,409 25	99.75 63 85	382 20 191 10	1 82
<b>** TOTAL INDUSTRIALS</b>		<b>SUB- TOTAL</b>	<b>139,242.60 69,448.36</b>		<b>3,328.30 598.00</b>	<b>2.39</b>
<b>INFORMATION TECHNOLOGY</b>						
037833100 APPLE INC	AAPL	280 000	26,020 40 10,020 80	92 93 35 79	526 40	2.02
053015103 AUTOMATIC DATA PROCESSING	ADP	260 000	20,612.80 13,898 78	79 28 53 46	499 20 124.80	2 42
17275R102 CISCO SYSTEMS	CSCO	760 000	18,886.00 14,674 14	24.85 19 31	577 60	3.06
268648102 EMC CORP/MASS	EMC	735 000	19,359.90 12,508 80	26 34 17.02	338.10 84 53	1 75

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST  
 ACCOUNT NUMBER: ██████████

**PORTFOLIO DETAIL ( CONTINUED )**

DESCRIPTION	TICKER	SHARES	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>INFORMATION TECHNOLOGY</b>						
278642103 EBAY INC	EBAY	410.000	20,524.60 15,998.16	50.06 39.02		
459200101 IBM CORP	IBM	105.000	19,033.35 1,710.53	181.27 16.29	462.00	2.43
68389X105 ORACLE CORPORATION	ORCL	610.000	24,723.30 17,719.44	40.53 29.05	292.80	1.18
747525103 QUALCOMM INC	QCOM	220.000	17,424.00 15,153.60	79.20 68.88	369.60	2.12
882508104 TEXAS INSTRUMENTS INC	TXN	730.000	34,886.70 19,857.80	47.79 27.20	876.00	2.51
G1151C101 ACCENTURE PLC CL A	ACN	375.000	30,315.00 14,435.10	80.84 38.49	697.50	2.30
<b>** TOTAL INFORMATION TECHNOLOGY</b>		<b>SUB-TOTAL</b>	<b>231,786.05 135,977.15</b>		<b>4,639.20 209.33</b>	<b>2.00</b>
<b>MATERIALS</b>						
263534109 DU PONT E I DE NEMOURS & CO	DD	235.000	15,378.40 12,949.82	65.44 55.11	423.00	2.75
693506107 PPG INDUSTRIES INC W/1 RT/SH	PPG	100.000	21,015.00 260.08	210.15 2.60	268.00	1.28
74005P104 PRAXAIR INC	PX	145.000	19,261.80 13,037.35	132.84 89.91	377.00	1.96
<b>** TOTAL MATERIALS</b>		<b>SUB-TOTAL</b>	<b>55,655.20 26,247.25</b>		<b>1,068.00 0.00</b>	<b>1.92</b>
<b>TELECOMMUNICATION SERVICES</b>						
00206R102 AT&T INC	T	360.000	12,729.60 12,352.65	35.36 34.31	662.40	5.20
156700106 CENTURYLINK INC	CTL	330.000	11,946.00 11,947.74	36.20 36.21	712.80	5.97
<b>** TOTAL TELECOMMUNICATION SERVICES</b>		<b>SUB-TOTAL</b>	<b>24,675.60 24,300.39</b>		<b>1,375.20 0.00</b>	<b>5.57</b>

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST

ACCOUNT NUMBER: [REDACTED]

**PORTFOLIO DETAIL ( CONTINUED )**

DESCRIPTION	TICKER	SHARES	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>UTILITIES</b>						
65339F101 NEXTERA ENERGY INC	NEE	180.000	18,446.40 2,929.67	102.48 16.28	522.00	2.83
816851109 SEMPRA ENERGY	SRE	180.000	18,847.80 9,512.95	104.71 52.85	475.20 118.80	2.52
<b>** TOTAL UTILITIES</b>		<b>SUB-TOTAL</b>	<b>37,294.20 12,442.62</b>		<b>997.20 118.80</b>	<b>2.67</b>
<b>* TOTAL EQUITY INVESTMENTS</b>			<b>1,274,402.35 730,212.07</b>		<b>26,664.80 2,000.37</b>	<b>2.09</b>
<b>MUTUAL FUNDS</b>						
<b>MUTUAL FUNDS-FIXED INCOME</b>						
091937748 BLACKROCK INFLATION PROTECTED BOND PORTFOLIO - INSTITUTIONAL	BPRIX	3,664.568	41,299.68 39,740.11	11.27 10.84	611.98 51.00	1.48
31428Q101 FEDERATED TOTAL RETURN BOND FUND - INSTITUTIONAL SHARES	FTRBX	1,600.163	17,825.82 17,618.79	11.14 11.01	656.07 54.67	3.68
693390700 PIMCO TOTAL RETURN FUND - INSTITUTIONAL CLASS	PTRTX	4,898.861	53,740.51 49,691.78	10.97 10.14	1,141.43 95.12	2.12
73936T565 POWERSHARES PREFERRED PORTFOLIO	PGX	3,870.000	56,618.10 55,569.33	14.63 14.36	3,448.17	6.09
87234N765 TCW EMERGING MARKETS INCOME FUND - CLASS I	TGEIX	3,916.962	34,430.10 34,135.06	8.79 8.71	1,684.29	4.89
880208400 FRANKLIN TEMPLETON GLOBAL BOND FUND - ADVISOR CLASS	TGBAX	4,403.027	58,604.29 49,150.21	13.31 11.16	2,126.66	3.63
<b>** TOTAL MUTUAL FUNDS-FIXED INCOME</b>		<b>SUB-TOTAL</b>	<b>262,518.50 245,905.28</b>		<b>9,668.60 200.79</b>	<b>3.68</b>
<b>MUTUAL FUNDS-EQUITY</b>						
00162Q866 JEFFERIES TR/J ALERIAN MLP ETF	AMPL	4,215.000	80,085.00 73,673.99	19.00 17.48	4,636.50	5.79
04314H881 ARTISAN INTERNATIONAL VALUE FUND - INVESTOR CLASS	ARTKX	10,132.687	396,492.04 349,203.52	39.13 34.46	9,352.47	2.36
277902698 EATON VANCE ATLANTA CAPITAL SMID-CAP FUND - CLASS I	EISMX	3,351.602	83,588.95 79,500.00	24.94 23.72		

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST  
 ACCOUNT NUMBER: [REDACTED]

**PORTFOLIO DETAIL ( CONTINUED )**

DESCRIPTION	TICKER	SHARES	TOTAL MARKET/ TOTAL COST	MARKET PRICE/ COST PRICE	EST ANNUAL INCOME/ ACCRUED INC	CURRENT YIELD
<b>MUTUAL FUNDS-EQUITY</b>						
316345305 FIDELITY LOW PRICED STOCK FUND	FLPSX	1,630 571	84,594.02 78,300.00	51.88 48.02	632.66	0.75
367829884 GATEWAY FUND - CLASS Y	GTEYX	1,697.901	50,037.14 48,735.69	29.47 28.70	794.62	1.59
464287804 ISHARES CORE S&P SMALL-CAP ETF	IJR	1,105.000	123,859.45 116,529.99	112.09 105.46	1,356.94	1.10
464287887 ISHARES S&P SMALL-CAP 600 GROWTH ETF	IJT	340 000	41,068.60 38,889.17	120.79 114.38	283.22	0.69
543487870 LOOMIS SAYLES GLOBAL EQUITY - CLASS Y	LSWWX	8,049.840	163,250.76 147,156.29	20.28 18.28	2,986.49	1.83
56064B852 MAINSTAY MARKETFIELD FUND	MFLDX	984 143	17,586.64 16,710.87	17.87 16.98	1.97	0.01
589509108 MERGER FUND	MERFX	2,092 390	34,461.66 33,314.35	16.47 15.92	650.73	1.89
683974604 OPPENHEIMER DEVELOPING MARKETS FUND-I	ODVIX	4,574.498	182,339.49 145,362.94	39.86 31.78	974.37	0.53
73935S105 POWERSHARES DB COMMODITY INDEX TRACKING FUND	DBC	3,460.000	91,966.80 89,998.24	26.58 26.01	2,629.60	2.86
884116401 THIRD AVENUE REAL ESTATE VALUE FUND	TAREX	3,270 666	104,138.01 88,253.44	31.84 26.98	994.28	0.95
922908553 VANGUARD REIT FUND	VNQ	915 000	68,478.60 63,453.88	74.84 69.35	2,538.21	3.71
<b>** TOTAL MUTUAL FUNDS-EQUITY</b>		<b>SUB- TOTAL</b>	<b>1,521,947.16 1,369,082.37</b>		<b>27,832.06 0.00</b>	<b>1.83</b>
<b>* TOTAL MUTUAL FUNDS</b>			<b>1,784,465.66 1,614,987.65</b>		<b>37,500.66 200.79</b>	<b>2.10</b>
<b>GRAND TOTAL ASSETS</b>			<b>3,610,359.47 2,890,016.55</b>		<b>75,090.44 4,389.74</b>	<b>2.08</b>

JULY 01, 2013 TO JUNE 30, 2014

ACCOUNT NAME: AYERS FOUNDERS TRUST

ACCOUNT NUMBER: [REDACTED]

**TRANSACTION SUMMARY**

	CURRENT PERIOD			YEAR TO DATE		
	PRINCIPAL CASH	INCOME CASH	COST	PRINCIPAL CASH	INCOME CASH	COST
BEGINNING BALANCE	0.00	0.00	2,787,134.84	0.00	0.00	2,837,811.48
<b>RECEIPTS</b>						
INTEREST		4,381.74			5,499.11	
DIVIDENDS	49,609.07	59,814.41			22,317.74	
OTHER RECEIPTS	20,946.15			3,080.62		
<b>TOTAL RECEIPTS</b>	<b>70,555.22</b>	<b>64,196.15</b>	<b>0.00</b>	<b>3,080.62</b>	<b>27,816.85</b>	<b>0.00</b>
<b>DISBURSEMENTS</b>						
CASH DISTRIBUTIONS	158,421.68			79,235.04		
FEES	17,262.05	17,262.00		8,758.50	8,758.48	
OTHER DISBURSEMENTS		20,946.15			3,080.62	
<b>TOTAL DISBURSEMENTS</b>	<b>175,683.73</b>	<b>38,208.15</b>	<b>0.00</b>	<b>87,993.54</b>	<b>11,839.10</b>	<b>0.00</b>
<b>ASSETS PURCHASED</b>						
BUYS	1,476,814.50		1,476,814.50	529,865.30		529,865.30
<b>TOTAL ASSETS PURCHASED</b>	<b>1,476,814.50</b>	<b>0.00</b>	<b>1,476,814.50</b>	<b>529,865.30</b>	<b>0.00</b>	<b>529,865.30</b>
<b>ASSETS SOLD/MATURED</b>						
SALES	1,460,626.56		1,278,533.41	621,783.40		500,572.23
<b>TOTAL ASSETS SOLD/MATURED</b>	<b>1,460,626.56</b>	<b>0.00</b>	<b>1,278,533.41</b>	<b>621,783.40</b>	<b>0.00</b>	<b>500,572.23</b>
<b>CASH MANAGEMENT</b>						
DEPOSITS				7,005.18	15,977.75	22,982.93
WITHDRAWALS	121,316.45	25,988.00	95,328.45			
<b>TOTAL CASH MANAGEMENT</b>	<b>121,316.45</b>	<b>25,988.00</b>	<b>95,328.45</b>	<b>7,005.18</b>	<b>15,977.75</b>	<b>22,982.93</b>
<b>ADJUSTMENTS</b>						
ACCRETION			68.92			68.92
AMORTIZATION			139.85			139.85
<b>TOTAL ADJUSTMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>70.93</b>	<b>0.00</b>	<b>0.00</b>	<b>70.93</b>
<b>ENDING BALANCE</b>	<b>0.00</b>	<b>0.00</b>	<b>2,890,016.55</b>	<b>0.00</b>	<b>0.00</b>	<b>2,890,016.55</b>