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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

			Information about 10th 350 and its instructions is at www.	-				
<u>A</u>	For the 2	2013 cale	ndar year, or tax year beginning $\mathrm{JULY}\ 1$, 2013, and end	i ng J	UNE 30	, 20 1 4		
B	Check if a	pplicable	C Name of organization PAPER TECHNOLOGY FOUNDATION, INC.			er Identification number		
	Address c	hange	Doing Business As	·	38-16			
	Name cha	ange	Number and street (or P O. box if mail is not delivered to street address) Room/	suite	E Telepho	ne number		
	Initial retui	m	1903 W MICHIGAN AVE, SEIBERT ADMIN BLDG MS 5	207	269-3	87-2365		
	Terminate	ed .	City or town, state or province, country, and ZIP or foreign postal code					
$\overline{\Box}$	Amended	return	KALAMAZOO, MI 49008-5207		G Gross n	eceipts \$ 1,909,623		
$\bar{\Box}$			F Name and address of principal officer PATRICK T. GIBNEY	H(a) is the		subordinates? Yes No		
	тфріюцію	ar portaling	1903 W MICHIGAN AVE., KALAMAZOO, MI 49008-520			s included? Yes No		
_			∑ 501(c)(3) □ 501(c) () ◀ (insert no) □ 4947(a)(1) or □ 527			a list. (see instructions)		
<u>'</u>	Tax-exem		<u>⊠ 501(c)(3)</u> □ 501(c) () < (iiisest 110) □ 4947(a)(1) 01 □ 327		oup exemption			
7	Website:		X Corporation Trust Association Other ► L Year of form					
		_		auon 1936	o mistate	of legal domicile MI		
ľ	art I	Summ	 					
	1	•	escribe the organization's mission or most significant activities: TO			CIENCE &		
Governance	<u>E</u>	ENGINE	ERING AT WESTERN MICHIGAN UNIVERSITY (SEE SCHEI	OULE O,	PAGE 2)			
nar								
19/	2 (Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more t	han 25% of	its net assets.		
ő	3 1	Number (of voting members of the governing body (Part VI, line 1a)		. 3	33		
	4 1	Number (of independent voting members of the governing body (Part VI, line 1))	. 4	30		
98			nber of individuals employed in calendar year 2013 (Part V, line 2a)		. 5	0		
Activities &	L .		nber of volunteers (estimate if necessary)		. 6	30		
Ç			elated business revenue from Part VIII, column (C), line 12		. 7a			
*	i .		ated business taxable income from Form 990-T, line 34		. 7b	0		
	U ,	ver unite	ateu business taxable income nontrollin 990-1, line 04	Prio	r Year	Current Year		
		^	trong and grants (Bort VIII, June 1h)			336,805		
9	1		tions and grants (Part VIII, line 1h)		272,999	330,003		
Revenue			service revenue (Part VIII, line 2g)		0	0		
ě	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)		414,976	389,750		
_			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,490	7,728		
	12 T	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		694,465	734,283		
	13 (Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3) . ∫ 🏳 🛴		189,304	337,087		
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4) . In the contract of the	EIVE	0	0		
ທ	15 8	Salaries, o	other compensation, employee benefits (Part IX, column (A),dines 5-10)			0		
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e) . 🛍 . MAY. 2	\$ 2045	\&\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0		
<u> </u>	1		draising expenses (Part IX, column (D), line 25) 🕨 🍴 4.14, 4.28	# 2015	191			
Ä	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		280 , 589	297,069		
	1		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1 115	469,893	634,156		
	1	•	less expenses. Subtract line 18 from line 12		224,572	100,127		
		Teveriue	less expenses. Subtract line to from line 12	Beginning o	f Current Year	End of Year		
Net Assets or Fund Balances		Fatal aaa	ata (Bart V. Iraa 16)					
Ssel	20 T		ets (Part X, line 16)	<u>, , , , , , , , , , , , , , , , , , , </u>	980,523	6,495,228		
돌	21 T		ulities (Part X, line 26)	<u> </u>	455	48		
			ts or fund balances. Subtract line 21 from line 20	5,	980,068	6,495,180		
P	art II	Signat	ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and sta			my knowledge and belief, it is		
tru	e, correct,	and compl	ete Declaration of preparer (other than officer) is based on all information of which prepared	er nas any kn	owieage			
		(Jan Van Q Kly		3/27	1 15		
Sig	gn	Sign	ature of officer		Date			
He	re	JAN	N VAN DER KLEY, TREASURER					
		Туре	or print name and title					
D-		Print/Ty	pe preparer's name Preparer's signature	Date	Chook	PTIN		
Pa					Check self-emp	— I		
	eparer	I	ame •	····	Firm's EIN ▶			
Us	e Only							
140	v the IDS		ddress > s this return with the preparer shown above? (see instructions)		Phone no	· · DYes No		
				<u>· · · ·</u>	.	Form 990 (2013)		
For	Paperwo	ork Hedu	ction Act Notice, see the separate instructions.			rom 330 (2013)		

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2 DP If 3 D Si H T T T T T T T T T T T T T T T T T T	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Greffy describe the organization's mission: OF PROVIDE LEADERSHIP AND SUPPORT TO WESTERN MICHIGAN UNIVERSITY AND THE DEPARTMENT OF THE PROVIDE LEADERSHIP AND SUPPORT TO WESTERN MICHIGAN UNIVERSITY AND THE DEPARTMENT OF THE DEPARTME	☑ No ☑ No red by others,
2 DP If 3 D Si H T T T T T T T T T T T T T T T T T T	Briefly describe the organization's mission: TO PROVIDE LEADERSHIP AND SUPPORT TO WESTERN MICHIGAN UNIVERSITY AND THE DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING TO DEVELOP MOTIVATED GRADUATES IN ORDER TO ADVANCE THE SLOBAL PULP AND PAPER INDUSTRY. Did the organization undertake any significant program services during the year which were not listed on the professor of the professor of the services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. Code: (Code: (Expenses \$ 466, 312 including grants of \$ 337,087) (Revenue \$) OSUPPORT WESTERN MICHIGAN UNIVERSITY'S DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING	☑ No ☑ No red by others,
2 DP If 3 D Si H T T T T T T T T T T T T T T T T T T	PROVIDE LEADERSHIP AND SUPPORT TO WESTERN MICHIGAN UNIVERSITY AND THE DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING TO DEVELOP MOTIVATED GRADUATES IN ORDER TO ADVANCE THE SLOBAL PULP AND PAPER INDUSTRY. Old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No red by others,
2 D p If 3 D si H T T T T T T T T T T T T T T T T T T	CHEMICAL AND PAPER ENGINEERING TO DEVELOP MOTIVATED GRADUATES IN ORDER TO ADVANCE THE GLOBAL PULP AND PAPER INDUSTRY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No red by others,
4a (C	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No red by others,
2 DP Iff 3 D St Iff 4 D D St Iff 4 D D D D D D D D D D D D D D D D D D	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No red by others,
4a (C	Prior Form 990 or 990-EZ?	No red by others,
4a (C	Prior Form 990 or 990-EZ?	No red by others,
4 D Si	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No red by others,
4 D Si Hi	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	red by
4a (C	services?	red by
4a (C	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported. Code: (Expenses \$ 466,312 including grants of \$ 337,087) (Revenue \$) O SUPPORT WESTERN MICHIGAN UNIVERSITY'S DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING	red by
4 D ex thr	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported. Code:	others,
4a (C	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to one total expenses, and revenue, if any, for each program service reported. Code: () (Expenses \$ 466,312 including grants of \$ 337,087) (Revenue \$) O SUPPORT WESTERN MICHIGAN UNIVERSITY'S DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING	others,
4b (C	O SUPPORT WESTERN MICHIGAN UNIVERSITY'S DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING	
4b (C	O SUPPORT WESTERN MICHIGAN UNIVERSITY'S DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING	
4b (C	,	
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	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
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4c (C		
	Code:) (Expenses \$including grants of \$) (Revenue \$)	
44 0		
	When a consider (Describe in Schodule C.)	
(⊏ 4е та	Other program services (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)	

Part				ugo (
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Λ	Х
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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		Х
	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
	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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	4	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ.	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>

Part	IV Checklist of Required Schedules (continued)		-	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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 Schedule J	00	17	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a	Х	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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 Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		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 of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):	*	***	ž
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		Х
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>	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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
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		x
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,			
38	Part VI	37		Х
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 99	90 (2013)		ı	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b		30		
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: ►	ŀ		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1/8	z×.	, 7,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		4	~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	55		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-		40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. S	ee ins	tructi	ions.
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>· ·</u>		<u> </u>
Secu	on A. Governing Body and Management	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a 33			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		x
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 95 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	n's assets? elect or appoint	4 5 6	X	X
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b	х	_
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:) 		
a	The governing body?		8a	X	ļ
9 9	Each committee with authority to act on behalf of the governing body?		8b 9	X	х
Secti	on B. Policies (This Section B requests information about policies not required by the		ue Co	ode.)	
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		Х
44-	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	X	
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		تــــا
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done.		12c	Х	
13 14 15	Did the organization have a written whistleblower policy?	 nd approval by	14	X	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45-		ļ.,
a b	The organization's CEO, Executive Director, or top management official		15a 15b		X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	-	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to evaluate its safeguard the			
Secti	on C. Disclosure	· · · · ·	16b		Ь
17	List the states with which a copy of this Form 990 is required to be filed ► MI				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as available for public inspection. Indicate how you made these available. Check all that apply.	·	501(c)(3)s	only)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Sch Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the box	nts, conflict of into		-	, and
20	organization: ► JAN VAN DER KLEY, (269) 387–2365, 1903 W MICHIGAN AVE				800

Pone	. 7
Paul	3 E

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

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.

				((C)					
(A)	(B)		_4_4		ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any		er and	,	_	or/trus		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATRICK T. GIBNEY	1.0									
PRESIDENT	-	Х		x				0	0	0
(2) RICK HARTMAN	1.0			<u> </u>					-	
VICE PRESIDENT		х		х				l o	0	О
(3) JEFF ARMSTRONG	1.0									
SECRETARY		Х		х				І о	0	0
(4) JAN VAN DER KLEY	1.0			l	-					
TREASURER	40.0	Х		x				0	207,969	35,913
(5) PATTI VANWALBECK	1.0									
ASST. TREASURER	40.0	Х		Х				0	130,378	27,762
(6) JOHN F. BERGIN	4.0									
MANAGING DIRECTOR		Х						0	104,369	0
(7) RON FOX	1.0							-		
TRUSTEE		Χ						0	0	0
(8) TIM HAGENBUCH	1.0									
TRUSTEE		Х			L			0	0	0
(9) CHARLES KAHLER	1.0									
TRUSTEE		X						0	0	0
(10) CHUCK KLASS	1.0									
TRUSTEE		Χ						0	0	0
(11) KELLY LEVIS	1.0						i			
TRUSTEE		Χ						0	0	0
(12) MIKE NELSON	1.0		li							
TRUSTEE		X						0	0	• 0
(13) ERIK STANDERFER	1.0									
TRUSTEE		Х				 		0	0	0
(14) NICK TRIANTAFILLOPOULOS	1.0									
TRUSTEE		Х						0	0	0

Part VII Section A. Officers, Directors, Trus (A)	(B)	(do n	ot ch	Pos neck	c) ition more	e than o	one	(D)	(E)		ed) (F Estim	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	office or directo				by Highest compensated employee	ee) Forme	Reportable compensation from the organization (W-2/1099-MISC)	compensatio related organizatio (W-2/1099-N	n from ons	amou oth comper from organia and re organiz	nt of er nsation the zation elated
(15) GREG WEDEL	1.0											•
TRUSTEE	1.0	X			_	-	<u> </u>	0	-	0		- (
TRUSTEE	 	X						0	,	0		(
(17) STEVE BUSHHOUSE	1.0	<u> </u>			 	-		<u> </u>	l			
TRUSTEE		x					ŀ	0		0		•
(18) JOHN KEAVENEY	1.0											·
TRUSTEE		Х						0		0		
(19) DAVID DIEKELMAN	1.0		İ					_				
TRUSTEE	1 0	Х						0	-	0		
(20) JEFF LANGE	1.0	X						0		o		1
TRUSTEE (21) TONY LYONS	1.0	_	-					-				<u>'</u>
TRUSTEE	†	х						0		ol		
(22) DEREK MADDOX	1.0											
TRUSTEE		Х						0		0		
(23) CHARLES ROBINSON	1.0]	Ì		
TRUSTEE	<u> </u>	X	<u> </u>				_	0		0		
(24) JOHN SCHOENER	1.0	,						0		٥		
TRUSTEE (25) MIKE VANDEMAELE	1.0	Х						0				
TRUSTEE	† <u>-</u>	х						0		اه		
1b Sub-total			•	•			>	0	442,	716	-	63,67
c Total from continuation sheets to Part	VII, Sectio	n A					>	0		\longrightarrow	2	230,05
d Total (add lines 1b and 1c)							>	0	 			293,72
2 Total number of individuals (including bu		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of	
reportable compensation from the organ	ization											Yes No
3 Did the organization list any former or	fficer, direc	tor, c	r tr	uste	ee.	key e	emp	loyee, or high	est compe	ensated		100 110
employee on line 1a? If "Yes," complete											3	X
4 For any individual listed on line 1a, is the												
organization and related organizations	greater that	an \$1	50,	000	? //	"Yes	s, "	complete Sch	edule J fo	r such		
indıvidual	• • • •		•	•						 	4	Х
5 Did any person listed on line 1a receive of for services rendered to the organization											5	
Section B. Independent Contractors	- 100, 0	-Ciripi				-		- Doroon	· · · · ·	•••	13	X
Complete this table for your five highest compensation from the organization. Reyear.												n's tax
(A) Name and business add	tress							(B) Description of s	ervices	C	(C) compensa	tion
O Total number of independent control	ma (inalisalis	o bo	+	<u></u>	im.u	od +c	46	oco listod at	010) 115			
2 Total number of independent contractor received more than \$100,000 of compen							, ui	iose iisteu adi	ove) WIIO			

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (cont	inued)			
	(A) Name and tritle	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe	rson	e than o	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations		Estra amo	(F) Estimated amount of other	_
		related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organ and	ensation in the nization related nizations	
(15) [AVID BLYTHE	1.0									1			
	RUSTEE		X					_	0)			(
3	ERARD MARSHALL	1.0	Ų.							(,
	RUSTEE IKE NOLD	1.0	Х	H					0		' 			
	RUSTEE	† -	Х						0		, [(
	ARK PHISCATOR	1.0												
	RUSTEE		Х	١,					0	C				C
(19) F	AUL PROXMIRE	1.0									1			
T	RUSTEE		Х						0	C				
	OHN VAN LEEUWEN	1.0												
	RUSTEE		Х					ļ	0	C	-		_	
	REG WELSCH	1.0	37											_
	RUSTEE HARLES YOUNG	1.0	X					\vdash	0	C	'			
	RUSTEE	1.0	х						o	C	,			۲
	OHN M. DUNN	1.0	- 11						Ü					
	X-OFFICIO TRUSTEE		Х		İ				0	393,600			164,	948
(24) E	DMUND TSANG	1.0												
E	X-OFFICIO TRUSTEE		Χ			ļ			0	163,739			32,	056
	AID ABUBAKR	1.0												
	X-OFFICIO TRUSTEE	<u> </u>	X						0	175,593			33,	
	Sub-total	 		٠	•		•		0	732,932	<u> </u>		230,	050
9	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		•	•		•		0	722 022	 		220	0.5.0
<u>u</u>	Total number of individuals (including but			_	liet	- ·	- ·	N 14/		732,932	•		230,	050
_	reportable compensation from the organization		10 111	USE	1150	cu a	DOVE	;) VV I	no received inc	ore man \$100,0	00 01			
												$\neg \tau$	Yes	No
3	Did the organization list any former of	ficer, direct	tor, o	r tru	uste	e, I	кеу е	mp	loyee, or high	est compensat	ed	\neg		
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	indr	vidu	al .			· · · · · ·		3		
4	For any individual listed on line 1a, is the											1		
	organization and related organizations individual	greater tha	an \$1	50,0	000	? If	"Yes	5,"	complete Sch	edule J for su	ch _			
_	Did any person listed on line 1a receive o					· ·			rolated organiz	otion or individu		4		
5	for services rendered to the organization?									ation or individi	uai _	5		
Section	on B. Independent Contractors	,, ,,,,,	,					-				<u> </u>		
1	Complete this table for your five highest of compensation from the organization. Rep year.												n's ta	x
	(A) Name and business addr	ress							(B) Description of se	ervices	Com	(C) pensa	ition	
														
		· · · · · ·												
2	Total number of independent contractor	rs (include	a bir	t no	nt li	mite	ot be	thr	nse listed aho	ve) who				
-	received more than \$100,000 of compens								abc	,				

4 Income from investment of tax-exempt bond proceeds ► 5 Royalties	rom tax ctions
Business Code Business Cod	
Business Code Business Cod	
Business Code Business Cod	
Business Code Business Cod	
Business Code Business Cod	
Business Code Business Cod	
Business Code Business Cod	
Business Code Business Cod	
Business Code Business Cod	
2a	
3 Investment income (including dividends, interest, and other similar amounts) ▶ 125,972 129 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties	
3 Investment income (including dividends, interest, and other similar amounts) ▶ 125,972 129 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties	
3 Investment income (including dividends, interest, and other similar amounts) ▶ 125,972 129 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties	
3 Investment income (including dividends, interest, and other similar amounts) ▶ 125,972 129 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties	
3 Investment income (including dividends, interest, and other similar amounts) ▶ 125,972 129 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties	
3 Investment income (including dividends, interest, and other similar amounts) ▶ 125,972 129 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties	
and other similar amounts)	
4 Income from investment of tax-exempt bond proceeds ► 5 Royalties	
6a Gross rents (i) Real (ii) Personal b Less: rental expenses 0 0 c Rental income or (loss) 0 0 d Net rental income or (loss) 0 0 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 1, 175, 340 0 c Gain or (loss) 263,778 0 d Net gain or (loss) 263,778 263	25 , 972
(i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) 0 0 d Net rental income or (loss) ▶ 0 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . 1,175,340 c Gain or (loss) ▶ 0 d Net gain or (loss) ▶ 263,778 263	
6a Gross rents	
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 6 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 1,175,340 c Gain or (loss) d Net gain or (loss) 263,778 263	
c Rental income or (loss) 0 0 d Net rental income or (loss)	
d Net rental income or (loss) (loss)	
assets other than inventory b Less: cost or other basis and sales expenses .	
b Less: cost or other basis and sales expenses .	~
and sales expenses .	
c Gain or (loss) 263,778 0 d Net gain or (loss)	
d Net gain or (loss) ▶ 263,778 263	
8a Gross income from fundraising	63 , 778
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b	
See Part IV, line 18 a	
b Less: direct expenses b	
c Net income or (loss) from fundraising events . ▶ 0	
9a Gross income from gaming activities.	
See Part IV, line 19 a	
b Less: direct expenses b	
c Net income or (loss) from gaming activities ▶ 0 10a Gross sales of inventory, less	
returns and allowances a	
b Less: cost of goods sold b	
c Net income or (loss) from sales of inventory ▶ 0	
Miscellaneous Revenue Business Code	•
11a MISCELLANEOUS 900099 7,728 7,728	
b	
С	
d All other revenue	
e Total Add lines 11a-11d	25.5
12 Total revenue. See instructions. ▶ 734,283 7,728 389 Form 99	89,750

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must con-

	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	337,087	337,087		
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 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
11	Fees for services (non-employees):				
a	<u> </u>	64,307	3,215	21,221	39 , 871
b					
C	_				
d	Lobbying				·
e f	Investment management fees	65,911		· · · · · · · · · · · · · · · · · · ·	65,911
g	Other (If line 11g amount exceeds 10% of line 25, column	03, 311			05,911
9	(A) amount, list line 11g expenses on Schedule O.)	312	İ	312	
12	Advertising and promotion			312	
13	Office expenses	4,699		4,195	504
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	45,037	42,923	754	1,360
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,942		2,942	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,565		3,565	
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.)	···			
а	ADMIN & CLERICAL	96,592	81,732	10,054	4,806
b	SUPPLIES	8,387		8,387	
C	MISCELLANEOUS	304	259	27	18
d	TRANSPORTATION	1,096	1,096	1 050	1 050
e	All other expenses PUBLICATIONS Total functional expenses. Add lines 1 through 24e	3,917	166 212	1,959	1,958
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	634,156	466,312	53,416	114,428

Form 990 (2013) Page 11 Part X Balance Sheet (B) (A) Beginning of year End of year 378,877 1 408,287 2 2 3 2,615 74,728 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets 7 8 Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 222,963 10b 37,762 10c **b** Less: accumulated depreciation 222,963 5,561,269 11 11 5,789,250 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 5,980,523 **16** 16 6,495,228 17 17 455 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, pavables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 455 **26** Total liabilities. Add lines 17 through 25 26 48 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Balances complete lines 27 through 29, and lines 33 and 34. 27 1,526,628 **27** 1,640,505 2,671,916 **28** 3,006,647 28 1,781,524 29 1,848,028 29 Net Assets or Fund

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .

complete lines 30 through 34.

30

31

32 33

34

6,495,228 Form **990** (2013)

6,495,180

30

31

32

34

5,980,068 **33**

5,980,523

_	4	•
Page	ı	1

Par	t XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.	34,	283
2	Total expenses (must equal Part IX, column (A), line 25)	2		6.	34,	156
3	Revenue less expenses. Subtract line 2 from line 1	3		1	00,	127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,9	80,	068
5	Net unrealized gains (losses) on investments	5		4	14,	985
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6,4	95,	180
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ ' -	*		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n		_	
	Schedule O.				ر ــــــــــــــــــــــــــــــــــــ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled c	or 🗠 🛫	,		
	reviewed on a separate basis, consolidated basis, or both:		32			~ <u>}`</u>]
	Separate basis Consolidated basis Both consolidated and separate basis		أسسأ	ì		
b	Were the organization's financial statements audited by an independent accountant?	•	. 2	b :	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a		\. \. \. \. \. \. \. \. \. \. \. \. \. \	1.
	separate basis, consolidated basis, or both:		a in the second		. 3	
				*	, ii	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over					
	of the audit, review, or compilation of its financial statements and selection of an independent accour				X	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olaın i	n 1		`	
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth i	<u>,</u>	·		لــــــا
sa	the Single Audit Act and OMB Circular A-133?	OLUI II		_		
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	an th	. 3	#	\dashv	X
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3	<u>.</u>		
	Togained addition addition, explain why in conteduct of and decombe any steps taken to undergo such ad	<u> </u>		om 9	<u> </u>	2042
			Г	OIIII 2	, J	ZU 13)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

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.

Open to Public Inspection

Name	of the organization						i	Employer i	aentincauo	n numbi	3F	
PAPI	ER TECHNOLOG							38-1691				
Par			rity Status (All orga						instruction	ons.		
The c	•	*	ation because it is: (Fo		_		-	-				
1	 :		ches, or association of			ed in sec	ction 170	(b)(1)(A)(i).			
2			n 170(b)(1)(A)(ii) . (Atta									
3			spital service organiza									
4	_	_	on operated in conjun	ction wit	h a hospit	tal descri	bed in s e	ection 17	0(b)(1)(A)	(iii). Er	iter the	
5	X An organization	ne, city, and stat on operated for b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	l by a go	vernmen	tal unit	descri	bed in
_				مام خامان اما	andhad i	ti	- 470/L\/·	()/A)/\				
6 7	An organization	on that normally	mment or government receives a substantia)(A)(vi). (Complete Pa	al part of					nit or fror	m the g	jeneral	public
8	☐ A community	trust described i	in section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)			•			
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unreafter June 30, 1975. So	an 33¹/₃9 tions—su lated bu	6 of its subject to calculate to siness ta	upport fro certain e xable inc	xceptions come (les	s, and (2) ss sectio	no more	e than	331/3%	of its
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public :	safety. Se	ee sectio	n 509(a)((4).			
11	☐ An organization	on organized ar	nd operated exclusive	ely for th	ne benefi	t of, to	perform	the funct	tions of,			
	509(a)(3). Che	eck the box that	describes the type of	supporti	ng organi:	zation an	d comple	ete lines 1	1e through	gh 11h		
	a 🗌 Type I	b 🗌 Type	II c 🗌 Type II	I-Functio	nally inte	grated	d 🔲	Type III-N	Non-funct	tionally	integra	ted
е		indation manage	that the organization ers and other than on									
f			a written determination	on from	the IRS	that it is	a Type	I Type	ll or Tvr	ء ااا ۾	unnorti	na
•	_	check this box						· · · ·			· ·	· ' 🗆
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	iny of the	•			
			indirectly controls, eit							nd	Yes	No
	(ııi) below,	the governing be	ody of the supported	organizat	ion?					119	3(i)	
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						110	J(ii)	
	(iii) A 35% cor	ntrolled entity of	a person described in	i) or (ii)	above? .					11g	(iii)	
h	Provide the fo	llowing informati	ion about the support	ed organ	ization(s).							
(i) ł	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?	(vii) Am	ount of m support	onetary
			(See mad acdons))	Yes	No	Yes	No	Yes	No	i		
<u></u>					-							
(A)												
(B)												
(C)												····
(D)												
(E)												
Total												

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.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 .	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	190,023	192,858	157,370	272,999	336,805	1,150,055
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	190,023	192,858	157,370	272,999	336,805	1,150,055
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)		. *	* ***	e de la constante de la consta		
6	Public support. Subtract line 5 from line 4.	a	• \$		~		1,150,055
Secti	on B. Total Support				-		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	190,023	192,858	157,370	272,999	336,805	1,150,055
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	154,699	119,941	168,856	169,978	125,972	739,446
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.)	6,590	6,745	6 , 900	6,490	7,728	
11	Total support. Add lines 7 through 10					l	1,923,954
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-			•		
_	organization, check this box and stop her				<u> </u>		_ • • □
	on C. Computation of Public Suppor						
	Public support percentage for 2013 (line 6					14	59.78 %
15	Public support percentage from 2012 Sch					15	57.44 %
16a	331/3% support test—2013. If the organization and						_
	box and stop here. The organization qual	•	•	_			
b	331/3% support test—2012. If the organicheck this box and stop here. The organi					15 15 33 /3%	
	•	•		• • •			. • 🛚
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circur	and-circumstar mstances" tes	nces" test, che t. The organiza	eck this box an ation qualifies a	d stop here. E	Explain in
þ	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizati Explain in Part IV how the organization ma	012. If the organion meets the eets the "facts"	nization did no "facts-and-cir -and-circumst	ot check a box rcumstances" ances" test. Ti	on line 13, 16 test, check th he organization	is box and st	, and line op here. a publicly
	supported organization						. ▶ 🗀
18	Private foundation. If the organization did instructions						

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

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Totai
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 .						
-	, , , , , , , , , , , , , , , , , , ,	<u> </u>					
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						
С	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from		` <u>'</u> . ~		· \$:	NAME OF THE PERSON OF THE PERS	
	line 6.)				ار و میراند		
Secti	on B. Total Support						
Calen	dar 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						
	Add lines 10a and 10b	<u> </u>	-				
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carned on						
10		ļ 					
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	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he					<u> </u>	▶ 🗆
Secti	on C. Computation of Public Support						
15	Public support percentage for 2013 (line		-				%
16	Public support percentage from 2012 Sci			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·	16	<u>%</u>
	on D. Computation of Investment In				(0)		
17	Investment income percentage for 2013 (-			<u>%</u>
18	Investment income percentage from 2012					18	% and line
19a	331/3% support tests—2013. If the organ 17 is not more than 331/3%, check this box						
		and stop little.	THE DIGATIZATION	on quannes as a	z hanucis sahbi	orteu organizalii	on . 🟲 🔲
		ration did not of	neck a hov on	line 14 or line 1	Qa and line 16	is more than 2	31m96 and
b	331/3% support tests-2012. If the organization						-
ь 20		box and stop he	ere. The organi	ızation qualifies	as a publicly s	upported organi	zation 🕨 🔲

Part IV	orm 990 or 990-EZ) 2013. 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).
PART II.	SECTION A, LINE 10 - OTHER INCOME EXPLANATION:
MISCELLA	NEOUS INCOME
	
	•

SCHEDULE D (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	of the organization	Employer identification number
PAPE	R TECHNOLOGY FOUNDATION, INC.	38-1691181
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets I	held in donor advised
-	funds are the organization's property, subject to the organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	
Par	Conservation Easements.	<u> </u>
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	· · · · · · · · · · · · · · · · · · ·
•	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of	of an historically important land area
	· · · · · · · · <u> </u>	of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not	
	historic structure listed in the National Register	I I
3	Number of conservation easements modified, transferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶	, ,
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	ements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fill	nancial statements that describes the
	organization's accounting for conservation easements.	
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a		
	works of art, historical treasures, or other similar assets held for public exhibition, en	
_	public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · ▶ \$
_	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other simila	_ · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these i	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	<u> ▶ \$</u>

Par	III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her records	s, chec	k any of th	e follow	ing that are a s	ignificant u	se of its
а	☐ Public exhibition		d 🗌	Loan	or exchang	je progr	ams		
b	☐ Scholarly research		e 🗌	Other	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.								in Part
5	During the year, did the organization	solicit or receive	donations of	of art,	historical tr	easures	, or other simila	ar	
	assets to be sold to raise funds rather	than to be mainta	ined as par	t of the	e organizatı	on's col	lection?	☐ Yes	☐ No
Par	IV Escrow and Custodial Arra								
	Complete if the organization	answered "Yes'	' to Form 9	990, P	art IV, line	9, or r	eported an am	ount on Fo	orm
	990, Part X, line 21.		_						
1a	Is the organization an agent, trustee,							ot	
	included on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the follo	wing ta	able:	r			
						<u> </u>	Ai	mount	
C	Beginning balance					1c			
d	Additions during the year					1d	<u> </u>		
е	Distributions during the year					1e			
f	Ending balance								
2a	Did the organization include an amour								=
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the expl	anation	n has been	provide	d in Part XIII .	· · · ·	
Par				200 B		10			
	Complete if the organization				(c) Two year		(d) Three years back	(e) Four yea	
		(a) Current year	(b) Prior y						
_	Beginning of year balance	5,599,820	5,159				4,719,386		6,427
b	Contributions	73,892	16	,644	21	,157	10,992	3	4,866
С	Net investment earnings, gains, and losses	700 640	500	E 0.C	/100	226	000 250	, ,	E 207
		709,648		,506		,776	882,358		5,387
d		(266,145)	(108	,563	(108	,906	(118, 978	(14	8,120
е	Other expenditures for facilities and programs							(8	9,174
f	Administrative expenses	(31,570)						<u> </u>	
g	End of year balance	6,085,645	5,599	,820	5,159	, 233	5,493,758	4.71	9,386
2	Provide the estimated percentage of the								-,
a	Board designated or quasi-endowmer				•	,,			
b	Permanent endowment ► 30.3		••						
c	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2		0%.						
3a	Are there endowment funds not in the			ion tha	at are held	and adn	ninistered for th	е	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii) X	
b	If "Yes" to 3a(ii), are the related organia	zations listed as re	equired on S	Schedu	ule R? .			3b X	
4	Describe in Part XIII the intended uses	of the organizatio	n's endowr	nent fu	ınds.				
Part									
	Complete if the organization	answered "Yes"	to Form 9	990, P	art IV, line	11 <u>a.</u> S	<u>ee Form 990, I</u>	Part X, line	10.
	Description of property	(a) Cost or oth (investme	1		r other basis ther)		ccumulated preciation	(d) Book va	alue
1a	Land	22	2,963			-r- 100	War Control	22	2,963
b	Buildings	·		_	-				
С	Leasehold improvements								
d	Equipment			··					
e	Other								
Total	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	00. Part X. c	olumn	(B), line 10	(c).) .	•	22	2,963

Part VII	Investments — Other Securities. Complete if the organization answered	d "Yes" to Fon	m 990, Part	IV, line 11	b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va		(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other	·					
(A)						
(B)						
(C)						
(D)						
(E)					-	
(F)						
(G)				_		
(H)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments - Program Related.			<u> </u>		
	Complete if the organization answered	d "Yes" to For	n 990, Part I	V, line 11	c. See Form 9	990, Part X, line 13.
	(a) Description of investment		(b) Book va		(c) Meth	nod of valuation of-year market value
			 			
(1)						
(2)						
(3)						
(4)						
_(5)		_				
(6)						
_(7)						
(8)						
(9)	15 000 D . W . ((D) () . (0) b					
) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX	Other Assets.					
	Complete if the organization answered		n 990, Part I	V, line 11	d. See Form	
	(a) Descri	iption				(b) Book value
_(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
_(7)						
(8)	<u>. </u>					
(9)						
	nn (b) must equal Form 990, Part X, col. (B)	line 15.)	· · · · ·			· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" to For	n 990, Part I	V, line 11e	e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value				······································
(1) Federal inc	come taxes		-			
(2)						
(3)			-			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	must oqual Form 000. Post V and //Differ 05 1 h					
	must equal Form 990, Part X, col. (B) line 25.) ▶	tout of the fact-	10 to the ====	sization!- 6-	anaial atata == =	to that race to the
	uncertain tax positions. In Part XIII, provide the liability for uncertain tax positions under FIN 48					

Complete if the organization answered "Yes" to Form 990, Part IV, line 1 Total revenue, gains, and other support per audited financial statements		1,149,268 414,985 734,283
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments	414,985 2e 3 4c 5	414,985
a Net unrealized gains on investments		
b Donated services and use of facilities c Recoveries of prior year grants		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII.)	4c	734,203
a Investment expenses not included on Form 990, Part VIII, line 7b	5	
b Other (Describe in Part XIII.)	5	
c Add lines 4a and 4b	5	
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements 	5	0
Part XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" to Form 990, Part IV, line 1 Total expenses and losses per audited financial statements		734,283
Complete if the organization answered "Yes" to Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	Expenses per Retur	
1 Total expenses and losses per audited financial statements		
		634,156
Z AMODINS INCIDUEU ON INE I DULTIOLON FORM 330. FAM IA. IINE 23.		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	0
3 Subtract line 2e from line 1	3	634,156
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	634,156
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,		
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	· ·	
PART V, LINE 4: TO PROVIDE LEADERSHIP AND SUPPORT TO WESTERN M	IICHIGAN UNIVERSI	TY AND THE
DEPARTMENT OF CURITARY AND DEPER ENCINEERING TO DRURE OF MOSTUR		
DEPARTMENT OF CHEMICAL AND PAPER ENGINEERING TO DEVELOP MOTIVA	TED GRADUATES IN	ORDER TO
ADVANCE THE GLOBAL PAPER INDUSTRY.		
ADVANCE THE GLOBAL PAPER INDUSTRI		
	· 	
	· 	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its Instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

TE	TECHNOLOGY FOUNDATION,	ION, INC.					38-1691181	1181
deneral deneral	II Imormation	deneral information on grants and Assistance	Assistance					•
1 Does the orga	inization mainta	Does the organization maintain records to substantiate the ar the selection criteria used to award the grants or assistance?	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	;
2 Describe in Pa	art IV the organi	kation's procedur	es for monitorina t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States		· L Yes LNO
E	and Other Ac	eictance to Go	vernmente and	Organizatione	n the United St	i otolomo otto	the contraction of	000J " N. Pos
,	line 21, for an	Part IV, line 21, for any recipient that received mor	received more th	an \$5,000. Part	II can be duplica	e than \$5,000. Part II can be duplicated if additional space is needed.	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	red Test to Form 990,
1 (a) Name and address of organization or government	s of organization ent	(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
(1)								
(2)								
(6)					10 10 10 10 10 10 10 10 10 10 10 10 10 1			
(4)			۰					
(5)					:			
(9)								
ω								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total nur3 Enter total nur	mber of section nber of other or	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	ernment organiza in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ine 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instruction	s for Form 990.					Schedule I (Form 990) (2013)

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. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	68	266,145			
2					•
3					•
4					
5					
9					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, colum	(b), and any other additi	onal information.
SCHEDULE I, PART 1, LINE 2: PAPER T	PAPER TECHNOLOGY FO	UNDATION PROVIC	ES SUPPORT TO	OUNDATION PROVIDES SUPPORT TO WESTERN MICHIGAN UNIVERSITY.	NIVERSITY. PAPER
RDS	TO ST	STUDENTS BASED ON GRADE POINT AVERAGE.	GRADE POINT A	/ERAGE.	
					Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

PAPE	R TECHNOLOGY FOUNDATION, INC. 38-1691181			
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
			•	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			ŀ
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			6 .d
	1a?	2		
		, W.		110
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	, ,		
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	ľ		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	1		
	☐ Compensation committee ☐ Written employment contract			1
	☐ Independent compensation consultant ☐ Compensation survey or study	4.7	'	
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			, ,
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			Ť
	organization or a related organization:	(.0) 22.00		<u>.</u> .
а	Receive a severance payment or change-of-control payment?	4a	_	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Χ	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		_ X _
b	,	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		l	
	Regulations section 53.4958-6(c)?	g	ŀ	

9

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	the total and an of the state o	a, applicable colonia	י (ט) מווט (ב) מווטטוונא	וסו נוומן וווסיאוחחמו.
	•	2			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	reported as deferred in prior Form 990
	8	0	0	0	0	0	00.00	
1 JOHN M. DUNN	€	393, 600	0	0	117,643	47,305	558,548.00	
	<u> </u>	0	0	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	00.00	
2 EDMUND TSANG	€	163,739	0	0	18,698	13,359	195,796.00	
	€	0	0	0		0	00.0	
3 SAID M. ABUBAKR	€	175,593	0		19,687	13,359	208, 639.00	
	8	0	0	0	0	0	00.00	
4 JAN VAN DER KLEY	€	207,969	0		22,554	13,359		
	€	0	0	0	0	0	00.00	
5 PATTI VANWALBECK	€	130,378			14,403	13,359	158,140.00	
	€					1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
8	€							
	<u> </u>							
7	€							
	8							
8	€							
	€							
6	€							
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Schedule J (Form 990) 2013

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

38-1691181

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Name of the organization Employer identification number

	R TECHNOLOGY FOUNDATION,	INC.		38-1693	1181			
Pari	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art				·			
2	Art - Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household		×.	,				
	goods		ж.					
6	Cars and other vehicles							
7	Boats and planes					-		
8	Intellectual property					-		
9	Securities-Publicly traded	Х	1	11,153	FMV			
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution-Other							
15	Real estate - Residential							
16	Real estate - Commercial		-		<u> </u>			
17	Real estate – Other				1		_	
18	Collectibles							
19	Food inventory	•						
20	Drugs and medical supplies							
21	Taxidermy					•		
22	Historical artifacts				_			
23	Scientific specimens				1			
24	Archeological artifacts						_	
25	Other ► (WOOD PULP BALES)	Х	79	12,971	FMV			
26	Other ► ()							
27	Other ► ()			_				
28	Other ► (
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	dgement	29			
					,	Y	es	No
30a	During the year, did the organizati	on receive	by contribution any proper	ty reported in Part I, lines	1 - 28, that			
	it must hold for at least three yea	rs from the	date of the initial contribu	tion, and which is not req	uired to be			
	used for exempt purposes for the	entire holdi	ng period?			30a		X
b	If "Yes," describe the arrangement	in Part II.						
31	Does the organization have a	gift accept	tance policy that require	s the review of any no	n-standard			
	contributions?					31	x	
32a	Does the organization hire or use	third parti	es or related organizations	s to solicit, process, or se	ll noncash		\dashv	
	contributions?					32a		х
ь	If "Yes," describe in Part II.						\top	j
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a)	s checked,			
	describe in Part II.							

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
PAPER TECHNOLOGY FOUNDATION, INC.	38-1691181
FORM 990, PART VI, SECTION A, LINE 6: THERE ARE TWO MAIN TYPES	OF MEMBERS: CORPORATE
AND INDIVIDUALS. MEMBER STATUS MAY BE EITHER VOTING OR NONVOTIN	G. MEMBERSHIP IS
CLASSIFIED BY PAYMENT OF ANNUAL DUES OR CONTRIBUTION MADE TO THE	FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7a: OFFICERS ARE ELECTED AT T	
FOUNDATION. MEMBERS MAY REMOVE FROM OFFICE ANY TRUSTEE OR OFFIC	ER ELECTED BY OR
APPOINTED BY THE BOARD OF TRUSTEES AND ELECT OR APPOINT HIS/HER	SUCCESSOR.
FORM 990, PART VI, SECTION A, LINE 7b: THE BOARD OF TRUSTEES SHA	LL HAVE THE POWER TO
ESTABLISH THE DUES PAYABLE FOR MEMBERSHIP IN THE FOUNDATION. A	REPORT OF THE BOARD OF
TRUSTEES' ACTIVITY SHALL BE SUBMITTED TO THE MEMBERS AT THE ANNU	AL MEETING. THE
FOUNDATION IS SUBJECT TO THE APPROVAL OF AND REVIEW BY THE WESTE	RN MICHIGAN UNIVERSITY
BOARD OF TRUSTEES PER THE BY-LAWS.	
FORM 990, PART VI, SECTION B, LINE 11b: THE AUDIT COMMITTEE OF T	HE BOARD WILL REVIEW AND
APPROVE THE FORM 990. ONCE THE FORM HAS BEEN APPROVED, A COPY O	F THE RETURN IS THEN
DISTRIBUTED TO THE TRUSTEES.	
FORM 990, PART VI, SECTION B, LINE 12c: THE CERTIFICATION PROCES	S REQUIRES AN ANNUAL
REVIEW OF THE CONFLICT OF INTEREST POLICY AND ITS PROVISIONS. T	HE BOARD CHAIR IS TO BE
INFORMED IN WRITING OF ANY CONFLICTS.	
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE U	PON REQUEST.

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Page	-

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
PAPER TECHNOLOGY FOUNDATION, INC.	38-1691181
FORM 990, PAGE 1, MISSION - CONTINUED	
PAPER TECHNOLOGY FOUNDATION, INC. PROVIDES ENDOWMENTS THAT SUPPORT	GRADUATE STUDENTS,
THE WMU PAPER PILOT PLANT OPERATIONS, AND PCI (PAPER ENGINEERING, C	HEMICAL ENGINEERING
AND IMAGING) DEPARTMENT EQUIPMENT NEEDS:	
-MASTER'S AND DOCTORAL PCI DEPARTMENT STUDENT RESEARCH FUND	
-THE PILOT PLANT CAPITAL IMPROVEMENT FUND QUASI-ENDOWMENT	
PAPER TECHNOLOGY FOUNDATION, INC. FUNDING OF STUDENT ACTIVITIES:	
-SCHOLARSHIPS	
-LEAN AND SIX SIGMA INDUSTRY CERTIFICATION	
-STIPENDS FOR GLOBAL EXPOSURE	
-TAPPI STUDENT SUMMIT CONFERENCE	
-STUDENT INDUSTRY FIELD TRIPS	
-TAPPI STUDENT MEMBERSHIPS FOR PROFESSIONAL DEVELOPMENT	
SUPPORT OF STUDENT RECRUITMENT/OUTREACH OFFICE FOR PAPER ENGINEERING	STUDENTS
PAPER TECHNOLOGY FOUNDATION, INC. SUPPORTS STUDENT DEVELOPMENT BY F	UNDING INDUSTRY FIELD
TRIPS, ETIQUETTE DINNERS AND TRAINING, PROFESSIONAL NETWORKING AND	MENTORING EVENTS,
INTERVIEW COACHING, AND MILL TOURS.	

SCHEDULE R (Form 990)

Name of the organization

PAPER TECHNOLOGY FOUNDATION,

Part I

Department of the Treasury Internal Revenue Service

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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.

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

Open to Public Inspection

OMB No 1545-0047

Employer Identification number 38-1691181 (f)
Direct controlling • 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. (e) End-of-year assets (d) Total Income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity Part II **€** ල E 2 3 9

one of more related tax exempt organizations duning the tax year.	anny are tan 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 chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
						Yes	ટ
(1) WESTERN MICHIGAN UNIVERSITY 38-6007327 1903 W MICHIGAN AVE, KALAMAZOO, MI 49008	UNIVERSITY	MICHIGAN	115-GOVT		N/A		×
(2)							
(6)							
(4)							
(5)				:			
(9)							
(<u>0</u>)							

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

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Section 512(b)(13) controlled entity? (k) Percentage Ŷ 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. Yes 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. (i) General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI end-of-year assets (g) Share of (g) (h)
Share of end-of- Disproportionate year assets allocations? ĝ (f) Share of total income Yes (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity Predominant Income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
| Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN of related organization (9) (4) (a)
Name, address, and EIN of related organization Part IV Part III

Schedule R (Form 990) 2013

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			<u> </u>	Yes No
During the tax year, did the organization engage in any of the ro	or more related orgar	izations listed in Part	s II-IV?	
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity			· · · ·	
Default, grant, or capital contribution to related organization(s)			· · · · · · · · · · · · · · · · · · ·	4
			·	1c ×
d Loans or loan guarantees to or for related organization(s)			· · · ·	+ ×
e Loans or loan guarantees by related organization(s)			· · · ·	1e ×
f Dividends from related organization(s)				
a Sale of assets to related organization(s)			· · · · · · · · · · · · · · · · · · ·	
h Purchase of assets from related organization(s)			·	× >
i Exchange of assets with related organization(s)	•		- - - -	< >
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				\ \ \
l Performance of services or membership or fundraising solicitations for related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
m Performance of services or membership or fundraising solicitations by related organization(s)			· · · · · · · · · · · · · · · · · · ·	1m ×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				\vdash
o Sharing of paid eniployees with related organization(s)		·	· · · ·	× ×
p Reimbursement paid to related organization(s) for expenses			· · · · · · · · · · · · · · · · · · ·	×
q reimbursement paid by related organization(s) for expenses			· · · · · · ·	1 d
 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 				- & × ×
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.	omplete this line, incl	uding covered relation	ships and transaction	thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount involved
(1) WESTERN MICHIGAN UNIVERSITY	Ω	65, 900	ACTUAL-AUDIT	REPORT
(2) WESTERN MICHIGAN UNIVERSITY	I.	337,087	ACTUAL-AUDIT	REPORT
(3) WESTERN MICHIGAN UNIVERSITY	ა ა	55.000	ACTUALAUDIT	REPORT
(4)	·	1		
(5)				
(9)				
			Schedule R (F	Schedule R (Form 990) 2013

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

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) (e) (f) (g)	a	(3)	Ð	(0)	ε		3	8	5	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant Income (related, unrelated, excluded	Are all partners section 501(c)(3)	Share of total Income	Share of end-of-year	Disproportionate allocations?	amount in box 20	General or managing narther?	Percentage ownership
			from tax under	organizations?				(Form 1065)		,
			Sections 312-314)	Yes No			Yes No		Yes No	
(1)										•
(2)										
(6)										
(4)										
(9)						:				
(9)										
(7)									_	
(8)										
(6)										
(10)										
(11)										
(12)										
(13)				,						
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(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2013