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Extension Attache A.

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 ire gov/form990

			- mornation about 1 orm 330 and its instructions is at www.m	s.gov/ro/mse	···								
<u>A</u> _	For the 2		ndar year, or tax year beginning , 2015, and endi	ng	· · · · · · · · · · · · · · · · · · ·	, 20							
В	Check if ap	pficable	C Name of organization T.B. Scott Library Endowment Fund		D Employ	er identification number							
Ш	Address ch	nange	Doing business as			39-1420473							
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/si	ute	E Telepho	ne number							
$\square$	Initial retun	n	106 W. 1st Street			715-536-8328							
	Final return/	terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amended r		Merrill, WI 54452		<b>G</b> Gross re	eceipts \$ 49,064.21							
	Application	pending	F Name and address of principal officer: Mike Geisler	H(a) Is this a	group return for	subordinates? Yes Vo							
			204 Cottage Street, Merrill WI 54452	subordinate	s included? Yes No								
<u></u>	Tax-exemp	ot status	∑ 501(c)(3)	If "I	Vo," attach a	list. (see instructions)							
J	Website:	<u> </u>		H(c) Group	exemption	number >							
	Form of org	janization [	Corporation Trust Association 7 Other ► Endowment L Year of formation	tion: <b>198</b> 5	M State	of legal domicile WI							
Р	art I	Summ	ary										
	1 B	riefly de	scribe the organization's mission or most significant activities: Our M	ission is to s	erve the N	lerrill area through							
9	tr	traditional and innovative services. T.B. Scott connects people to their community and the world, promoting reading, supports											
Governance			arning, ensuring free and open access to ideas and provide opportunities										
9 5	2 C	heck th	is box ▶☐ if the organization discontinued its operations or disposed	of more that	n 25% of	its net assets.							
6	3 N	lumber d	of voting members of the governing body (Part VI, line 1a)		. 3	9							
٩ğ	4 N	lumber d	of independent voting members of the governing body (Part VI, line 1b		. 4	9							
hes	5 T	otal nun	nber of individuals employed in calendar year 2015 (Part V, line 2a)		. 5	0							
Activities &	6 T	otal nun	ober of volunteers (estimate if necessary)		6	0							
AC	7a T	otal unre	elated business revenue from Part VIII, column (C) In [2] V.F.D.	<b>-</b> 7	. 7a	0							
	b N	let unrel	ated business taxable income from Form 990-T, line 34	. ]	. 7b	0							
		<del></del>	[6]	Prior Y	ear	Current Year							
a	8 C	ontribut	tions and grants (Part VIII, line 1h)	,	38,942.84	42,424.84							
Revenue	ľ		service revenue (Part VIII, line 2g)		0	0							
	1	_	nt income (Part VIII, column (A), lines 3, 4, and the lines and the lines are the line	1	7,296.83	6,639.37							
Œ			renue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	<del>J</del>	0	0							
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	46,239.67	49,064.21							
	<del></del>		nd similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·	42,590.82	59,708.28							
	1		paid to or for members (Part IX, column (A), line 4)	· · · · · · · · · · · · · · · · · · ·	,								
G	م مدا		other compensation, employee benefits (Part IX, column (A), lines 5-10)	<del></del>									
Expenses	16a P		onal fundraising fees (Part IX, column (A), line 11e)										
De l	ЬТ		draising expenses (Part IX, column (D), line 25) ▶										
Щ	17 C		penses (Part IX, column (A), lines 11a-11d, 11f-24e)										
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,590.82	59.708.28							
	19 R	Revenue	less expenses. Subtract line 18 from line 12		3,648.85	-10,644.07							
2 8				Beginning of C		End of Year							
ets (	20 T	otal ass	ets (Part X, line 16)	5	09,012.34	498,368.27							
Ass	21 T		ilities (Part X, line 26)	·									
Net Assets or Fund Balances	22 N		ts or fund balances. Subtract line 21 from line 20	5	09,012.34	498,368.27							
	art II		ture Block	<del></del>									
_			ry, I declare that I have examined this return, including accompanying schedules and state	ments, and to	the best of a	ny knowledge, and pelief it is							
			ete. Declaration of preparer (other than officer) is based on all information of which prepare										
		1	ala d OMlame		5/2	5/16							
Sign Here		Signa	ature of officer	, Di	ate	7							
		R	ichard A. Mamor, Financial Secur	tavv									
		Type	or prnt name and title										
		Print/Ty	pe preparer's name Preparer's signature D	ate	Ch!	PTIN							
Pa		lun	Man Bruning wholen	5/20 16	Check self-em	Dioyed P1723640							
	eparer	Firm's n			n's EiN ▶	39-1731109							
US	se Only		ddress ► 1027 1/2 E. Main Street, Merrill WI	<del></del>	one no,	715-536-8328							
Ma	y the IRS		s this return with the preparer shown above? (see instructions)	1 - 1									
	<del></del>			No. 11282Y		Form <b>990</b> (2015)							
,				19. 112021		. 5 556 (2013)							

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Form 99 Part	<u></u>			Page :
FSIA	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b>√</b>	
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which denors 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	•	1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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		1
	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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<b>✓</b>
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	11f	· <del></del>	<b>√</b>
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	12a 12b		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		I

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

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

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

16

17

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Part	Checklist of Required Schedules (continued)		<del>,</del>	···
20 0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	[00a	Yes	No ✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<b>✓</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	\ <u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	İ	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>▼</b>
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	25a		<b>√</b>
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 "Yes," complete Schedule L, Part II	26		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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	29		1
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<b>✓</b>
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2015)

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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	CLOIA	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	assar assar	21-21-33
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	可經濟		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	SELENGE	A-2-00
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
ь	If "Yes," enter the name of the foreign country: ▶	4a		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		<b>✓</b>
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
UG.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		./
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).			
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<b>√</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>\</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<del></del>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	्रकार स्थाप	3-2
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	AND STORES		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
a	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	40,325F	SWIF-SEE
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
þ	to the Representative of the transfer of the state of the			
_	100			
1/a	Enter the amount of reserves on hand	14a		
14a	If "Vee" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schodule O	144	<del></del> -	<b></b> -

Form 99	0 (2015)			F	Page 6
Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI	. <u></u>			Ø
Section	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	1a <u>9</u>			
	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.				
þ	Enter the number of voting members included in line 1a, above, who are independent .	1b	)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	elationship with			
3	Did the organization delegate control over management duties customarily performed by or	under the direct	2		
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person? .	3		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		<b>√</b>
6	Did the organization have members or stockholders?	: : • • •	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	• •	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:				
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be there are officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the section of the section and the section of				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	ليبيا	✓
Section	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	านe Co	<del></del>	<del>-:</del>
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.				
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		10b		
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	e ming the form?	11a	<b>√</b>	
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the p		120	<u> </u>	
	describe in Schedule O how this was done	-	12c	1	
13	Did the organization have a written whistleblower policy?		13	<u> </u>	1
14			14		7
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		√
b	Other officers or key employees of the organization		15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi with a taxable entity during the year?		16-		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		16a		<b>V</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps t				
	organization's exempt status with respect to such arrangements?		16b		THE ST
Section	on C. Disclosure		1.00	L	<b></b>
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Sectio	n 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	<b>,</b> <del></del>	,	,,,,-	,,
	Own website Another's website Upon request Other (explain in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		terest i	policy	, and
	financial statements available to the public during the tax year.			•	
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords:	: ▶	
	Richard A Mamer CPA SC, 1027 1/2 E. Main Street, Merrill WI 54452 715-536-8328				

_	200	1001	
Form	990	(201	5)

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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 no	or any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe d a d	osition ck more than one person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)		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) Mike Geisler-President	0									
204 Cottage Street, Merrill WI 54452	ļ	<b>/</b>		1				0	0	0
(2) Gene Bebel-Vice President	0		1	١.						
607 Cedar Street, Merrill WI 54452		<b>✓</b>	ļ	<b>✓</b>	L_	ļ		0	0	0
(3) Richard Mamer-Financial Secretary	0			١,	Ì					
604 E. Main Street, Merrill WI 54452	<del> </del>	<b>✓</b>		<u> </u>	ļ		ļ	0	0	0
(4) Vickie Yelle-Director	0	,		١,						
1300 E. 6th Street, Merrill WI 54452	<del> </del>	<b>✓</b>		<b>✓</b>	_			0	0	0
(5) Tim Meehean-Director	. 0			١,				1		
107 N. Van Rensselaer Street, Merrill WI 54452	<b></b>	1	<b> </b>	1				0	0	0
(6) Jim Wedemeyer-Director	0	,	ĺ	١,						
204 N. Van Rensselaer Street, Merrill WI 54452	ļ <u>-</u>	<b>✓</b>	ļ	✓				0	0	0
(7) Paul Gilk-Director	0	,	}	١,		]	]			
N3920 County Road E, Merrill WI 54452		<u> </u>	<del> </del>	1	<b> </b> -	<del> </del>		0	0	0
(8) Katie Breitenmoser-Director	0	,								
W6982 Joe Snow Road, Merrill WI 54452		/		1	ļ			0	0	0
(9) D'Lacey Haight	0	,		١,						
920 1/2 E. Main St, Merrill WI 54452	-	<b>✓</b>	<u> </u>	✓		<u> </u>		0	0	0
(10) Stacy Stevens-Secretary	0	,		,				ļ		
106 W. First Street, Merrill WI 54452	-	<b>✓</b>	<del> </del>	1		ļ	<u> </u>	0	0	0
(11)										
(12)										
(13)										
(14)		,								

Part	Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per	rerage box, unless person is both					an	(D) Reportable compensation	(E) Reportable compensation fron		(F) Estimated
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-I	ons	amount of other compensation from the organization and related organizations
(15)						,,	Ω.					
(16)												
(17)												
(18)												
(19)												
(20)				,								**************************************
(21)												
(22)												
(23)							<del></del>					
(24)								-				
(25)												
1b c d	Sub-total	VII, Sectio		•	•		•	<b>▶ ▶</b>				
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ed a	above	e) w	ho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete							-	loyee, or high	•		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization											1 1 1 7
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress	···				- <del>-</del>		(B) Description of s	ervices		(C) Compensation
								_				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Part	VIII	Statement of Revenue									
		Check if Schedule O contains a response or note to any line in this Part VIII									
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Grants	1a	Federated campaigns	·	1a							
our	b	Membership dues .		1b							
S, G	C	Fundraising events .		1c							
Sift.	đ	Related organizations		1d							
Ë,	е	Government grants (con		1e							
tion sr S	f	All other contributions, gr						<b>学校</b> 。美多			
		and similar amounts not inc	luded above	1f	42,424.84						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	ded in lines 1a	-1f: \$							
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	>	42,424.84					
2					Business Code						
Ş.	2a										
ď	b			,							
Š	С							<del>,,</del>			
Şe	d				<del></del>			· · · · · · · · · · · · · · · · · · ·			
ram	е					 	\				
Program Service Revenue	f	All other program ser			L						
<u>a</u>	<u>g</u> 3	Total. Add lines 2a-2 Investment income									
	3	and other similar amo				6 6 6 6 7					
	4	Income from investmen				6,639.37	<del> </del>				
	5			•		0					
	3	noyalies ,	(i) Real		(ii) Personal	U					
	6a	Gross rents	<u> </u>	·····							
	b	Less: rental expenses									
	C	Rental income or (loss)									
	d	Net rental income or	(loss)			0					
	7a	Gross amount from sales of	(i) Securit	ies	(iı) Other						
	_	assets other than inventory		******							
	b	Less: cost or other basis									
		and sales expenses .				1000	100				
	c	Gain or (loss)									
	d	Net gain or (loss) .			•	0			AND REAL PROPERTY OF THE PROPERTY OF		
		• , ,					100	e en la companya de l			
Je .	8a	Gross income from fu	undraising								
Ķ		events (not including \$									
Other Revenue		of contributions reporte		-							
ē		See Part IV, line 18 .		· a	7	200					
5	b	Less: direct expenses									
	С	Net income or (loss) f			events . >	0					
	9a	9									
				_	ļ						
	b	Less: direct expenses Net income or (loss) f			<u></u>						
	100		-	•	ivilles F	0					
	10a	returns and allowance		· a	-						
	ь	Less: cost of goods s		. a							
	6	Net income or (loss) f				0					
	-	Miscellaneous F			Business Code						
	11a		· · · · · · · · · · · · · · · · · · ·								
	Ь					<del>                                     </del>	1				
	C		~	<del></del>		<del> </del>	<del> </del>				
	d	All other revenue .		·			<del> </del>				
	е	Total. Add lines 11a-	-11d		>	0					
12 Total revenue. See instructions.				49 064 21	6 630 37	77.					

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a respon						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	59,708.28	59,708.28				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	0					
6	Compensation not included above, to disqualified	U U		~~~~~~~~~~~~~~.			
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0					
7	Other salaries and wages	0					
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits	0					
10	Payroll taxes	0					
11	Fees for services (non-employees):						
a b	Management	0		7			
C	Accounting	0			<del></del>		
ď	Lobbying	0		<del></del>	<del></del>		
е	Professional fundraising services. See Part IV, line 17	0					
f	Investment management fees	0					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0					
12	Advertising and promotion	0			<del></del>		
13	Office expenses	0					
14	Information technology	0					
15	Royalties	0					
16	Occupancy	0					
17 18	Travel	0					
••	for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings .	0					
20	Interest	0					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization .	0					
23 24	Insurance	0					
24	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			<u> </u>	<u> </u>			
b							
G C		ļ					
d e	All other expenses						
25	All other expenses  Total functional expenses. Add lines 1 through 24e	59,708.28	59,708.28				
26	Joint costs. Complete this line only if the						
	organization reported in column (B) joint costs from a combined educational campaign and						
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

6 0	11.5.4	Check if Schedule O contains a response or note to any line in this Pa			
		Check it Schedule O contains a response of note to any line in this Pa		<del></del>	<del> </del>
			(A) Beginning of year		<b>(B)</b> End of year
$\neg$	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	407,126.09	2	399,520.02
l	3	Pledges and grants receivable, net	107,120.00	3	035,320.02
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors,	U	754352	U CONTRACTOR OF THE CONTRACTOR
	3	trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	0	5	0
Ş	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
1	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or	V		V
		other basis. Complete Part VI of Schedule D 10a			
1	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities	101,886.25	11	98,848.25
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
1	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	15	0
1	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	509,012.34		498,368.27
$\dashv$	17	Accounts payable and accrued expenses	005,012.34		438,308.27
	18	Grants payable	0		
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		0
	-	Loans and other payables to current and former officers, directors,	0	21	0
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Į.	02	Secured mortgages and notes payable to unrelated third parties	0	23	<u> </u>
_	23 24	Unsecured notes and loans payable to unrelated third parties	0	24	0
Ì	_	· ·	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		05	
	ne		0		0
	26	Total liabilities. Add lines 17 through 25	0	20	0
sec		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	0	27	0
3ai	28	Temporarily restricted net assets	0	28	0
פַ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds.	509,012.34	32	498,368.27
<u>f</u> et	33	Total net assets or fund balances	509,012.34		498,368.27
_	34	Total liabilities and net assets/fund balances	509,012.34		498,368.27
					Form <b>990</b> (2015)

Form	990	(2015)
	200	(2010)

Page 12

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,064.21
2	Total expenses (must equal Part IX, column (A), line 25)	2	5:	9,708.28
3	Revenue less expenses. Subtract line 2 from line 1	3	-1(	0,644.07
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50	9,012.34
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	498	8,368.27
Part	XII. Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	. 🗆
			Ye	s 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	olaın in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	/
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	/
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis	!		
С	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 account			
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	
	Schedule O.	olain in		
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	iarth in		
Ja	the Single Audit Act and OMB Circular A-133?	orth in		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao tha	3a	<del>-                                     </del>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	
	required addition addition, explain why in confedence and accompt any atopo taken to undergo such at	idita.		(2015)
			Form 98	(2015)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name	of the organization					Employer identification	number	
	cott Library Endowment Fund	·		<del> </del>			20473	
Par		the state of the s					ns.	
_	organization is not a private found				-	•		
1 2	A school described in section							
3	A hospital or a cooperative ho		•			• •		
4	A medical research organizati hospital's name, city, and stal	on operated in co					(iii). Enter the	
5	***************************************							
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public	
8	☐ A community trust described	in section 170(b)	)(1)(A)(vi). (Complete l	Part II.)				
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	receives: (1) mo d to its exempt ent income and	ore than 33½% of its functions—subject to unrelated business	support for certain taxable in	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
10	☐ An organization organized and			-		, ,, ,		
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	d organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	i <b>on 509(a)(3).</b> Check	
а	☐ Type I. A supporting organization(sorganization.	s) the power to re	egularly appoint or ele	-		•	. , , , ,	
b	Type II. A supporting organic control or management of the organization(s). You must c	ne supporting org	ganization vested in th					
C	Type III functionally integrates supported organization(s	ated. A supportir	ng organization operat				y integrated with,	
d	Type III non-functionally in that is not functionally integing requirement (see instruction	rated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organized functionally integrated, or Ty	zatìon received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III	
f g	Enter the number of supported Provide the following information	-					[]	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	l							

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						
	Part III. If the organization fails to						a, aa
Secti	on A. Public Support	<del></del>		, p	. case compre	,	<del></del>
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		(-,,	(-/	. (-)	(0) 20:0	(7 / 0.14.
·	membership fees received. (Do not		İ				
	include any "unusual grants.")		ļ	l			
2	Tax revenues levied for the						
-	organization's benefit and either paid		ļ				
	to or expended on its behalf	}	1	}			
3	The value of services or facilities					<del></del>	
_	furnished by a governmental unit to the	ļ	į				
	organization without charge	}	1				
4	Total. Add lines 1 through 3	THE REPORT OF THE PARTY OF THE					
	•						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						<del></del>
	on B. Total Support	Contract of Contract Contract	prosecutive seasons	The section of the	Interestations, Providente de Branco	STATE OF STA	L
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		(-, -, -	(5) = 5 : 5	<u> </u>	(4) 20.10	(,, , , , , , , , , , , , , , , , , , ,
8	Gross income from interest, dividends,		<del>                                     </del>				
Ū	payments received on securities loans,				l		
	rents, royalties and income from similar	1					
	sources		ļ				
9	Net income from unrelated business			<del> </del>			
_	activities, whether or not the business	İ					İ
	is regularly carried on						
10	Other income. Do not include gain or				<del></del>		
	loss from the sale of capital assets	1					
	(Explain in Part VI.)	Ì					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	I <del> </del>
13	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax y		on 501(c)(3)
	organization, check this box and stop he	ere					🕨 🔲
Secti	on C. Computation of Public Suppo	rt Percentag	e				
14	Public support percentage for 2015 (line	6, column (f) d	ivided by line	11, column (f))		14	%
15	Public support percentage from 2014 Sc	hedule A, Part	li, line 14 .			15	%
16a	331/3% support test - 2015. If the organi	zation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, c	heck this
	box and stop here. The organization qua	alifies as a publ	licly supported	l organization			🕨 📋
b	331/3% support test-2014. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organ	nizatıon qualifie	s as a publicly	supported org	anization .		🕨 📋
17a	10%-facts-and-circumstances test-2	<b>015.</b> If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	ances" test, ch	eck this box ar	nd <b>stop here.</b> I	Explain in
	Part VI how the organization meets the "	facts-and-circu	umstances" te:	st. The organiz	ation qualifies	as a publicly s	upported
	organization						▶ 📋
b	10%-facts-and-circumstances test-2	<b>014.</b> If the ora	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a	
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	s-and-circums	stances" test. T	he organizatio	n qualifies as	a publicly
	supported organization						· . 🕨 📋
18	Private foundation. If the organization d	ıd not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						<b>.</b>

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

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

Section A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	85958	45371	41141	38943	42425	253838
2	Gross receipts from admissions, merchandise						20000
	sold or services performed, or facilities furnished in any activity that is related to the					İ	
	organization's tax-exempt purpose	1			ì	1	
3	Gross receipts from activities that are not an						<del></del>
	unrelated trade or business under section 513				{	}	
4	Tax revenues levied for the						· · · · · · · · · · · · · · · · · · ·
	organization's benefit and either paid	1				Į	
	to or expended on its behalf		į				
5	The value of services or facilities						
	furnished by a governmental unit to the	}					
	organization without charge	L					
6	Total. Add lines 1 through 5	85958	45371	41141	38943	42425	253838
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
þ	Amounts included on lines 2 and 3					İ	
	received from other than disqualified		ļ		ļ	Į	
	persons that exceed the greater of \$5,000					i	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				52.6		
8	line 6.)						
Secti	on B. Total Support						253838
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6	85958	45371	41141	38943	42425	253838
10a	Gross income from interest, dividends,		7,007.1	71171	30573	72723	233030
	payments received on securities loans, rents,	İ	<b></b>	İ	{	Į.	
	royalties and income from similar sources .	9236	6947	6927	7297	6639	37046
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					ļ	
	acquired after June 30, 1975			<b>_</b>			
С	Add lines 10a and 10b	9236	6947	6927	7297	6639	37046
11	Net income from unrelated business						
	activities not included in line 10b, whether		ì			ļ	
	or not the business is regularly carried on		·				
12	Other income. Do not include gain or				1	}	
	loss from the sale of capital assets		İ			Ī	
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	95194	52318	d third fourth	46240	49064	290884
14	organization, check this box and stop he	-			•		· · · ·
Secti	on C. Computation of Public Suppo			<del></del>	<del></del>	<del></del>	<u> </u>
15	Public support percentage for 2015 (line	······································		3. column (f))		15	87.26 %
16	Public support percentage from 2014 Sc		•			16	85.32 %
	on D. Computation of Investment Ir					<del></del>	50.02
17	Investment income percentage for 2015			y line 13, colur	nn (f))	17	12.74 %
18	Investment income percentage from 201	•	•			18	14.68 %
19a	331/3% support tests-2015. If the organ						6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organi						
	line 18 is not more than 331/3%, check this		-	·	•		ربيا
20	Private foundation. If the organization of	lid not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	tions 🔊 📋

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Scriedui	e A (Form 990 or 990-EZ) 2015	Page 5
Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	
<b>h</b>	A family member of a person described in (a) above?	11a
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11b
Section	on B. Type I Supporting Organizations	1110
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally-Integrated Supporting Organizations	<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instructions):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instructions).
0		· · · · · · · · · · · · · · · · · · ·
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		 
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	16		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	<b>.</b>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	South A. Carlotte	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	a ser a ser a la la la como de la	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III supporting	organization (see

Part	Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1_	Amounts paid to supported organizations to accomplish	<del></del>					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations				
	Amounts paid to acquire exempt-use assets	<del></del>					
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>	<u> </u>			
	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.			<u> </u>			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is res	ponsive				
9	Distributable amount for 2015 from Section C, line 6		····	<del> </del>			
10	Line 8 amount divided by Line 9 amount						
	Line o amount divided by Line 3 amount		(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
a_							
<u>b</u>							
<u>c</u>							
d	From 2013						
e	From 2014						
f	<b>Total</b> of lines 3a through e  Applied to underdistributions of prior years						
g h	Applied to diderdistributions of prior years  Applied to 2015 distributable amount						
<u></u>	Carryover from 2010 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
7	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j and 4c.						
_ 8	Breakdown of line 7:			<b>公司的股份</b>			
а							
<u>b</u>							
<u>c</u>	Excess from 2013						
d	Excess from 2014						
e	Excess from 2015						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Vame o	the organization		Employer id	entification number
	ott Endowment Fund			39-1420473
Par			ds or Acc	counts.
	Complete if the organization answered			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (dunng year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the	he organization's exclusive legal contro	ol?	· · · 🔲 Yes 🗀 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene			
e e e e	conferring impermissible private benefit?			
Par		(I) ( I) ( II		
	Complete if the organization answered	······································	<del></del>	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea	· · · · · · · · · · · · · · · · · · ·		• .
	Protection of natural habitat	☐ Preservation o	f a certified	historic structure
	Preservation of open space	-1.4 m	41-	
2	Complete lines 2a through 2d if the organization h	leid a qualified conservation contribution		
	easement on the last day of the tax year.		ستتناتم	Held at the End of the Tax Year
a				
b	Total acreage restricted by conservation easemen		ļ	<del></del>
C	Number of conservation easements on a certified	, ,		;
d	Number of conservation easements included in historic structure listed in the National Register			
3	Number of conservation easements modified, tran			<b>4</b>
J	tax year	ignorial, relations, extragalation, at torr	imaiou by	the diganization aging the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re		nection h	andling of
_	violations, and enforcement of the conservation en			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation	-
	<b>&gt;</b>	•		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation	on easements during the year
	▶ \$			
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(II)?			· · · 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text	<del>-</del>	nancial stat	ements that describes the
	organization's accounting for conservation easem			
Part				milar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SI	•		
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the			
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relatively	ır assetş held for public exhibition, ed		
				<b>b</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		<b>b</b> \$
2	If the organization received or held works of an	t, historical treasures, or other similar	r assets fo	r financial gain provide the
-	following amounts required to be reported under			anda gair, provide tile
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990. Part X			<b>b</b> \$

*Part	III Organizations Maintainin	g Collections of	Art, Historical 7	reasures, or O	ther Similar Ass	ets (continued)
	Using the organization's acquisition collection items (check all that apply		ner records, chec	k any of the follo	wing that are a sig	inificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Othe	r		
С	☐ Preservation for future generatio	ns		***************************************		
	Provide a description of the organiz XIII.	ation's collections a	and explain how t	hey further the org	ganization's exem <sub>l</sub>	ot purpose in Part
5	During the year, did the organization	n solicit or receive	donations of art,	historical treasure	s, or other similar	
	assets to be sold to raise funds rath	er than to be mainta	ined as part of the	e organization's co	ollection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Ar	rangements.				
	Complete if the organization 990, Part X, line 21.				·	
1a	Is the organization an agent, truste included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the following to	able:		
					Am	ount
С	Beginning balance			10	;	
d	Additions during the year			10	j	
е	Distributions during the year			16		
f	Ending balance			11		
2a	Did the organization include an amo	unt on Form 990, Pa	art X, line 21, for e	scrow or custodia	I account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in	Part XIII. Check here	o if the explanation	n has been provid	ed on Part XIII .	🗆
Part	Endowment Funds.					
	Complete if the organization	on answered "Yes"	' on Form 990, I	Part IV, line 10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	509012.34	505363.49	536646.85	601165.23	545135.78
b	Contributions	42424.84	38942.84	41141.40	45370.50	85958.47
C	Net investment earnings, gains, and					
	losses	6639.37	7296.83	6926.74	6947.08	9235.69
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	59708.28	42590.82	79351.50	116835.96	39164.71
f	Administrative expenses					
g	End of year balance	498368.27	509012.34	505363.49	536646.85	601165.23
2	Provide the estimated percentage of	f the current year en	d balance (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endown	nent ▶ 24.4	5%			
b	Permanent endowment ▶	73.54%				
С	Temporarily restricted endowment	2.01%				
	The percentages on lines 2a, 2b, an					
3a	Are there endowment funds not in	the possession of th	e organization the	at are held and ac	lministered for the	
	organization by:					Yes No
	(i) unrelated organizations		<i></i>			3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(II), are the related	•	•			3b
4	Describe in Part XIII the intended us	es of the organization	n's endowment f	unds.		
Part					-	
	Complete if the organization	on answered "Yes	' on Form 990, I	Part IV, line 11a.	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
		(investm	ent) (c		epreciation	
1a	Land			788E		
b	Buildings					
С	Leasehold improvements					
d	Equipment	•				
е	Other					
Total	Add lines 1a through 1e. (Column (d.	must equal Form 9	90 Part X column	(R) line 10c )	<b>b</b>	· · · · · · · · · · · · · · · · · · ·

Part VII	Investments—Other Secu				
	Complete if the organization		rm 990, Part IV, li	ne 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or (including name of secu		(b) Book value		ethod of valuation d-of-year market value
(1) Financial					
	neld equity interests				
(3) Other		***************************************			
(A)				·	·
(B)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>		
(C)			<u> </u>	<del></del>	
(D)					······································
(E) (F)		*************************			
(G)		******************			<del></del>
(H)					
	b) must equal Form 990, Part X, col (B) line	121 🌬	·		
Part VIII	Investments—Program R		<u> </u>		
	Complete if the organization		rm 990 Part IV li	ne 11c. See Forn	n 990 Part X line 13
	(a) Description of investi		(b) Book value	<del></del>	ethod of valuation
	(-, -:::::::::::::::::::::::::::::::::::		(a) Book value		d-of-year market value
(1)			<del> </del>	<del>-  </del>	
(2)				<del> </del>	
(3)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>
(4)				<del></del>	· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line	(13) ▶			
Part IX	Other Assets.				
	Complete if the organization		rm 990, Part IV, lii	ne 11d. See Forn	
		(a) Description			(b) Book value
(1)					<u> </u>
(2)					
(3)					<del>-</del>
(4)					<del></del>
(5) (6)					
(6)					
(7)					
(8)				· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
Total. (Colu	mn (b) must equal Form 990, Pa	art X, col. (B) line 15.)			
Part X	Other Liabilities.				<u></u>
	Complete if the organization	on answered "Yes" on Fo	rm 990, Part IV, lir	ne 11e or 11f. Se	e Form 990. Part X.
	line 25.		, , , , , , , , , , , , , , , , , , , ,		,
1.	(a) Description of liability	(b) Book value		<b>.</b>	
(1) Federal II	ncome taxes				Cresses and Company
(2)					
(3)					
(4)					
(5)			- 1,- 4		
(6)					
(7)					
(8)					
(9)	<u> </u>				
	(b) must equal Form 990, Part X, col. (B) line				
	r uncertain tax positions. In Part XI				
organization	's liability for uncertain tax position	is under FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has be	en provided in Part XIII 🦳

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue n	er Return
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		. 11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	ΕΨ.	
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	. 3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
	Reconciliation of Expenses per Audited Financial Staten		
	Complete if the organization answered "Yes" on Form 990,		per neturn.
1		Tartiv, mie 12a.	. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
	Prior year adjustments	2b	
b	Other losses	20	
c d	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d	20	
e	Subtract line 2e from line 1		.   2e
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · · · · · · · · · · · · · · · · ·	. 3
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII.)	4b	
b	Other (Describe in Part Ain.)	**17	
_	Add lines 4a and 4b		1 4
С 5			·
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		.   4c
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	ne 18.)	. 5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	d 4; Part IV, lines 1b and	2b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	d 4; Part IV, lines 1b and	2b; Part V, line 4; Part X, line
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Schedule D (Form 990) 2015 Part XIII Supplemental Information (continued)				
Part XIII.	Supplemental Information (continued)	······································		
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#### 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

Open to Public Inspection

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.

Name of the organization	Employer Identification number			
T.B. Scott Library Endowment Fund	39-1420473			
Part VI, Line 11c - Annual signing of statement is required				
Part IV, Line 19 - We do not participate in gaming activities	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
The state of the s	-00			
Part VI, Line 11b - Copies are give to all board members for their review before filing				
-arr at the range and discrete in rotate matrices for rules resides matrices and resident and re				
Dest M. Line 40. Me will provide any of the listed decuments to anyone				
Part VI, Line 19 - We will provide any of the listed documents to anyone upon request				
Part VII, Section A - Stacy Stevens is the full time library director and is an employee of the City of M	//errill			
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