

**Short Form**  
**Return of Organization Exempt From Income Tax**

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

**2013**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2013 calendar year, or tax year beginning **2013**, and ending **20**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WHITE BEAR LAKE AREA HISTORICAL SOC</b>	<b>D</b> Employer identification number <b>23-7303749</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO BOX 10543</b>	<b>E</b> Telephone number <b>651-407-5327</b>
	City or town, state or country, and ZIP + 4 <b>WHITE BEAR LAKE MN 55110</b>	<b>F</b> Group Exemption Number ▶
	<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ **WHITEBEARHISTORY.ORG**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) ◀ (insert no )  4947(a)(1) or  527

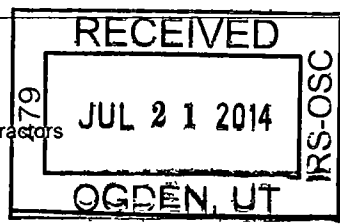
**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **134,107.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>82,154.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>28,920.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>8,470.</b>
	<b>4</b> Investment income	<b>4</b>	<b>2,306.</b>
	<b>5 a</b> Gross amount from sale of assets other than inventory	<b>5 a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5 b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5 c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6 a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	<b>6 b</b>	<b>3,195.</b>	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6 c</b>	<b>2,716.</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6 d</b>	<b>479.</b>	
<b>7 a</b> Gross sales of inventory, less returns and allowances	<b>7 a</b>	<b>9,062.</b>	
<b>b</b> Less cost of goods sold	<b>7 b</b>	<b>6,257.</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7 c</b>	<b>2,805.</b>	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>125,134.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>48,936.</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>5,115.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>8,926.</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>4,882.</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>30,278.</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>98,137.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>26,997.</b>	
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>102,588.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>129,585.</b>



SCANNED JUL 30 2014

For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II



	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	103,064.	22	129,389.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	692.	24	1,548.
25 Total assets	103,756.	25	130,937.
26 Total liabilities (describe in Schedule O)	1,168.	26	1,352.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,588.	27	129,585.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? PRESERVE HISTORICAL ARTIFACTS  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 FILLEBROWN HOUSE - VICTORIAN COTTAGE TOURED BY SCHOOL CHILDREN AND COMMUNITY GROUPS REQUIRES MAINTENANCE, UTILITIES AND SECURITY SERVICE (Grants \$ ) If this amount includes foreign grants, check here	28a	10,561.
29 TRAIN DEPOT MUSEUM - DEVELOPING & CHANGING EXHIBITS FACILITY IS OPEN TO THE PUBLIC AND TOURED BY GROUPS ORGANIZATION OFFICE IS HERE (Grants \$ ) If this amount includes foreign grants, check here	29a	4,496.
30 OUTREACH & RESEARCH WHITE BEAR LAKE AREA - COLLECT PRESERVE AND DISPLAY HISTORICAL ITEMS, GIVE AREA TOURS, MAILINGS SENT (Grants \$ ) If this amount includes foreign grants, check here	30a	61,383.
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	76,440.

Part IV List of Officers, Directors, Trustees, and Key Employees. (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV



(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (For W-2/1099-MISC) (If not paid, enter-0-.)	(d) Health benefits, contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
JO EMERSON PRESIDENT	3	0		
JENNI CORBETT VICE PRESIDENT	1	0		
SHANA KARLE TREASURER	1	0		
WILLIAM MATSCHKE DIRECTOR		0		
BRADY RAMSEY DIRECTOR		0		
TOM RICE DIRECTOR		0		
SARA MARKOE HANSON EXECUTIVE DIRECTOR	30	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes and No. Rows 33-40e. Marked 'X' in No column for 33, 34, 35a, 35c, 36, 37b, 38a, 40b, 40e.

41 List the states with which a copy of this return is filed
42a The organizations books are in care of SARA MARKOE HANSON Telephone no 651-407-5327
Located at PO BOX 10543 MN WHITE BEAR LAKE ZIP + 4 55110

- b 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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country

Table with columns Yes and No. Rows 42b, 42c. Marked 'X' in No column for 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with columns Yes and No. Rows 44a-45b. Marked 'X' in No column for 44a, 44b, 44c, 45a, 45b.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X
48		X
49a		X
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

**Sign Here**  
 Signature of officer: *Sara M. Hanson* Date: 7/10/14  
 Type or print name and title: Sara M. Hanson Executive Director

**Paid Preparer Use Only**  
 Print/Type preparer's name: DAVE M ZACHOR Preparer's signature: *Dave M. Zachor* Date: 7/3/14  
 Check  if self-employed PTIN: P00119107  
 Firm's name: DAVE M ZACHOR CPA Firm's EIN: 41-1626851  
 Firm's address: 2214 5TH STREET - SUITE 4 Phone no: 651-653-0146  
 WHITE BEAR LAKE MN 55110-3039

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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.

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

Name of the organization: **WHITE BEAR LAKE AREA HISTORICAL SOC**  
Employer identification number: **23-7303749**

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	36899.	44719.	57067.	50062.	90624.	279371.
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	49102.	65171.	35212.	33925.	38871.	222281.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1613.	1773.	1778.	2268.	2306.	9738.
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	5500.	5500.	5500.	5500.	5500.	27500.
6 Total. Add lines 1 through 5	93114.	117163.	99557.	91755.	137301.	538890.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			4612.	4612.		9224.
c Add lines 7a and 7b			4612.	4612.		9224.
8 Public support (Subtract line 7c from line 6)						529666.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	93114.	117163.	99557.	91755.	137301.	538890.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1613.	1773.	1778.	2268.	2306.	9738.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1613.	1773.	1778.	2268.	2306.	9738.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	94727.	118936.	101335.	94023.	139607.	548628.

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

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	96.54 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	96.26 %

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.77 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.96 %

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

WHITE BEAR LAKE AREA HISTORICAL SOC

Employer identification number

23-7303749

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

FURNITURE AND EQUIPMENT \$12,065

LESS: ACCUMULATED DEPREC (12,065)

TOTAL 0

INVENTORY \$1,548

990-EZ, PART II, LINE 26 - TOTAL LIABILITIES

PAYROLL TAX LIABILITIES \$1,272

SALES TAX PAYABLE 80

TOTAL LIABILITIES \$1,352

### Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return  
**WHITE BEAR LAKE AREA HISTORICAL SOCIETY**

Business or activity to which this form relates  
**FORM 990 HISTORICAL SOCIETY**

Identifying number  
**23-7303749**

#### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	12,065.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	OFFICE EQUIP	12,065.	12,065.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	12,065.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	12,065.
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	12,065.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	12,065.
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

#### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

#### Part III MACRS Depreciation (Do not include listed property) (See instructions)

##### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

##### Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs		S/L	
h	Residential rental property		27 5 yrs	MM	S/L	
i	Nonresidential real property		39 yrs	MM	S/L	

##### Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

#### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	12,065.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.



**WHITE BEAR LAKE AREA HISTORICAL SOCIETY**  
**2013 Board & Executive Director**  
**Contact List**

**OFFICERS**

Jenni Corbett, **Vice President** ('12 2<sup>nd</sup> Term, '13 VP, '15 President, '16 Past President)  
76 Oak Street, Mahtomedi, MN 55115 651-429-0228 (H) 612-238-9491 (W) 651-788-0175 (C)  
[jbartol2@msn.com](mailto:jbartol2@msn.com)

Shana Karle, **Treasurer** ('14 2<sup>nd</sup> Term)  
924 Park Avenue, Mahtomedi, MN 55115 (612) 281-2792  
[Shanakarle@yahoo.com](mailto:Shanakarle@yahoo.com)

**DIRECTORS**

Jo Emerson, **At Large** ('15 1<sup>st</sup> Term)  
1857 – 7<sup>th</sup> Street, White Bear Lake, MN 55110 651-653-0731 (H)  
[wjwe@aol.com](mailto:wjwe@aol.com)

Bill Matschke, **Asst-Out House** ('14 2<sup>nd</sup> Term)  
4874 Highway 61, White Bear Lake, MN 55110 651-429-7725 (W)  
651-429-3077 (H)  
[bill.matschke.b479@statefarm.com](mailto:bill.matschke.b479@statefarm.com)

Brady Ramsay, **At-Large** ('15 1<sup>st</sup> Term) \*begins term in May 2013  
Mahtomedi, MN 55115  
Phone:  
e-mail: [brady@ramsaycpa.com](mailto:brady@ramsaycpa.com)

Tom Rice, **At-Large** ('13 2<sup>nd</sup> Term)  
3976 Hazel Street, White Bear Lake, MN 55110 651-426-9440  
[tomkrice@comcast.net](mailto:tomkrice@comcast.net)

**EXECUTIVE DIRECTOR**

Sara Markoe Hanson, **Executive Director (since 1/2001)**  
4824 Peggy Lane, White Bear Lake, MN 55110 651-429-0717  
[serited@comcast.net](mailto:serited@comcast.net)

Office: White Bear Lake Area Historical Society, 4751 Hwy 61, White Bear Lake, MN 55110  
Fillebrown House: 4735 Lake Avenue, White Bear Lake, MN 55110  
Mailing address: PO Box 10543, WHITE BEAR LAKE, MN 55110  
Email: [sara@whitebearhistory.org](mailto:sara@whitebearhistory.org) 651-407-5327, FAX 651-407-5328

Name(s) shown on return (Name and SSN or taxpayer identification no. not required if shown on other side)

Social security number or taxpayer identification number

WHITE BEAR LAKE AREA HISTORICAL SOC

23-7303749

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

**Part II** **Long-Term.** Transactions involving capital assets you held one year or less are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions).

You **must** check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr	(g) Amount of adjustment	
	CAP ONE FINL	VA/RI/OUS	09/11/2013	285.		O	-285.	
	TRAVELERS	VA/RI/OUS	03/27/2013	9840.		O	-9840.	
	TRANSOCEAN	VA/RI/OUS	09/11/2013	222.		O	-222.	
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
				10347.			-10347.	

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.



<b>Gross Profit on Sales of Inventory</b>			
<b>US 990</b>	<b>990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10</b>		<b>2013</b>
Description	Gross sales less returns	Cost of goods sold	Gross profit
GIFT SHOP SALES	1,200.	646.	554.
BOOK SALES	2,332.	700.	1,632.
CALENDAR SALES	5,530.	4,911.	619.
	9,062.	6,257.	2,805.

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

OMB No 1545-1709

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions</small>	Name of exempt organization or other filer, see instructions <b>WHITE BEAR LAKE AREA HISTORICAL SOC</b>	Employer identification number (EIN) or <b>23-7303749</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>PO BOX 10543</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WHITE BEAR LAKE MN 55110</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SARA MARKOE HANSON  
 Telephone No ▶ 651-407-5327 Fax No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2013 or  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$
<b>b</b> If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.