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### Form **990-PF** Department of the Treasury Internal Revenue Service

### EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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For	calendar year 2014 or tax year beginning		, and ending		
Nar	me of foundation"			A Employer identification	number
_W	VILLIAM B. ORKIN FOUNDATION	N, INC.		20-2011970	<u></u>
Nun	mber and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	
	2650 CRABAPPLE ROAD, SUIT			770-261-19	00
-	y or town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is p	ending, check here
	ILTON, GA 30004-5099			-	. $ abla$
G C	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here
	Final return	Amended return		2 Foreign organizations me check here and attach co	eeting the 85% test,
	Address change	Name change		check here and attach co	omputation
HC	Check type of organization: X Section 501(c)(3) exe	• •	4	E If private foundation sta	
<u> </u>		Other taxable private founda		under section 507(b)(1)	
	air market value of all assets at end of year J Accounting	· · · · · · · · · · · · · · · · · · ·	Accrual	F If the foundation is in a	
	rom Part II, col. (c), line 16) -\$ 11 , 234 , 291 . (Part I, colur	her (specify) mn (d) must be on cash b	nasis )	under section 507(b)(1)	)(b), check here
	art   Analysis of Revenue and Expenses			(a) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	5,930,000.		N/A	(
<b>ว</b>	2 Check If the foundation is not required to attach Sch B	3,330,0000	· · · · · · · · · · · · · · · · · · ·	21/22	
2	Interest on savings and temporary scash investments				
	4 Dividends and interest from securities	179,024.	179,024.		STATEMENT 1
<b>33</b>	5a Gross rents				
	b Net rental income or (loss)				
AUG Je	6a Net gain or (loss) from sale of assets not on line 10	308,894.			
ָבֶּ <u>,</u>	b Gross sales price for all 3,378,549.			772.795	
	7 Capital gain net income (from Part IV, line 2)		308,894.	KEC	FIVED
Ž	8 Net short-term capital gain				
SCANNED A Revenue	9 Income modifications			B  AUG 1	0 2015 [0]
	Gross sales less returns and allowances			ω A00 1	8 2015
$\widetilde{\mathbf{s}}$	b Less Cost of goods sold			77777	
90	c Gross profit or (loss)			UGDE	N. UT
	11 Other income		105 010		
	12 Total Add lines 1 through 11	6,417,918.	487,918.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0
	14 Other employee salaries and wages				
es	15 Pension plans, employee benefits	-			
Šuš	16a Legal fees   STMT 2	9,802.	4,901.		4,901.
Expens	c Other professional fees STMT 3	51,241.	51,241.		0.
	17 Interest	31,241.	<u> </u>		
and Administrative	18 Taxes STMT 4	8,743.	2,837.		0.
istr	19 Depreciation and depletion	0,,,,,,			
Ë	20 Occupancy				
Αď	21 Travel, conferences, and meetings	-			
P	22 Printing and publications	733.	0.		733.
		1,484.	742.		742.
aţ	24 Total operating and administrative	-			
Operating	expenses. Add lines 13 through 23	72,003.	59,721.		6,376.
0	25 Contributions, gifts, grants paid	462,750.			462,750.
	26 Total expenses and disbursements				
	Add lines 24 and 25	534,753.	59,721.		469,126.
	27 Subtract line 26 from line 12:				
	8 Excess of revenue over expenses and disbursements	5,883,165.			
	b Net investment income (if negative, enter -0-)		428,197.		
ASSE	c Adjusted net income (if negative, enter -0-)			N/A	- 600 55
4235	4-14 LHA For Paperwork Reduction Act Notice, see i	nstructions			Form <b>990-PF</b> (2014)

Fo	rm 99	00-PF (2014) WILLIAM B. ORKIN FOUNDA			0-201197	0 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		nd of year	<del></del>
=	T .	<del></del>	(a) Book Value	(b) Book Value	(c) Fair Ma	
	1	Cash - non-interest-bearing	13,208.	17,61	8.	17,618.
	1	Savings and temporary cash investments	268,514.	650,38	8. 6	50,388.
	3	Accounts receivable ►	1			
		Less: allowance for doubtful accounts			<del> </del>	
	4	Pledges receivable -	_			
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable			Ì	
		Less; allowance for doubtful accounts ▶				
Ş	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments - U.S. and state government obligations		-		
	b	Investments - corporate stock STMT 8	4,926,425.	8,074,18	1. 8,1	36,285.
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation	1			*
	12	Investments - mortgage loans		,,,,,,		
	13	Investments - other				
	14	Land, buildings, and equipment: basis $\triangleright$ 2, 430, 000.		<del></del>		
		Less accumulated depreciation STMT 7	0.	2,430,00	0. 2.43	30.000.
	15	Other assets (describe ► STATEMENT 9 )	81,057.	2,200,00	0.	30,000.
		Total assets (to be completed by all filers - see the	02/00.0		<del>-</del>	
		instructions. Also, see page 1, item I)	5,289,204.	11 172 18	7 11 2	34,291.
_	17	Accounts payable and accrued expenses	3/203/2041	11,172,10	7. 11,2	<u>,                                    </u>
	18	Grants payable			_	*
s	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				·
ē	21	Mortgages and other notes payable		-		
ؾ	1	Other liabilities (describe >		<u>-</u>		
	23	Total liabilities (add lines 17 through 22)	0.		0.	
_	1	Foundations that follow SFAS 117, check here	0.		<del>"</del>	
		and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted				
JE C	25	Temporarily restricted				
3ai	26	Permanently restricted			<del> </del>	
힏	20	Foundations that do not follow SFAS 117, check here				
<b>Assets or Fund Balances</b>		and complete lines 27 through 31.				
þ	27	Capital stock, trust principal, or current funds	5,289,204.	11,172,18	<del>,</del>	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		<del>/ · ·</del>	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.		0.	
Net/		Total net assets or fund balances			<del></del>	
Z	30	Total net assets of fund datances	5,289,204.	11,172,18	<del>/ •</del>	
	31	Total liabilities and net assets/fund balances	5,289,204.	11,172,18	7	
				11,1/2,10	7 • 1	
<u> </u>	art	III Analysis of Changes in Net Assets or Fund B	alances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30			
	(mus	t agree with end-of-year figure reported on prior year's return)			1 5,28	39,204.
2	Enter	amount from Part I, line 27a				33,165.
3	Othe	increases not included in line 2 (itemize)   BANK FEE RE	FUND		3	11.
		ines 1, 2, and 3			4 11,17	72,380.
5	Decre	eases not included in line 2 (itemize)	SEE STA	TEMENT 6	5	193.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co			6 11,17	72,187.
423	511				Form <b>99</b>	<b>0-PF</b> (2014)
11-	24-14					

	Part IV Capital Gains and	Losses for Tax on Ir	vestmen	t Income					0 202	<u></u>
		ne kınd(s) of property sold (e.g use; or common stock, 200 sh			( <b>b)</b>	How ac - Purc - Don	iiase į '	c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
18	a									
١	B SEE ATTACHED ST	PATEMENT			<u> </u>					
_	<u>.                                    </u>									
	<u>d</u>				+					
_'	<u>e                                      </u>	(f) Depreciation allowed	(a) Co	st or other basis				/h) G	ain or (loss	l \
_	(e) Gross sales price	(or allowable)		expense of sale					s (f) minus	
	a b									
_	C									
_(	d									
_(				<u>3,069,66</u>	1.					308,894.
_	Complete only for assets showing gain	· · · · · · · · · · · · · · · · · · ·	1						Col. (h) gain	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			coi. (	Losses	not less thai (from col. (	h))
_6	a									
_1	b									
_	C									
_	d									200 004
_	e <u> </u>									308,894.
2	Capital gain net income or (net capital l	oss) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter } -0 \end{cases}$	r in Part I, line - in Part I, line	7 : 7	}	2				308,894.
3	Net short-term capital gain or (loss) as	defined in sections 1222(5) an	nd (6):							
	If gain, also enter in Part I, line 8, colun				<b> </b>					
	If (loss), enter -0- in Part I, line 8	r Section 4940(e) for	Doduces	Toy on Not		3	ont Inco		N/A	<u></u>
_							ient incc	ille		
(F	or optional use by domestic private foun	dations subject to the section 4	4940(a) tax on	net investment ir	icome	9.)				
lf	section 4940(d)(2) applies, leave this pa	rt blank.								
w	as the foundation liable for the section 4	942 tax on the distributable am	nount of any vi	ear in the base nei	rınd?					Yes X No
	"Yes," the foundation does not qualify un			•						
1					ntries	S.				
	(a) Base period years	(b)			(c)				Distrib	(d) oution ratio
_	Calendar year (or tax year beginning in)	Adjusted qualifying dis		Net value of no					(col. (b) div	ided by col. (c))
_	2013		4,990.				4,134.			.047272
_	2012	<del>- 1</del>	0,881.				<u>6,113.</u>			.058369
_	2011		6,700.				<u>2,153.</u>			.046739
_	2010		4,275.				<u>2,998.</u>			.038887
	2009		2,170.		4	<u>, 95</u>	<u>9,199.</u>	+	<u> </u>	.056898
2	Total of line 1, column (d)							2		.248165
	Total of line 1, column (d)  Average distribution ratio for the 5-year	r hace period - divide the total i	nn line 2 hy 5	or by the number	of ve	are				• 2 4 0 1 0 3
J	the foundation has been in existence if	•	on mic 2 by 5,	or by the number	or ye	<b>a</b> i 3		3		.049633
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
4	Enter the net value of noncharitable-use	e assets for 2014 from Part X,	line 5					4		<u>5,561,183.</u>
5	Multiply line 4 by line 3							5		276,018.
6	Enter 1% of net investment income (1%	6 of Part I, line 27b)						6		4,282.
•		, · · · /								-,
7	Add lines 5 and 6							7		280,300.
8	Enter qualifying distributions from Part	XII, line 4						8		469,126.
-	If line 8 is equal to or greater than line 7 See the Part VI instructions.		1b, and comp	olete that part usin	g a 1°	% tax ı	rate.			

_	n 990-PF (2014) WILLIAM B. ORKIN FOUNDATION, 1 ort VI Excise Tax Based on Investment Income (Section 494)		20-20 <b>4948 - s</b> e			Page 4 ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and en	nter "N/A" on line 1.			-	
	Date of ruling or determination letter: (attach copy of letter if nec					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1		<u>4,2</u>	<u>82.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2		4 0	0.
3	Add lines 1 and 2		3		4,2	82.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Ithers enter -0-)	4		4 2	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		4,4	82.
	Credits/Payments:	6a 3,960				
	2014 estimated tax payments and 2013 overpayment credited to 2014	6a 3,960	4			
	Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)	6c 4,700	1			
	Backup withholding erroneously withheld	6d 4,700	4			
	Total credits and payments. Add lines 6a through 6d	- Ou	7		8 6	60.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attain	ched	8		0,0	00.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9			~~~~
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		4 3	78.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	4,378. Refunded	11		1,5	0.
	rt VII-A Statements Regarding Activities	27.57547110101000				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation $\frac{1}{2}$	lation or did it participate or interven	e in		Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructions for the definitio	u)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials publish	ed or			
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
	(1) On the foundation. ▶ \$ (2) On foundation managers.	•	<u>•</u>			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax imposed on foundation				
0	managers. > \$ 0 .  Has the foundation engaged in any activities that have not previously been reported to the IF	nea				х
	If "Yes," attach a detailed description of the activities.	101		2_		
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	netrument articles of incorporation	Or			
Ů	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		OI .	3	х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a		X
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	•	N/A			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	5		X
	If "Yes," attach the statement required by General Instruction T.					
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther:				
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory	y directions that conflict with the sta	te law			
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," $com^2$	nplete Part II, col (c), and Part X	V	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) ►		_		
	GA		-	-		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Af	ttorney General (or designate)			,,	
	of each state as required by General Instruction G? If "No," attach explanation	-1 4040(-)(0) - 4040(-)(5) (		8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of sec		enoar			v
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," or	·	2 m M m 1	0 10	Х	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	te listing their names and addresses	<u> TMT 1</u>	0 10	$\Delta$	

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Form 990-PF (2014) WILLIAM B. ORKIN FOUNDAT			20-20119	70 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to.				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s 🗶 No	1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,		1
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>	Y€	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for		
the prevention of cruelty to children or animals?		Y6	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?	-	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		I/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				
a personal benefit contract?	, p	□ V <sub>f</sub>	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		i	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		,,,	·	7b
Part VIII Information About Officers, Directors, Truste		nagers. Highly		
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	•			
SEE STATEMENT 11		0.	0.	0.
				· · · · · · · · · · · · · · · · · · ·
				·
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
( ) Nove and address of each analysis and each the 050 000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	` hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	•	_	<del>`</del>	
	•			
-		<u> </u>		
	····			
Total number of other employees paid over \$50,000			<b></b>	0
				<u>_</u>

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, H			
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	-		
'(a) Name and address of each person paid more than \$50,000	(b) Type o	of service	(c) Com	pensation
BALENTINE, LLC - 3344 PEACHTREE ROAD, STE			1	
2200, ATLANTA, GA 30326-4828	INVESTMENT	ADVISOR	51,	241.
Texal number of others recovered over \$50,000 for professional converse		<b>&gt;</b>		0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities				
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod  N/A  2	ical information such as the uced, etc.	ne	Expenses	
3				
4				
Part IX-B   Summary of Program-Related Investments	land d and O		A	
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.		Amount	
1 N/A				
2				
All other program-related investments. See instructions.				
	-	-		

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

6

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
`	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI,			•	
line 7		<del></del> .		<u>273,777.</u>
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	<u></u>
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:		ı.		
a From 2009 36,826.				
b From 2010				
d From 2011 46,789.				
e From 2013				
<del></del>	83,615.			
f Total of lines 3a through e 4 Qualifying distributions for 2014 from	03,013.			
Part XII, line 4: ► \$469,126.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				10 H=11 H
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	***			
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				273,777.
e Remaining amount distributed out of corpus	195,349.			2/5////
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	i			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	278,964.			
<b>b</b> Prior years' undistributed income. Subtract	= / 0 / 0 0 0 0	* 100 /FP4/19 M. 1.		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	26 026			
not applied on line 5 or line 7  9 Excess distributions carryover to 2015	36,826.			
Subtract lines 7 and 8 from line 6a	242,138.			
O Analysis of line 9.	747,1301			
a Excess from 2010				
b Excess from 2011				
c Excess from 2012 46,789.				
d Excess from 2013				
e Excess from 2014 195, 349.				
23581	<del>- !</del>			5 000 PE (0044)

orm 990-PF (2014) WILLIAM	B. ORKIN I	OUNDATION,	INC.		)11970 Page 10
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶ └		<del></del>
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0040	Prior 3 years	100011	<u> </u>
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed			ļ		
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		-	<del> </del>		
e Qualifying distributions made directly					
for active conduct of exempt activities.		ŀ			
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter	*				
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:		ł			
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties) (2) Support from general public		<del></del>	"		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					1
(4) Gross investment income					
Part XV Supplementary Info	mation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during the				40,000 0	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	-	than 2% of the total con	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	section 507(d)(2).)			<b>,</b>
NONE					
b List any managers of the foundation who			(or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 🗶 if the foundation or					
the foundation makes gifts, grants, etc. (	see instructions) to indi	viduals or organizations i	under other conditions, co	omplete items 2a, b, c, and	d d.
a The name, address, and telephone numb	er or e-mail address of	the person to whom appl	ications should be addres	ssed.	
<u>-</u>					
b The form in which applications should be	submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines					
d Any restrictions or limitations on awards	Such as hy deographic	al areas, charitable fields	kinds of institutions or r	other factors	
a , roombable or miniations on awards	, sasi, as sy goog, apino	,	, or montations, or t	,,,,,,,, idotoro,	

	(oonanaca)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year		_		
/ARIOUS (SEE ATTACHED)	NONE	PC	SEE ATTACHED	
				462,750.
	-			· · · · · · · · · · · · · · · · · · ·
				-
		•		
Total	<u> </u>	<del></del>	<b>▶</b> 3a	462,750.
b Approved for future payment				
NONE				
		l		
Tatal			<b>▶</b> 2h	0

Part XVI-A	Analysis of Income-Producing	<b>Activities</b>
------------	------------------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue.	code		code	741104111	Tariction income
a b	-	*			
	-				
d	1 1				
е					<del></del>
f	_				· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	179,024.	
<ul> <li>Net rental income or (loss) from real estate:</li> <li>a Debt-financed property</li> <li>b Not debt-financed property</li> </ul>					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	308,894.	
9 Net income or (loss) from special events			<u> </u>		
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	-				
b	-				
·					
d	-				<del></del>
2 Subtotal. Add columns (b), (d), and (e)	-		5.	487,918.	
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<i>y</i> •	13	
See worksheet in line 13 instructions to verify calculations.)				13	401,310

Part XVI-B	Relationship of Activities to	o the Accomplishment of	<b>Exempt Purposes</b>
------------	-------------------------------	-------------------------	------------------------

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	NOT APPLICABLE

Form 990-PF (2014)

Part XVII		AM B. UKK					hips With Nonch			ge 13
T GIT XVIII	Exempt Organ	-	SIEIS IU	anu Irani	sactions a	iliu nelations	mps with Nonch	aritable		
1 Did the or	ganization directly or indir		of the following	ng with any of	ther organization	on described in sect	ion 501(c) of	1	Yes	No
	(other than section 501(c)									
a Transfers	from the reporting founda	ation to a noncharital	ble exempt or	ganization of						
(1) Cash								1a(1)	Х	
(2) Other	assets							1a(2)		<u>X</u>
<b>b</b> Other tran	sactions:								Ţ	
(1) Sales	of assets to a noncharital	ble exempt organizat	ion					1b(1)		<u>X</u> _
٠,,	nases of assets from a nor	•	rganization					1b(2)		<u>X</u>
	il of facilities, equipment, (							1b(3)		<u>X</u>
. ,	bursement arrangements							1b(4)		<u>X</u>
	s or loan guarantees							1b(5)		<u>X</u>
	rmance of services or me	•	•					1b(6)		<u>X</u>
•	f facilities, equipment, mai	•			مالم المالين عام ١ م ١ م	obout the few s	market value of the seeds	1c		<u> </u>
or service	ver to any of the above is s given by the reporting fo	oundation. If the four	ndation receiv	ed less than t					eis,	
	) the value of the goods, (					1 (4) -				
<del>``</del>	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	noncharitable			<u> </u>	n of transfers, transactions, and	d sharing arra	angemer	nts
A1	336,000.	AMERICAN	LEGION	POST	201	SEE STA	ATEMENT 12			
						<del> </del>				
								-		
						<del> </del>				
									·	
				· -	<del></del>			<del></del>		
							·			
2a Is the four	ndation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-	exempt organiz	zations described				
	501(c) of the Code (other		(3)) or in sect	tion 527?			l	Yes	LX	No No
b If "Yes," co	implete the following sche			T. 1. 7		-				
	(a) Name of org	anization		(b) Type of	organization		(c) Description of relation	ship		
<u>N/A</u>										
<del></del>	<del> </del>									
Under	penalties of perjury, I declare t	that I have examined this	return includin	o accompanyin	o schedules and	statements and to the	hest of my knowledge			
I	elief, it is true, correct, and com				-	·	r has any knowledge	ay the IRS di		
Here	///	2,091		18	-10-13	PRECTI	s	nown below (	see inst	ή)?
<b> </b>	nature of officer or trustee			Date	-10-15	PRESII	DENT.	X Yes	L	J No
	Print/Type preparer's na	ime	Preparer's s			Date	Check If PTIN			
	Trinorypo proparci sina		1 10paror 3 3				self- employed			
Paid	BARRY KLEI	N	42	V U	7H	7-31-15		01109	3/13	
Preparer	Firm's name ► BAB		AN KO	RNMAN	& JOHN	SON, LLP	Firm's EIN ► 58 – 0			
Use Only	THE PARTY	COII, MEIN	m, RO	TATALTA	a com	DOM, DDF	Timatin P 30 - C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>x</b> /	
	Firm's address ▶ 59	09 DEVCHU	REE DU	NWOODS	Z RD G	UITE 800	<del> </del>			
		LANTA, GA			. KD. 5	01111 000	Phone no. 770 - 2	61-19	900	
	HI.	UA	20020					Form <b>990</b>		2014)
									1	/

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

OMB No 1545-0047

Name of the organization

Employer identification number

<u>W</u>	ILLIAM B. ORKIN FOUNDATION, INC.	20-2011970
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	-
Special Rules		
sections 509(a)(1 any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo Z, line 1 Complete Parts I and II.	a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educated to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose Do not o	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the <b>General Rule</b> applies to this organization because ole, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

#### WILLIAM B. ORKIN FOUNDATION, INC.

20-2011970

Part I	Contributors	(see instructions)	Use duplicate copies of	of Part I if	additional space is needed
--------	--------------	--------------------	-------------------------	--------------	----------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ESTATE OF WILLIAM B. ORKIN, ADAM ORKIN (EXECUTOR)  12650 CRABAPPLE ROAD, STE 200  MILTON, GA 30004	\$ 2,430,000.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 ESTATE OF WILLIAM B. ORKIN, ADAM ORKIN	Total contributions	Type of contribution
2	(EXECUTOR)  12650 CRABAPPLE ROAD, STE 200  MILTON, GA 30004	\$3,500,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### WILLIAM B. ORKIN FOUNDATION, INC.

20-2011970

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	LAND AT NC HIGHWAY 107, JACKSON COUNTY, NC		40.404.44
		\$ 2,430,000.	12/31/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organ	nization		Employer identification number
WILLIAN Part III	M B. ORKIN FOUNDATION,  Exclusively, religious charitable etc. contril	INC.	20 – 2011970 d in section 501(c)(7), (8), or (10) that total more than \$1,000 for
, ,	the year from any one contributor. Complete co	lumns (a) through (e) and the folic	OWING line entry. For organizations
	Use duplicate copies of Part III if additional		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gi	ft  Relationship of transferor to transferee
(a) No.	(h) Durana of sift		(d) Description of how sift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gir	ft
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
- -			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git	ft  Relationship of transferor to transferee
-	Transferee S Hame, augress, and	Ball TT	riorationarily of Canaleton to Canaletee
-			······································

William B .Orkin Foundation, Inc.
Charitable Contributions
For the Period From Jan 1, 2014 to Dec 31, 2014

Donee	Status	Purpose	Amount
Adopt a Golden Atlanta PO Box 420256 Atlanta, GA 30342-9998	501(c)(3)	Operating Grant	10,000
Alpharetta Police Athletic League 2565 Old Milton Parkway Alpharetta, GA 30009	501(c)(3)	Operating Grant	1,000
American Legion Post 201 201 Willis Road Alpharetta, GA 30009	501(c)(3)	Operating Grant	336,000
Atlanta Vietnam Veterans Business Association 1117 Perimeter Center West W-501 Atlanta, GA 30338	501(c)(3)	Operating Grant	1,000
Cashiers-Glenville Volunteer Fire Dept. 579 Frank Allen Rd Cashiers, NC 28717	501(c)(3)	Operating Grant	500
Iron Sharpens Iron 998 Farmington Ave, Ste 101 West Hartford, CT 06107	501(c)(3)	Operating Grant	10,000
March of Dimes 1776 Peachtree Street, SW Atlanta, GA 30309	501(c)(3)	Operating Grant	10,000
North Metro Miracle League 1506 Klondike Road, Suite 105 Conyers, GA 30094	501(c)(3)	Operating Grant	5,000
Northside Church 11125 Houze Road Roswell GA 30076	501(c)(3)	Operating Grant	750
One Thing For Youth 161 Allmond Lane Alpharetta, GA 30004	501(c)(3)	Operating Grant	75,000
Rabun Paws 4 Life 206 Boen Creek Rd Tiger, GA 30576	501(c)(3)	Operating Grant	7,500
St. Jude Children's Research Hospital Palisades Office Park, 5901 Peachtree Dunwoody Rd	501(c)(3)	Operating Grant	500

Atlanta, GA 30328

The Bowery Mission

501(c)(3) Operating Grant

500

227 Bowery

New York, NY 10002

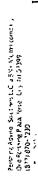
The Gold Shield Foundation

501(c)(3) Operating Grant

5,000

Tampa, FL 33688

462,750





## Account

## Statement

Statement Period: 12/01/2014 - 12/31/2014

# Portfolio Holdings (continued)

Opening Date	Quantity	Account Number	Activity Ending	Opening Balance	Closing Balance	Accrued	Income This Year	30-Day Yield	Current Yield
Cash, Money Funds, and Bank Deposits (continued)	d Bank Depo	sits (continued)							!
FEDERATED US TREASURY SERVICE	נט כפט	1000000	12/16/61	20 000 70	23 050 55	S	ç	7000	0010
Total Money Market	01,330,330	167/00000	+1/1C/21	\$37,332.26	\$61,950.55	\$0.00	\$0.93	0.00%	0.01%
Total Cash, Money Funds, and Bank Deposits	ls, and Bank	Deposits		\$37,332.26	\$66,936.61	\$0.00	\$0.93		
Date Acquired	Quantity	Unit Cost	Cost Basis	Market Price	Market Vatue	Unrealized Gain/Loss		Estimated Estimated Annual Income Yield	stimated
Mutual Funds 70.00% of Portfolio	of Portfolio								Î
AQR MULTI STRATEGY ALTERNATIVE FUND	NATIVE FUND		Security Ide	Security Identifier: ASAIX					
CLASS I Open End Fund			B	CUSIP: 00203H/92					
Dividend Option. Reinvest, Capital Gains Option: Reinvest	al Gains Option	. Reinvest							
07/22/13 3	41,954.590	10.1300	425,020.00	9.7600	409,476.80	-15,543 20			
08/22/13 3	16,683.217	10.0710	168,020.00	9.7600	162,828.20	-5,191.80			
09/09/14	19,175.527	9.9710	191,200.00	9.7600	187,153.15	-4,046.85			
12/24/14	11,663.951	9.7220	113,393.60	9.7600	113,840.16	446.56			
Reinvestments to	5,860.890	0099'6	56,616.20	9.7600	57,202.28	586.08			
Date									
ered	95,338.175		954,249.80		930,500.59	-23,749.21			
Total	95,338.175		\$954,249.80		\$930,500.59	-\$23,749.21		\$0.00	
AQR MANAGED FUTURES STRATEGY FUND CLASS	ATEGY FUND (	LASS	Security Iden	Security Identifier: AQMIX					
Once ford fined			3	CUSIP. 00203H859					
Dividend Option: Reinvest; Capital Gains Option: Reinvest	al Gains Option	Reinvest							
07/22/13 3	24,891.067	10.1000	251,411.61	10.6300	264,592.05	13,180.44			
12/24/14	4,401.640	10.5550	46,457.30	10.6300	46,789.43	332.13			
Total Covered	29,292.707		297,868.91		311,381.48	13,512.57			
Total	29,292.707		\$297,868.91		\$311,381.48	\$13,512.57		\$0.00	

# Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Estimated Annual Income , Yield	Estimated . Yield
Mutual Funds (continued)	(pan							
ABERDEEN EMERGING MARKETS FUND	IARKETS FUND		Security 1d	Security Identifier: ABEMX				
INSTITUTIONAL CLASS Open End Fund			J	CUSIP. 003021714				
Dividend Option: Reinvest; Capital Gains Option. Reinvest	Capital Gains Option	. Reinvest						
08/22/14	14,101.540	15.9110	224,375.50	13.4900	190,229 77	-34,145.73	2,800.42	1.47%
09/09/14	2,047.096	15 9400	32,630.24	13.4900	27,615.32	-5,014.92	406 53	1.47%
12/24/14	5,985 835	13.5330	81,008.35	13.4900	80,748.91	-259.44	1,188.73	1.47%
Reinvestments to	645 592	13.6760	8,829.10	13.4900	8,709.05	-120.05	128 21	1.47%
Date								
	22,780.063		346,843.19		307,303.05	-39,540.14	4,523.89	
:	22,780.063		\$346,843.19		\$307,303,05	-\$39,540.14	\$4,523.89	
BARON EMERGING MARKETS FUND	KETS FUND		Security I	Security Identifier: BEXIX				
Open End Fund			د	USIL, UU020INIO7U				
Dividend Option: Reinvest; Capital Gains Option. Reinvest	Capital Gains Option	. Reinvest						
06/06/14	19.444.702	12.3010	239.189.84	11.9400	232.169.74	-7.020.10	1.051.95	0.45%
09/09/14	907.126	12.6520	11,477,00	11.9400	10,831.09	-645.91	49.08	0.45%
12/24/14	5,599.726	11.8400	66,300.75	11.9400	66,860.73	559.98	302.94	0.45%
Reinvestments to	90,397	12.1800	1,101.03	11.9400	1,079.34	-21.69	4.89	0.45%
Date								
Total Covered	26,041.951		318,068.62		310,940.90	27.127.72	1,408.86	
	26,041.951		\$318,068.62		\$310,940.90	-\$7,127.72	\$1,408.86	
ABSOLUTE STRATEGIES FUND INSTITUTIONAL	UND INSTITUTIONA	<u>.</u>	Security I	Security Identifier: ASFIX				
CLASS				CUSIP: 34984T600				
Open End Fund	;	,						
Dividend Option: Reinvest; Capital Gains Option. Reinvest	Capital Gains Option.	Reinvest						
07/22/13 3	8,241 388	11.2410	92,637.56	11.0900	91,396.99	-1,240.57		
08/22/13 3	15,040.286	11.1710	168,020.00	11.0900	166,796.78	-1,223.22		
12/24/14	4,616.000	11.0640	51,072.96	11.0900	51,191,44	118.48		
Total Covered	27,897.674		311,730.52		309,385.21	-2,345.31		
Total	27,897.674		\$311,730.52		\$309,385.21	-\$2,345.31	\$0.00	
SCHRODER QEP GLOBAL QUALITY FUND INSTITUTIONAL CLASS	QUALITY FUND		Security to	Security Identifier: SQQIX CLISIP: 808089403				
Open End Fund								
Dividend Option: Reinvest; Capital Gains Option: Reinvest	Capital Gains Option	Reinvest						
08/29/11	37,797 561	10.0790	380,974.48	11 8100	446,389 19	65,414.71	16,011.04	3.58%
Total Noncovered	37,797.561		380,974.48		446,389.19	65,414.71	16,011.04	
12/24/14	13,588.600	11.9310	162,132.00	11.8100	160,481.37	-1,650.63	5,756,13	3.58%
Total Covered	13,588.600		162,132.00		160,481.37	-1,650.63	5,756.13	
Total	51,386.161		\$543,106.48		\$606,870.56	\$63,764.08	\$21,767.17	





## Account

## Statement

Statement Period: 12/01/2014 - 12/31/2014

# Portfolio Holdings (continued)

Date Acquired	Quantity	Unit Cost	Cost Basis	Market Price	Market Value	Unrealized Gaın/Loss	Estimated Estimated Annual Income Yield	stimated Yield
Mutual Funds (continued)	inued)							
TCW CORE FIXED INCOME FD CL I	ME FD CL I		Security Id	Security Identifier: TGCFX				
Open End Fund			S	CUSIP: 87234N401				
Dividend Option: Reinvest, Capital Gains Option Reinvest	t, Capital Gains Option F	Reinvest						
06/18/13	47,997.000	11.0500	530,386.17	11.2300	539,006.31	8,620.14	9,983.37	185%
04/07/14	7,015.280	11.0530	77,538.84	11.2300	78,781.59	1,242.75	1,459.18	1.85%
09/09/14	26,063.584	11.1710	291,150.23	11.2300	292,694.05	1,543.82	5,421.22	1.85%
12/24/14	14,000.000	11.2410	157,380.00	11.2300	157,220.00	-160.00	2,912 00	1.85%
Reinvestments to	873.978	11.2150	9,801.62	11.2300	9,814.78	13.16	181 79	1.85%
Date								
Total Covered	95,949.842		1,066,256.86		1,077,516.73	11,259.87	19,957.56	
Total	95,949.842		\$1,066,256.86		\$1,077,516.73	\$11,259.87	\$19,957.56	
TEMPLETON GLOBAL BOND FUND ADVISOR	OND FUND ADVISOR		Security 1d	Security Identifier: TGBAX				
CLASS			,	CUSIP. 880208400				
Open End Fund								
Dividend Option. Reinvest; Capital Gains Option. Reinvest	t; Capital Gains Option. F	Reinvest						
04/07/14	23,568.978	13.1000	308,753.61	12.4100	292,491.02	-16,262.59	29.696.6	3.40%
09/09/14	5,319.580	13.3400	70,963.20	12.4100	66,015.99	-4,947.21	2,250.18	3.40%
12/24/14	6,705.412	12.3800	83,013.00	12.4100	83,214.16	201.16	2,836.39	3.40%
Remvestments to	1,520.252	12.4420	18,914.48	12.4100	18,866.33	-48.15	643.07	3.40%
Date								
	37,114.222				460,587.50	-21,056.79	15,699.31	
Total	37,114.222				\$460,587.50	-\$21,056.79	\$15,699.31	
Total Mutual Funds			\$4,319,768.67		\$4,314,486.02	-\$5,282.65	\$63,356.79	
						Unrealized	Estimated Estimated	timated
Date Acquired	Quantity	Unit Cost	Cost Basis	Market Price	Market Value	Gain/Loss	Annual Income	Yield
Exchange-Traded Products 29.00% of Portfolio	roducts 29.00% o	f Portfolio						
ISHARES TR RUSSELL 1000 GROWTH ETF Dividend Option: Cash	DOO GROWTH ETF apital Gains Option: Cast		Security	Security Identifier: IWF CUSIP: 464287614				
03/04/14	12,761.000	88 3920	1,127,976.38	95.6100	1,220,079 21	92,102.83	16,173.49	1.32%
12/24/14	2,290.000	96.7300	221,512.37	95.6100	218,946.90	-2,565,47	2,902.38	1.32%

# Portfolio Holdings (continued)

						Unrealized		Estimated Estimated	stimated
Date Acquired	Quantity	Unit Cost	Cost Basis	Market Price	Market Value	Gain/Loss		Annual Income · Yield	· Yield
Exchange-Traded Products (continued)	(continued)	:							
ISHARES TR RUSSELL 1000 GROWTH ETF (continued)	WTH ETF (a	ontinued)							
Total Covered 15	15,883.000		1,429,107.59		1,518,573.63	89,466.04		20,130.36	
Total	15,883.000		\$1,429,107.59		\$1,518,573.63	\$89,466.04		\$20,130.36	
WISDOMTREE TR JAPAN HEDGED EQUITY FD	D EQUITY FD		Security	Security Identifier: DXJ					
Dividend Option Cash, Capital Gains Option: Cash	ns Option: Cast	_	Ğ	CÚSIP 97717W851					
11/20/14	4,423.000	54.5640	241,335.73	49.2300	217,744.29	-23,591.44		4,160.14	1.91%
12/24/14	1,660.000	50.5720	83,948.72	49.2300	81,721.80	-2,226.92		1,561.34	1.91%
vered	6,083.000		325,284.45		299,466.09	-25,818.36		5,721.48	
Total	6,083.000		\$325,284.45		\$299,466.09	-\$25,818.36		\$5,721.48	
Total Exchange-Traded Products	oducts		\$1,754,392.04		\$1,818,039.72	\$63,647.68		\$25,851.84	
						Unrealized	Accrued	Estimated	
			Cost Basis		Market Value	Gain/Loss	Interest	Annual Income	
<b>Total Portfolio Holdings</b>	sbı		\$6,141,097.32		\$6,199,462.35	\$58,365.03	\$0.00	\$89,209.56	

. 7 .	b, 141, 097.32 +	CASH 66, 936.61	71111111111111111	6,074,160,71 *	BASIS 12/31/14	T T T T T T T T T T T T T T T T T T T

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						Unrealized	Estimated Estimated	rated
Date Acquired	Quantity	Quantity Unit Cost	Cost Basis	Market Price	Market Value	Gain/Loss	Annual Income	Yield
Mutual Funds 77.00% of Portfolio	30% of Portfolio							
VANGUARD SHORT-TERM INVESTMENT-GRADE	IM INVESTMENT-GRA	36	Security Ide	Security Identifier: VFSUX				
FUND ADMIRAL SHARES			ਹ	CUSIP. 922031836				
Open End Fund								
Dividend Option: Reinvest; Capital Gains Option. Reinvest	t; Capital Gains Option.	Remvest						
2/24/14	187,969.925	10.6400	2,000,020.00	10.6600	2,003,759.40	3,739.40	40,314.28 2.0	2.01%
<b>Total Mutual Funds</b>	2		\$2,000,020.00		\$2,003,759.40	\$3,739.40	\$40,314.28	

### ACCEPTANCE BY ADAM D. ORKIN, GREER O. PLUNKETT, AND ANDREA DAWN KATZ OF THEIR APPOINTMENTS AS SUCCESSOR CO-TRUSTEES OF THE WILLIAM B. ORKIN FOUNDATION, INC.

### DECLINATION BY WENDY O. EMMETT OF HER APPOINTMENT TO SERVE AS SUCCESSOR CO-TRUSTEE OF THE WILLIAM B. ORKIN FOUNDATION, INC.

This document is executed as of the 16 day of February, 2014 (the "Effective Date").

At the time of his death on February 8, 2014, and pursuant to Article IV,

Section 1, Paragraph (b) of the By-Laws of The William B. Orkin Foundation (the

"Foundation"), WILLIAM B. ORKIN ("WILLIAM") was serving as the sole Trustee of the

Foundation. Said Article IV, Section 1, Paragraph (b) of the By-Laws further provides that at such time as WILLIAM becomes unable or unwilling to continue serving as Trustee of the

Foundation, each one among WILLIAM's children, ADAM D. ORKIN ("ADAM"), WENDY O.

EMMETT ("WENDY"), ANDREA DAWN KATZ ("DAWN"), and GREER A. PLUNKETT

("GREER"), or those of them who wish to do so, would be authorized to qualify to serve as successor Co-Trustees of the Foundation.

Each of ADAM, GREER, and DAWN, by executing this document, hereby accepts his/her appointment as a successor Co-Trustee of the Foundation effective as of the Effective Date.

WENDY, by executing this document, hereby declines to accept her appointment to serve as a successor Co-Trustee of the Foundation.

This document may be executed in multiple counterparts, each of which shall be seemed an original and all of which shall constitute one and the same document.

Executed as of the Effective Date.

ADAM D. ORKIN, who accepts his position as a Successor Co-Trustee

ANDREA DAWN KATZ, who accepts her position as a Successor Co-Trustee

GREER O. PLUNKETT, who accepts her position as a Successor Co-Trustee

WENDY O. EMMETT, who declines to accept her position as a Co-Trustee

This document may be executed in multiple counterparts, each of which shall be seemed an original and all of which shall constitute one and the same document.

Executed as of the Effective Date.

ADAM D. ORKIN, who accepts his position as a Successor Co-Trustee

ANDREA DAWN KATZ, who accepts her position as a Successor Co-Trustee

GREER O. PLUNKETT, who accepts her position as a Successor Co-Trustee

WENDY O. EMMETT, who declines to accept her position as a Co-Trustee

This document may be executed in multiple counterparts, each of which shall be seemed an original and all of which shall constitute one and the same document.

Executed as of the Effective Date.

ADAM D. ORKIN, who accepts his position as a Successor Co-Trustee

I de ho of

ANDREA DAWN KATZ, who accepts her position as a Successor Co-Trustee

GREER O. PLUNKETT, who accepts her position as a Successor Co-Trustee

WENDY O. EMMETT, who declines to accept her position as a Co-Trustee

### CONSENT IN LIEU OF MEETING OF THE BOARD OF TRUSTEES OF THE WILLIAM B. ORKIN FOUNDATION, INC.

The undersigned, being all of the currently serving Trustees of The William B. Orkin Foundation, Inc. (the "Corporation"), a Georgia nonprofit corporation, do hereby waive notice of the time, place and subject of the special meeting of the Board of Trustees of the Corporation and, pursuant to section 14-3-821 of the Georgia Nonprofit Corporation Code, hereby adopt the following resolutions:

RESOLVED, that under Article IV, Section 1, Paragraph (b) of the By-Laws of the William B. Orkin Foundation, Inc., Adam D. Orkin, Greer A. Plunkett, and Andrea Dawn Katz have accepted their appointments to serve as successor Trustees to William B. Orkin, deceased, of the Corporation and will serve until their respective successors are duly elected and qualified;

RESOLVED, that the following persons are hereby elected to serve as Officers of the Corporation in the respective offices set forth opposite their names below during the current year and until their successors are duly elected and qualified:

<u>Name</u>	<u>Office</u>
Adam Orkin	President
Marc Glickman	Treasurer
Renee Lipham	Secretary

FURTHER RESOLVED, that all prior actions of the Trustees and Officers of the Corporation on behalf of the Corporation are hereby ratified, affirmed and approved, said prior actions expressly including, but not being limited to all grants made or authorized by the Corporation through the date of the execution of this document.

This Consent to be effective as of the 16 day of February, 2014.

Adam D. Orkin

Muss A. Flunkett

Greer A. Plunkett

Andrea Dawn Katz

### CONSENT IN LIEU OF MEETING OF THE BOARD OF TRUSTEES OF THE WILLIAM B. ORKIN FOUNDATION, INC.

The undersigned, being all of the currently serving Trustees of The William B. Orkin Foundation, Inc. (the "Corporation"), a Georgia nonprofit corporation, do hereby waive notice of the time, place and subject of the special meeting of the Board of Trustees of the Corporation and, pursuant to section 14-3-821 of the Georgia Nonprofit Corporation Code, hereby adopt the following resolutions:

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RESOLVED, that the following persons are hereby elected to serve as Officers of the Corporation in the respective offices set forth opposite their names below during the current year and until their successors are duly elected and qualified:

<u>Name</u>	<u>Office</u>
Adam Orkin	President
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Renee Lipham	Secretary

FURTHER RESOLVED, that all prior actions of the Trustees and Officers of the Corporation on behalf of the Corporation are hereby ratified, affirmed and approved, said prior actions expressly including, but not being limited to all grants made or authorized by the Corporation through the date of the execution of this document.

This Consent to be effective as of the 16 day of February, 2014.

Adam D. Orkin
Greer A. Plunkett
Andrea Dawn Katz

FORM 990-PF I	DIVIDENDS	AND INTER	EST FROM SECUI	RITIES ST	PATEMENT	1
SOURCE .	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
BALENTINE	229,868.	50,84	4. 179,024	. 179,024.		
TO PART I, LINE 4	229,868.	50,84	179,024	179,024.		
FORM 990-PF		ACCOUNTI	NG FEES	S'.	FATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
LEGAL & ACCOUNTING FE	ES	9,802.	4,901.		4,90	1.
TO FORM 990-PF, PG 1,	LN 16B	9,802.	4,901.		4,90	1.
FORM 990-PF	OT	HER PROFES	SIONAL FEES	S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
BALENTINE #JF4 ADVISOR FEES BALENTINE #N10 ADVISOR		15,939.	15,939.			0.
FEES	X.I	35,302.	35,302.			0.
TO FORM 990-PF, PG 1,	LN 16C	51,241.	51,241.			0.

FORM 990-PF	XAT	KES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME		
2013 FEDERAL BALANCE DUE 2014 ESTIMATED PAYMENT BALENTINE FOREIGN TAX	1,946. 3,960. 2,837.	0.	•	C	). ).
TO FORM 990-PF, PG 1, LN 18	8,743.	2,837.			).
FORM 990-PF	OTHER E	EXPENSES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
INSURANCE	1,484.	742.		742	<u> </u>
TO FORM 990-PF, PG 1, LN 23	1,484.	742.		742	<u>-</u>
FORM 990-PF OTHER DECREA	SES IN NET AS	SETS OR FUND	BALANCES	STATEMENT	6
DESCRIPTION				AMOUNT	
OTHER MISCELLANEOUS CHANGES	TO NET ASSET	'S	_	193	<u>.</u>
TOTAL TO FORM 990-PF, PART	III, LINE 5		=	193	-  -
FORM 990-PF DEPRECIATION	OF ASSETS NOT	HELD FOR INV	ESTMENT	STATEMENT	7
DESCRIPTION		ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE	
LAND	2,430,000.	0.	2,430,000.	2,430,000	<del>-</del>
TO 990-PF, PART II, LN 14	2,430,000.	0.	2,430,000.	2,430,000	· .
	<del></del>			:	_

FORM 990-PF C	CORPORATE STOCK		STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKE	Г
BALENTINE #N10 (SEE STATEMENT A-1 BALENTINE #J4F (SEE STATEMENT A-2		6,074,161. 2,000,020.	6,132,5 2,003,7	
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	8,074,181.	8,136,28	35.
FORM 990-PF	OTHER ASSETS		STATEMENT	9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE	Г
HOLDBACK ON DISPOSAL OF MAVERICK STABLE FUND HOLDBACK ON DISPOSAL OF FEG ABS	28,769.	0.		0.
ACCESS TEI FD LLC	52,288.	0.		0.
TO FORM 990-PF, PART II, LINE 15	81,057.	0.		0.
	STANTIAL CONTRIE	BUTORS	STATEMENT	10
NAME OF CONTRIBUTOR	ADDRESS			
ESTATE OF WILLAM B. ORKIN, ADAM ORKIN (EXECUTOR)	12650 CRABAPE	PLE ROAD, STE 20	00	

MILTON, GA 30004

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT TRUSTEES AND FOUNDATION MANAGERS							
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE			
ADAM ORKIN 12650 CRABAPPLE ROAD, STE 200 MILTON, GA 30004	PRESIDENT 1.00	0.	0.	0.			
RENEE LIPHAM 12650 CRABAPPLE ROAD, STE 200 MILTON, GA 30004	SECRETARY 1.00	0.	0.	0.			
ANDREA DAWN KATZ 12650 CRABAPPLE ROAD, STE 200 MILTON, GA 30004	TRUSTEE 1.00	0.	0.	0.			
MARC GLICKMAN 12650 CRABAPPLE ROAD, STE 200 MILTON, GA 30004	TREASURER 1.00	0.	0.	0.			
GREER PLUNKETT 12650 CRABAPPLE ROAD, STE 200 MILTON, GA 30004	TRUSTEE 1.00	0.	0.	0.			
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.			

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS
PART XVII, LINE 1, COLUMN (D)

STATEMENT

12

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AMERICAN LEGION POST 201

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE FOUNDATION CONTRIBUTED \$336,000 TO THE AMERICAN LEGION POST 201 LOCATED IN ALPHARETTA, GEORGIA (THE "POST") FOR THE CHARITABLE PURPOSE OF ADVANCING YOUTH AMATEUR BASEBALL IN THE POST'S COMMUNITY. AMERICAN LEGION BASEBALL IS ONE OF THE NATION'S MOST SUCCESSFUL AMATEUR ATHLETIC PROGRAMS, SERVING THE PUBLIC INTEREST AND EDUCATING YOUNG PEOPLE ABOUT THE IMPORTANCE OF SPORTSMANSHIP, CITIZENSHIP AND FITNESS. THROUGH ITS COMMUNITY BASEBALL PROGRAM, THE POST COMBATS JUVENILE DELINQUENCY AND LESSENS NEIGHBORHOOD TENSIONS BY PROVIDING A RECREATIONAL OUTLET, SKILL DEVELOPMENT, AND ADULT MENTORING FOR ITS YOUNG PARTICIPANTS.

2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year , Deduction	0 0	
Current Sec 179	0.	
Accumulated Depreciation	0	
Basis For Depreciation	2,430,000.	
Reduction In Basis	0	
Bus % Excl		
Unadjusted Cost Or Basis	2,430,000.	
No		
Life		
Method	ı.	
Date Acquired	123114L	
Description	11LAND * TOTAL 990-PF PG 1 DEPR	
Asset	11	

(D) - Asset disposed

428102 05-01-14

24

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

#### Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service.

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			$\triangleright$ X
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).		
Do not coi	mplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	m 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for	a corporation
equired to	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	lle Form 88	368 to reque	st an extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated V	Vith Certain
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing	of this form,
visit www.	irs gov/efile and click on e-file for Charities & Nonprofits				_	<u>-</u>
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete		
art I only						ightharpoons
All other c	orporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	at an exten	sion of time	
o file inco	me tax retums			Enter file	r's identifyi	ng number
Type or	Name of exempt organization or other filer, see instruc	ctions		Employer	identification	on number (EIN) or
orint	· -					
	WILLIAM B. ORKIN FOUNDATION	N, IN	C.		20-20	11970
File by the due date for	Number, street, and room or suite no. If a P O box, se	ee instruc	tions.	Social se	curity numb	er (SSN)
iling your	12650 CRABAPPLE ROAD, SUITE	3 200				
eturn See nstructions	City, town or post office, state, and ZIP code. For a fo		ress, see instructions.			
	MILTON, GA 30004-5099	_				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application Return Application					Return	
s For Code Is For					Code	
Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07	
orm 990-	orm 990-BL 02 Form 1041-A				08	
Form 472	) (individual)	03	O3 Form 4720 (other than individual)			
Form 990	PF	04	Form 5227			10
orm 990	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
	ADAM ORKIN					
• The bo	oks are in the care of  12650 CRABAPPLE	E ROA	D, SUITE 200 - MIL	TON,	GA 300	04
Teleph	one No ▶ 770-261-1900		Fax No.			
If the o	rganization does not have an office or place of business	s in the Ur	nited States, check this box			<b>▶</b> □
If this is	s for a Group Return, enter the organization's four digit (	Group Exe	emption Number (GEN)	If this is fo	r the whole (	group, check this
oox ▶ [	If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	<u>f all memb</u>	ers the exte	nsion is for
1 I red	uest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	AUGUST 15, 2015 , to file the exemp	t organıza	tion return for the organization name	ed above.	The extensi	on
ıs fo	r the organization's return for.					
►Ĺ	X calendar year $2014$ or					
►L	tax year beginning	, an	d ending		_ ·	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	n	
	Change in accounting period					
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
non	refundable credits. See instructions.			3a	\$	<u>8,660.</u>
	is application is for Forms 990-PF, 990-T, 4720, or 6069					
<u>estı</u>	mated tax payments made Include any prior year overp	ayment a	llowed as a credit.	3b	\$	3,960.
c Bala	ance due. Subtract line 3b from line 3a Include your pa	yment wit	h this form, if required,			
	ising EFTPS (Electronic Federal Tax Payment System)			3c	\$	4,700.
Caution.	f you are going to make an electronic funds withdrawal	(dırect de	bit) with this Form 8868, see Form 8	3453⋅EO aı	nd Form 887	9-EO for payment
nstructioi	ns					

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Form 8868 (Rev 1-2014)

LHA 423841 05-01-14

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

(a) List and describe the kind(s) of property sold, e.g., real estate,				(c) Date acquired	(d) Date sold
2-story brick warehouse; or common stock, 200 shs. MLC Co.				(c) Date acquired (mo., day, yr.)	(mo., day, yr.)
1a PUBLICLY TRADE					
		Y TRADED SECURITIE			10/21/1
		D CLARK HEDGE FUND	S P	VARIOUS	12/31/14
d CAPITAL GAINS	DIAIDENDS				
f e					
9					
h			· · · · · · · · · · · · · · · · · · ·	<del></del>	
I					
k					
1					
m					
n					
0	/// Depression of the control	(a) Cost or other basis		Coup or //or->	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) n	Gain or (loss) lus (f) minus (g)	
a 3,242,852.	//	2,988,604.	(9) F		254,248.
a 3,242,852.		2,300,004.	****		<u> 254,246.</u> 6.
84,853.		81,057.			3,796.
d 50,844.		31,03,1		ye.	50,844.
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f					
g					
h					
1					
1					
<u>k</u>					
<u> </u>					
m -	<del>7 - 7</del>		<u></u>		
n o					
	g gain in column (h) and owned b	v the foundation on 12/31/69	(I) I os	ses (from col. (h))	-
	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess of	of col. (h) gain over	col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but n	but not less than "-0-")	
a					254,248.
b			-		6.
c	,		-		3,796.
<u>d</u>					50,844.
e					
f					
g					
<u>n</u>	<del> </del>				
<u> </u>					
<u>                                     </u>					<del>.</del>
<u> </u>					
<u>'                                     </u>					
n					
0	<del></del>				
L	16.	Death has 7			
Capital gain net income or (net cap	pital loss) { If gain, also enti-	er in Part I, line 7 -0-" in Part I, line 7	2		308,894.
Net short-term capital gain or (los	s) as defined in sections 1222(5) a	, I			
If gain, also enter in Part I, line 8, column (c). If (loss), enter *-0-* in Part I, line 8			3	N/A	