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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public

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

Inspection

Demployer identification number	A	or the	2014 calendar year, or tax year beginning and	ending				
Composition	В	Clieck if applicable	C Name of organization		D Employer identific	cation number		
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Here BANK OF THE BLUEGRASS & TRUST, INSTITUTIONAL TRUSTEE	2.							
Preparer Firm's name DEAN DORTON ALLEN FORD), PLLC Firm's EIN 27-3858252 Use Only Firm's address 106 W. VINE STREET, SUITE 600 LEXINGTON, KY 40507 Phone no. (859) 255-2341		<u>"</u>	•	נותד האנו	או. יוווייהה			
Preparer Firm's name DEAN DORTON ALLEN FORD), PLLC Firm's EIN 27-3858252 Use Only Firm's address 106 W. VINE STREET, SUITE 600 LEXINGTON, KY 40507 Phone no. (859) 255-2341	2			0110112	TH TROUTER			
Preparer Firm's name DEAN DORTON ALLEN FORD), PLLC Firm's EIN 27-3858252 Use Only Firm's address 106 W. VINE STREET, SUITE 600 LEXINGTON, KY 40507 Phone no. (859) 255-2341	4				Date Check C	PTIN		
Preparer Firm's name DEAN DORTON ALLEN FORD), PLLC Firm's EIN 27-3858252 Use Only Firm's address 106 W. VINE STREET, SUITE 600 LEXINGTON, KY 40507 Phone no. (859) 255-2341	œ.	a	TETCH MCKER		3.4.15.1	- }∣		
Use Only Firm's address 106 W. VINE STREET, SUITE 600 LEXINGTON, KY 40507 Phone no. (859) 255-2341					Self-entiploy			
LEXINGTON, KY 40507 Phone no. (859) 255-2341								
	USE	. Omy			Dhana na / O	501255-2241		
	<u></u>	v the ID			I FIIONE NO. (O			

	rt III Statement of Program Service Accomplishments	<u>; Z</u>
rai	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission	
•	SUPPORT OF THE CHIRST CHURCH EPISCOPAL LEXINGTON, KY	
	BOTTORY OF THE CHIREF CHORES BIBEOTRE BEATROTOR, RI	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	J۸
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	J۸
-	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$104,384. including grants of \$104,384.) (Revenue \$	<u> </u>
	TO PROVIDE DEDICATED PROGRAM SUPPORT TO AND FOR CHRIST CHURCH EPISCOPA	_ ′ [.
	- LEXINGTON, KY	<u>-</u> -
		—
		—
		—
		—
		—
		—
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	(Code	- '
		—
		—
		—
		—
		—
		—
4c	(Code) (Expenses \$	
70	(Code) (Expenses \$ including grants of \$) (Revenue \$	- '
		—
		—
		—
•	Other was a constant of the second of the se	_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 104,384.	

Pai	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			† <u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			†
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			† -
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

Form **990** (2014)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) T/W LIDA F THURMAN
Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		li	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ļ		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2014

Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	l o[103	
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	ble gaming		ĺ	
	(gambling) winnings to prize winners?		1c		1
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	its (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	_	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?)	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ <u>.</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?		6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r gifts			ĺ
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	rovided to the payor?	7 <u>a</u>		X
b	· · · · · · · · · · · · · · · · · · ·		7b		<u> </u>
С	3	uired	_		
	to file Form 8282?	ı	7c		<u> X</u> .
		1	_	-	· ·
e	, , , , , , , , , , , , , , , , , , , ,	X77	7e		X
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 88	200 as required?	7f		
g h		' '	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	į.	/11		<u> </u>
Ü	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b		İ	9b		
10	Section 501(c)(7) organizations. Enter	İ			<u> </u>
а					
b					
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		<u> </u>
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	-	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				1
b	, , , , , , , , , , , , , , , , , , , ,	,			1
	organization is licensed to issue qualified health plans				
С		l		ļ	<u> </u>
14a	3 3 4 74]	14a	ļ	_X_
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u>14b</u>		

T/W LIDA F THURMAN 52-6194641 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

BANK OF THE BLUEGRASS & TRUST 101 EAST HIGH STREET, LEXINGTON, KY

40507

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

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

Section A. Officer's, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization ne	or any related	orga	anıza			nper	nsat		director, or trustee	
(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JPMORGAN CHASE BANK NA	2.00									10 100
TRUSTEE		_	X					0.	0.	10,188.
				_						
		-								
					_					
										-
			<u> </u>			-				

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

0

		Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
S, G	С		1c					1
뿗	d	B	1d			İ		
S,E	е		tions) 1e					
ĒΩ		All other contributions, gifts, gran		-				
E		similar amounts not included abo	1 1					
ĒĎ	g							
a S	-	Total. Add lines 1a-1f		•				
				Business Code				
e	2 a							
اه کَ	b						_	
Program Service Revenue	С							
e all	d					-		
P. B.	е				,			
ፈ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	_			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	50,589.			50,589.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		>				T
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						1
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	766,609.			ļ		
	b	Less cost or other basis						
		and sales expenses	652,421.					
	С	Gain or (loss)	114,188.					
	ď	Net gain or (loss)		>	114,188.			114,188.
e R	8 a	Gross income from fundraising	g events (not					
		including \$	of					
ě		contributions reported on line	1c) See			:		
Other Rever		Part IV, line 18	а					
Ĕ	b	Less direct expenses	b					
١ -	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities	•				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					•
	b	Less cost of goods sold	b					
	<u>c</u>	Net income or (loss) from sale						
		Miscellaneous Revent	ıe	Business Code				
		OTHER INCOME		900099	5,070.			5,070.
	b	990-T REFUND		900099	267.			267.
	С							
	d	All other revenue		<u> </u>				<u> </u>
	е	Total. Add lines 11a-11d		>	5,337.			
43200	12	Total revenue. See instructions.	-	>	170,114.	0.	_0.	
11-07-	14							Form 990 (2014)

Part IX Statement of Functional Expens	es
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations	·								
	and domestic governments. See Part IV, line 21	104,384.	104,384.							
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	10,188.		10,188.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)			<u> </u>						
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal				<u> </u>					
	Accounting									
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·							
13	Office expenses									
14	Information technology Royalties				-					
15 16	Occupancy	•		·						
17	Travel		· · · · · · · · · · · · · · · · · · ·							
18	Payments of travel or entertainment expenses			· · · · · · · · · · · · · · · · · · ·						
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest		-							
21	Payments to affiliates	-		·						
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)									
а	amount, list line 24e expenses on Schedule 0') FOREIGN TAXES	1,297.		1,297.						
b		1,25,0		1,271.						
c										
ď		·								
	All other expenses									
25	Total functional expenses Add lines 1 through 24e	115,869.	104,384.	11,485.	0.					
26	Joint costs Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non interest-bearing 1 93,748. 207,168. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 908,078. 1,084,677. Investments - publicly traded securities 11 11 700,819. 1,117,710. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 354,943. 309,009. 15 Other assets See Part IV, line 11 15 2,234,187. 2,541,965. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Ō. 0 . Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 2,234,187. 2.541.965. 30 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 0. 32 32

> <u>2,541,965.</u> Form 990 (2014)

2,541,965.

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,234,187

2,234,187

33

34

Form	990 (2014) T/W LIDA F THURMAN	52-	6194641	Pad	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	170),1	14.
2	Total expenses (must equal Part IX, column (A), line 25) .	2	11!	5,8	69.
3	Revenue less expenses Subtract line 2 from line 1	3			45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,234	1,1	87.
5	Net unrealized gains (losses) on investments	5			50.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			83.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,543	L,9	65.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		lit -		
	Act and OMB Circular A-133?	5 - 1 - 1 - 1	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

SCHEDULE A

Department of the Treasury

(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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Internal Revenue Service Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number Name of the organization 52-6194641 T/W LIDA F THURMAN Reason for Public Charity Status (All organizations must complete this part) See instructions Part I A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 X 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1.9 listed in your organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) CHRIST CHURCH **EPISCOPAL** 61-0444674 1 X 104,384

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

104,384

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4

Calendar year (or fiscal year beginning in) ► 📘	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties		-			,	
and income from similar sources				<u> </u>		
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	tc (see instructi	ons)			12	-
13 First five years. If the Form 990 is for t	he organization's	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	-

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		%
				
15	Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a	i 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r	nore, ch	eck this box and	
	stop here. The organization qualifies as a publicly supported organization			ightharpoons
t	o 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or mo	re, check this box	
	and stop here. The organization qualifies as a publicly supported organization			ightharpoons
17 <i>a</i>	10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b,	and line	14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pa	rt VI ho	w the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			ightharpoons
t	10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or	17a, an	d line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	ın Parl	VI how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	anızatıo	n	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see	instructions	
				<u>. r . – </u>

organization, check this box and stop here

Section C. Computation of Public Support Percentage

Schedule A (Form 990 or 990-EZ) 2014 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	now, please com	piete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(8) 2010	(6) 2011	(6) 2012	(4) 2015	(e) 2014	(i) Total
membership fees received (Do not						
include any "unusual grants ")					1	
2 Gross receipts from admissions,				 		
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose	····					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					-	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract-line 7c from line 6)						
Section B. Total Support				-		
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		_				
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI)			<u></u>		 	<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12)	46	1-64			501/-)(0)	
14 First five years. If the Form 990 is for	the organization	s iirst, second, trii	ra, rourth, or litth t	ax year as a secti	on 50 r(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2014 (li			column (fl)		15	0/
16 Public support percentage from 2013		-	Column (i))		16	<u>%</u> %
Section D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·	-	1 10 1	70
17 Investment income percentage for 20					47	
·	•	• • • • • • • • • • • • • • • • • • • •	rie 13, column (i))	-	17	%
18 Investment income percentage from 2			on line 14 and line	0 15 10	18 33.1/3% and line :	%
19a 33 1/3% support tests - 2014. If the	_					ı ∕ıs not ⊾
more than 33 1/3%, check this box ar	•	-	• •	• • •		. ▶∟
b 33 1/3% support tests - 2013. If the	-					
line 18 is not more than 33 1/3%, che		-			=	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t		nstructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	v	
1	X	
2		х
3a		Х
3b	<u> </u>	
3с		
		y
4a		Х
4b		
75		
4c	<u> </u>	
		-
5a		х
5b		
5c		
6		Х
7		х
8		X
9a		X
9b		Х
	1	
9c		X
10a		х
106		
990 or 9		2014

Par	Int IV Supporting Organizations (continued)			
		r 	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	_ 11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	/l. 11c		X
Sect	ction B. Type I Supporting Organizations		·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		i	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	d		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
	ction C. Type II Supporting Organizations			
	, some of the same		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
	ction D. Type III Supporting Organizations			L
000.	odon b. Type in supporting organizations		Tvaa	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (1) a written notice describing the type and amount-of support provided during the p	rior toy		
		i		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of t		\ \ \ \\	,
	organization's governing documents in effect on the date of notification, to the extent not previously provide		X	
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI in	1	3 ,	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C4	supported organizations played in this regard	3	X	
	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(s	see instructions):		
а	_			
b				
С		nt entity (see instruction	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes o	f		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1	1	
	that these activities constituted substantially all of its activities	2a	!	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mor	e		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			Ì
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ions. All	
	other Type III non-functionally integrated supporting organizations must com-				
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1	15,716.	0.	
2	Recoveries of prior-year distributions	2	0.	0.	
3	Other gross income (see instructions)	3	42,655.	55,926.	
4	Add lines 1 through 3	4	58,371.	55,926.	
5	Depreciation and depletion	5	0.	0.	
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6	12,972.	11,485.	
	Other expenses (see instructions)	7	0.	0.	
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	45,399.	44,441.	
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 .	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year)				
a_	Average monthly value of securities	1a	1,755,775.	1,970,706.	
b	Average monthly cash balances	1b	348,941.	250,993.	
с	Fair market value of other non-exempt-use assets	1c	300,228.	331,977.	
d	Total (add lines 1a, 1b, and 1c)	1d	2,404,944.	2,553,676.	
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI) 0.	.]			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.	
3	Subtract line 2 from line 1d	3	2,404,944.	2,553,676.	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4	36,074.	38,305.	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	2,368,870.	2,515,371.	
6	Multiply line 5 by 035	6	82,910.	88,038.	
7	Recoveries of prior-year distributions	7	0.	0.	
8	Mınimum Asset Amount (add line 7 to line 6)	8	82,910.	88,038.	
Section	on C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	-	45,399.	
2	Enter 85% of line 1	2		38,589.	
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		82,910.	
_4	Enter greater of line 2 or line 3	4		82,910.	
5	Income tax imposed in prior year	5		0.	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6		82,910.	
7	Check here if the current year is the organization's first as a non-functionally	-integra	ted Type III supporting organi		
	instructions)		, <u>.,</u>		

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		104,384.
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
_ 7	Total annual distributions. Add lines 1 through 6			104,384.
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI) See instructions			104,384.
9	Distributable amount for 2014 from Section C, line 6			104,384. 82,910.
10	Line 8 amount divided by Line 9 amount			100.00%
		(i)	(II)	(ni)
0	Com E. District Con Allega Procedures (con and a self-	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			82,910.
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a	W. All (18)			
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount		-	
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$ 104,384.			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			82,910.
c_	Remainder Subtract lines 4a and 4b from 4.	21,474.		
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	1		
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	21,474.		· - 48 · · · 8 · · ·
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014 21,474.			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Nam	e of the organization T/W LIDA F THURMAN		Em	ployer identification number $52-6194641$
Pai		Funds or Other Similar Funds o	r Acco	
	organization answered "Yes" to Form 990, Part IV, line			arrear complete ii the
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		····	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's e	•		Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	ed only	
	for charitable purposes and not for the benefit of the donor or		•	
	impermissible private benefit?		J	Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, Part	t IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ec		cally impo	rtant land area
	Protection of natural habitat	Preservation of a certifie	d historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	rganızatıo	n during the tax
	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	• • • •		
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and e	•		\$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)((4)(B)(ı)	<u> </u>
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	e organiza	tion's accounting for
Pai	t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Simi	lar Accate
	Complete if the organization answered "Yes" to Form 9	· ·	ei Oiiiii	idi Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		at and hal	and shoot works of art
14	historical treasures, or other similar assets held for public exhi			
	the text of the footnote to its financial statements that describ		e or public	service, provide, in Fait Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC		nd halanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edi	,,		,
	relating to these items	and the second of the second of public		p. 27/40 the fellowing amounts
	(i) Revenue included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X			\$ \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial or	ain, orovi	ie
_	the following amounts required to be reported under SFAS 11	_	, 5,0410	
а	Revenue included in Form 990, Part VIII, line 1	- ()	•	\$
b	Assets included in Form 990, Part X			\$ \$
	• •		-	·

		A F THURMA			· i. v					Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tre	easures, or (Other	Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that are	e a sign	ıfıcant u	ise of its	collection	items
	(check all that apply)									
а	Public exhibition	c	ı 🖂 L	oan or excl	hange programs					
b	Scholarly research	е	. 🗀 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organization's	exemp	t purpo	se in Parl	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or other s	ımılar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	ızatıon's co	llection?				Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the d	organizatio	n answered "Yes	s" to Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	s or other assets	s not inc	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble						
	•	·							Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial account	liability'	7		Yes	□ No
	If "Yes," explain the arrangement in Part XIII					-				
Par										
		(a) Current year	(b) Pri	or year	(c) Two years ba	ick (d)	Three ye	ears back	(e) Four	years back
1a	Beginning of year balance			•			•			
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities					1		1	•	
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1a	. column (a	ı)) held as					
- а	Board designated or quasi-endowment		%	,,	-,,					
b	Permanent endowment	%								
	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administered	for the	organiz	ation		
-	by						5		Γ	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization	s listed as required o	on Schedi	ule R?					3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	1
Pai	t VI Land, Buildings, and Equipn									
	Complete if the organization answere		D. Part IV.	line 11a S	ee Form 990. Pa	ırt X. lıne	e 10			
	Description of property	(a) Cost or o				(c) Accı		d	(d) Book	value
	2000 inplient of property	basis (invest		.	(other)	` '	ciation	_	(4) 200.	
19	Land	,	- 1		· · ·	•				
	Buildings									
	Leasehold improvements									
	Equipment				_					
	Other									- -
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990. Pari	t X. colum	n (B), line 1	10c)			•		0.

Schedule D (Form 990) 2014

Scrieding D (Louin ago) 5014 1/W TIDE I	THORMAN		72-0194041 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	,	<u> </u>	
(3) Other			
(A) 8,223.925 SHS NEUBERGER	400 445		
(B) BER MU/C OPP-INS	129,116.	END-OF-YEAR MARKE	T VALUE
(C) 1,540 SHS SPDR S&P 500	216 520		
(D) ETF TRUST	316,532.	END-OF-YEAR MARKE	ET VALUE
(E) 11.35 SHS CAPITAL PRIVATE			
(F) CLIENT SVCS	138,206.	END-OF-YEAR MARKE	ST VALUE
(G) 3,130.443 SHS DODGE & COX	 		
(H) INTL STOCK FUND	131,823.	END-OF-YEAR MARKE	ST VALUE
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)	1,117,710.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV, line (b) Book value		
	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(2)			
(3)			
(4)		<u> </u>	
(5)			· · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)		<u></u>	
(9)			
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)		<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes"	Description	11d See Form 990, Part X, line 15	(h) Doole value
		ACT TIPED TO	(b) Book value
(1) 12,282.512 SHS JPM ACCESS		GY FUND II	201,080.
(2) 881.179 SHS GATEWAY FUND-			26,056.
(3) 3,499.803 SHS GOLDMAN SAC		<u> </u>	35,978.
(4) 5,999.464 SHS PIMCO COMMO	DITYPL STRAT-	- P	45,895.
(5)			
(6)			
(7)			
(8)			
(9)	- 15 \		300 000
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities.	e 15)		▶ 309,009.
Complete if the organization answered "Yes"	to Form 990 Part IV line	11a or 11f Soo Form 000 Bort V line	25
(a) December of lightly		(b) Book value	25
1		(b) Book Value	
(2)			
(3)			
(4)			
(5)			
			
(9)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

24

52~6194641 Page 4

T/W LIDA F THURMAN

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12					
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation Cost or end-of-year market value			
2,885 SHS ISHARES MSCI EAFE INDEX FUND	175,523.	FMV			
12,370.831 SHS JPM GLBL RES ENH INDEX FD - SEL	226,510.	FMV			
	• •				

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Attach to Form 990.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2014	Open to Public Inspection
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° N Employer identification number 52-6194641 (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 104,384 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) T/W LIDA F THURMAN 61-0444674 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government CHRIST CHURCH EPISCOPAL LEXINGTON, KY 40507 Name of the organization 166 MARKET ST Part 1 Part II

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

(f) Description of non-cash assistance 52-6194641 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients T/W LIDA F THURMAN (a) Type of grant or assistance Schedule I (Form 990) (2014)

Page 2

Part III

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information TRUST ACCOUNTING RECORDS ARE MAINTAINED IN A DEDICATED TRUST ACCOUNTING LINE I, PART

BANK NA HAS A DEDICATED ADMINISTRATIVE SERVICES GROUP DESIGNATED AS THE

REPORTS ARE REGULARLY OBTAINED FROM THIS SYSTEM. JPMORGAN CHASE

SYSTEM.

NATIONAL CHARITABLE ACCOUNT ADMINISTRATION GROUP (NCAA), ADMINISTRATORS IN

MAINTENANCE OF EXEMPT STATUS WHILE ALSO CARRYING OUT INDIVIDUAL TRUSTOR

THIS GROUP FOLLOW THE RULES AND REGULATIONS GOVERNING CONTINUITY AND

INTENT. NCAA DUTIES INCLUDE ANNUAL TRUST REVIEW, ISSUING REPORTS

IDENTIFYING CHARITABLE RECIPIENTS, RESEARCHING TAX STATUS OF POTENTIAL

432102 10-15-14

Schedule I (Form 990) T/W LIDA F THURMAN	<u> 52-6194641</u>	Page 2
Part IV Supplemental Information		
CHARITABLE RECIPIENTS, PROVIDING EXPENDITURE RESPONSIBILITY	REPORTS AS	····-
NEEDED AND MAKING NECESSARY INCOME DISTRIBUTIONS FROM EACH	TRUST. THIS	
TRUST IS SUPPORTED BY NCAA AS WELL AS AN INDIVIDUAL ADMINIS	TRATOR.	
	·	
		_
		
	· ·	
		<u></u>
		
		
		-1.

432291 05-01-14

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.

OMB No 1545-0047 Open to Public

15

► 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. Inspection Employer identification number Name of the organization

T/W LIDA F THURMAN	52-6194641
FORM 990, PART VI, SECTION B, LINE 11:	
THE TRUSTEE REVIEWS ALL UNDERLYING MONETARY AND FACTUAL	INFORMATION PRIOR
TO THE IRS FORM 990 BEING FILED.	
FORM 990, PART VI, SECTION C, LINE 19:	
AS TRUSTEE, JPMORGAN CHASE BANK NA, MAINTAINS A CLOSE AN	D CONTINUOUS
WORKING RELATIONSHIP WITH THE OFFICERS OF THE SUPPORTED	ORGANIZATION. THE
GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUB	LIC, BUT HAVE BEEN
GIVEN AND ARE AVAILABLE TO ALL INTERESTED PARTIES, SUCH	AS BENEFICIARIES,
TRUSTEES, EXECUTORS, ETC. JPMORGAN CHASE BANK NA DOES NO	T HAVE A PUBLIC
CONFLICT OF INTEREST POLICY, HOWEVER, THE GOVERNING DOCU	MENTS AND STATE LAW
IMPOSE LIMITATIONS OF TRUSTEE POWERS THAT JPMORGAN CHASE	BANK NA STRICTLY
FOLLOWS. FINANCIAL STATEMENTS ARE SENT TO EACH CHARITABL	E BENEFICIARY FOR
REVIEW AND COMMENT.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NONDIVIDEND DISTRIBUTIONS	253.
COST BASIS ADJUSTMENT TO CARRYING VALUE	-170.
TOTAL TO FORM 990, PART XI, LINE 9	83.