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

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

OMB No 1545-0052 Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

For	caler	ndar year 2014 or tax year beginning		, and e	ending		<u> </u>
Nai	ne of	foundation			•	A Employer identification	n number
		A MARIE FOUNDATION					
		PRISCILLA MORTLAND				58-6372744	
		and street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
_		5 BUCK HOLLOW DRIVE			<u> </u>	770-205-41	.52
		own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	pending, check here
		HARETTA, GA 30005					
G	heck	all that apply: Initial return	Initial return of a fo	ormer public (charity	D 1. Foreign organization	s, check here
		Final return	Amended return			Foreign organizations me check here and attach co	eeting the 85% test,
	hook	Address change type of organization; X Section 501(c)(3) ex	Name change			check here and attach o	omputation
<u>"-</u> "	_		Other taxable private found	otion		E If private foundation sta	
I E		arket value of all assets at end of year J Account		Acci	rual	under section 507(b)(1	,, ,,
		· I —	ther (specify)		iuai	F If the foundation is in a under section 507(b)(1	
	\$	69,488. (Part I, colu		basis.)		under Section 307(b)(1	(b), check liefe
	ırt I	Analysis of Revenue and Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
L		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	50,000.			N/A	
	2	Check if the foundation is not required to attach Sch. B			······································		
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	8.		8.		STATEMENT 1
	5a	Gross rents			-		
	Ь	Net rental income or (loss)					
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
Revenue	_b	assets on line 6a					
é	7	Capital gain net income (from Part IV, line 2)	· · ·		0.		ļ
	8	Net short-term capital gain				-	
	9	Income modifications Gross sales less returns			·		
	10a						
		Cross profit or (loss)				<u> </u>	<u> </u>
	11	Gross profit or (loss) Other income					
	12	Total. Add lines 1 through 11	50,008.		8.		
	13	Compensation of officers, directors, trustees, etc	30,000.		0.		0.
	14	Other employee salaries and wages			- 0.		•
	15	Pension plans, employee benefits					
es		Legal fees				<u> </u>	
penses	ь.	Accounting fees CEIVED		_			
EX		and the same of th					
9	17	(0)					
aţį	18	Taxes MAY 1 8 2015				<u> </u>	
ist	19	Depreciation and depletion					
Ē	20	Occupancy OGDEN, UT	• • •				
Ą	21	Travel, conferences, and meetings					
ğ	22	Printing and publications					
ğ	23	Other expenses					
aţi	24	Total operating and administrative					
Operating and Administrative		expenses. Add lines 13 through 23	0.		0.		0.
0	25	Contributions, gifts, grants paid	36,450.				36,450.
	26	Total expenses and disbursements.					
		Add lines 24 and 25	36,450.		0.	L	36,450.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	13,558.				<u> </u>
	b	Net Investment Income (if negative, enter -0-)			8.		
	C	Adjusted net income (if negative, enter -0-)				N/A	

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see Instructions.

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LP	art	Balance Sneets and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	55,930.	69,488.	69,488.
		Savings and temporary cash investments			
		Accounts receivable ▶			
		Less; allowance for doubtful accounts ▶	-		
	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			
		Less; allowance for doubtful accounts			
ខ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation		*	
	12	Investments - mortgage loans			·
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation	, ,		-
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	55,930.	69,488.	69,488.
	17	Accounts payable and accrued expenses			
	18	Grants payable .	_		
es	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.			
Balances		Unrestricted			
ब्र		Temporarily restricted			
	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here	li i		
프		and complete lines 27 through 31.		_	
ts	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ę	29	Retained earnings, accumulated income, endowment, or other funds	55,930.	69,488.	
Ž	30	Total net assets or fund balances	55,930.	69,488.	
_	31	Total liabilities and net assets/fund balances	55,930.	69,488.	
		Analysis of Changes in Not Assets or Fund B	•		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		Т	
	(must agree with end-of-year figure reported on prior year's return)	1		55,930.
2	Enter amount from Part I, line 27a	2	П	13,558.
3	Other increases not included in line 2 (itemize)	3	Ι	0.
4	Add lines 1, 2, and 3	4	П	69,488.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	\Box	69,488.

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	Lacas Con Town		. 1					0 037		1 age 0
	Losses for Tax on Ir		t income	T/6\1	Jan. 20	autrad 1				
(a) List and describe t	he kınd(s) of property sold (e.g use; or common stock, 200 sh:	., real estate,		ľΡ	- Purc			acquired lay, yr.)	(d) Date (mo., day	
		5. WILC CO.)		l D	- Dona	ation		149, 51.7		· · · · · ·
b NONE				├						
				┢						
d d				┢						
e	 			├-						
	(f) Depreciation allowed	(a) Cos	st or other basis	'			(h) G	ain or (loss	\	
(e) Gross sales price	(or allowable)		expense of sale					s (f) minus		
a						_				
b										
С			_							
d										
<u>e</u>		<u> </u>								
Complete only for assets showing ga								Col. (h) gain not less thai		
(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					(from col. (
a										_
b	<u> </u>									
C										
<u>d</u>										
e		<u> </u>		$\overline{}$		ı				
2 Capital gain net income or (net capital	loss) { If gain, also enter loss) {			}[2					
3 Net short-term capital gain or (loss) as	defined in sections 1222(5) ar	nd (6);		[
If gain, also enter in Part I, line 8, colu		- (-7-		JI						
If (loss), enter -0- in Part I, line 8	0 1 1 1 1 1 1 1			لا	3	<u> </u>			—	
	er Section 4940(e) for					nent inc	ome			
(For optional use by domestic private four	idations subject to the section (4940(a) tax on	net investment in	come	e.)					
If section 4940(d)(2) applies, leave this pa	art blank.									
Was the foundation liable for the section 4	1942 tay on the distributable am	nount of any ve	ear in the bace nor	Chor					Yes [Y No
If "Yes," the foundation does not qualify up			•	iou					res [AL INU
1 Enter the appropriate amount in each	column for each year; see the i	nstructions be	fore making any e	ntries	· ·					
(a) Base period years	(b)			(c)				Dietrik	(d) oution ratio	
Calendar year (or tax year beginning in	Adjusted qualifying dis	tributions	Net value of no			use assets		(col. (b) div	ided by col. (c))
2013		9,500.			6	1,043	•			5628
2012		9,500.			6	8,786	•			8109
2011		6,250.				7,690				0278
2010		3,500.				6,597				3400
2009		5,950.			1	4,629	•	T	.40	6726
C. Tatal of time 4 column (d)									2 10	41 41
2 Total of line 1, column (d)3 Average distribution ratio for the 5-year	r hace period - divide the total	on line 2 by F	or by the number	of wo			2		3.10	4141
the foundation has been in existence if		uli lille z by 5,	or by the number	or yea	ar S		3		63	6828
the foundation has been in existence in	icas man a yeara						-			0020
4 Enter the net value of noncharitable-us	e assets for 2014 from Part X,	line 5	-				4		80,	725.
5 Multiply line 4 by line 3							5		51,	408.
6 Enter 1% of net investment income (1)	% of Part I line 27h)						6			0.
·	,. Sir with mic 210)									
7 Add lines 5 and 6							7		51,	408.
8 Enter qualifying distributions from Par	•	46					8	L	36,	450.
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	1b, and comp	plete that part usin	g a 19	% taxı	rate.				

By language in the governing instrument, or

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

GA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes, " complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

	8b	_X	
	9_		Х
	10		Х
Earr	~ 000	DE	20141

X

X

7

Pa	rt VII-A Statements Regarding Activities (continued)	_		
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		Х
	Website address >N/A			
14	The books are in care of ▶ PRISCILLA ANN MORTLAND Telephone no. ▶ 770 - 20		<u> 152</u>	
	Located at ► 5485 BUCK HOLLOW DRIVE, ALPHARETTA, GA ZIP+4 ►30	005		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
_	foreign country	L		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\vdash	Yes	No
18	1 During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
		1	-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			-
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
1	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	- "		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5));			
	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		•	·
	before 2014?			
	If "Yes," list the years ▶			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b_		l
(of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
١	olf "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			Ì
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b		L
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
١	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		<u> </u>
	Fo	rm 99 0	LDE	120141

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Part VII-B Statements Regarding Activities for Which I	rorm 4/20 May Be F	cequirea (continu	ued)		
5a During the year did the foundation pay or incur any amount to:				1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?		<u></u>	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	•	Ye	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)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				-
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	·	n Regulations	NT / 7	_	1
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h		mad		1	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant?			s 🗆 No	ĺ	1
If "Yes," attach the statement required by Regulations section 53.494		'/A	s no		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	pay premiums on		s X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal henefit contract?			6b	Х
If "Yes" to 6b, file Form 8870.	or sonar bonent contract.		<u> </u>		+=
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribi				7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highly			
Paid Employees, and Contractors	, <u></u>				
1 List all officers, directors, trustees, foundation managers and their		6			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other
<u> </u>	to position	`enter -0-)	and deterred compensation	allow	ances
ELLA MARIE KOSCIK	TRUSTEE				
4626 SOUTHWINDS III DRIVE					•
MIRAMAR BEACH, FL 32550	0.00	0.	0.		<u>0.</u>
PRISCILLA ANN MORTLAND	TRUSTEE	!			
5485 BUCK HOLLOW DRIVE ALPHARETTA, GA 30005	0 00	۱ ,	_		0
ALPHARETTA, GA 30005	0.00	0.	0.	ļ	<u> </u>
	-				
	1				
		,			
	1				
			:		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allow	ances
NONE					
			_		
		-		 	
			-	 	
					
		 		 -	
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>		L	0
Total names of other oniprofess paid of a googloss			Form	ggn_Pi	<u>_</u>

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Part VIII Information About O Paid Employees, and	fficers, Directors, Trustees, Found Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contra	ctors for professional services. If none, ente	er "NONE."	
(a) Name and address of ea	ch person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 f	or professional services	Ⅎ	▶ 0
Part IX-A Summary of Direct C			
List the foundation's four largest direct charitable	e activities during the tax year. Include relevant stati served, conferences convened, research papers pro		Expenses
1N/A			
2			
3			
4			
Part IX-B Summary of Program Describe the two largest program-related invest	n-Related Investments ments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1N/A			
2			
All other program-related investments. Con instru	uctions		
All other program-related investments. See instr			
Total. Add lines 1 through 3			0.

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Part X Minimum Investment Return (All domestic foundations must complete this	part. Foreign foundations, see	e instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	[1a]	0.
b Average of monthly cash balances	1b	81,954.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	81,954.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	81,954.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,229.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	80,725.
6 Minimum investment return. Enter 5% of line 5	6	4,036.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations of oreign organizations check here and do not complete this part.)	ating foundations and certain	
1 Minimum investment return from Part X, line 6	1	4,036.
2a Tax on investment income for 2014 from Part VI, line 5		
b Income tax for 2014. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	4,036.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	4,036.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,036.
Qualifying Distributions (see instructions)		·
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		26 450
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	36,450.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	36,450.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,450.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whel	her the foundation qualifies for the	esection

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	· · · · · · · · · · · · · · · · · · ·			-
line 7				4,036.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2014:	" ""			
a From 2009 5,219.				
b From 2010 12,670.				
c From 2011 44,865.				
dFrom 2012 6 , 061 .				
eFrom 2013 6 , 448 .				
f Total of lines 3a through e	75,263.		·	
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 36,450.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior		_ 1		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	
d Applied to 2014 distributable amount	20 44 4			4,036.
e Remaining amount distributed out of corpus	32,414.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as Indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	107,677.			
b Prior years' undistributed income. Subtract				
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	0.			
may be required - see instructions) 8 Excess distributions carryover from 2009			···	
-	5,219.			
not applied on line 5 or line 7	3,219.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	102,458.			
h-	104,456.			· · · · · · · · · · · · · · · · · · ·
10 Analysis of line 9: a Excess from 2010 12,670.				
b Excess from 2011 44,865.				
c Excess from 2012 6,061.				
dExcess from 2013 6, 448.				
e Excess from 2014 32, 414.			-	
558T				Form 000 DE (0014)

art XIV Private Operating Fo					
			A, question 9)	N/A	
a If the foundation has received a ruling or c		, , ,			
foundation, and the ruling is effective for 2	•	•	▶	, 	
Check box to indicate whether the foundat		foundation described in		4942(j)(3) or49	42(j)(5)
a Enter the lesser of the adjusted net	Tax year		Prior 3 years	7 (4) 0011	(a) Tatal
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					
b 85% of line 2a				-	
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					
Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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)					
"Endowment" alternative test - enter			,		
2/3 of minimum investment return shown in Part X, line 6 for each year					1
listed					
"Support" alternative test - enter:					
(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					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
art XV Supplementary Inform	nation (Complet	e this part only i	f the foundation	n had \$5,000 or mo	ore in assets
at any time during the					
Information Regarding Foundation	Managers:				
List any managers of the foundation who l		an 2% of the total contr	butions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed mo	re than \$5,000). (See sei	ction 507(d)(2).)	·		•
NE					
List any managers of the foundation who other entity) of which the foundation has a	own 10% or more of the 10% or greater interest	stock of a corporation (or an equally large port	on of the ownership of a pa	artnership or
NE	-				
Information Regarding Contribution	n Grant Gift Loan S	Scholarship etc. Pro	ourame.		
Check here ► X if the foundation only				not accept uncolicited requ	acts for funds. If

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2014) C/O PRISCILLA MORTLAND

Part XV | Supplementary Information (continued)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the You		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<u> </u>	
a Paid during the year				
CHILDREN'S VOLUNTEER HEALTH NETWORK	NONE	501(C)(3)	CHILDREN'S MEDICAL,	
82 LYNN DRIVE			DENTAL AND MENTAL	
SANTA ROSA BEACH, FL 32459			HEALTH CARE	5,000
NORTHPOINT MINISTRIES	NONE	501(C)(3)	RELIGIOUS DEVELOPMENT	
4400 NORTH POINT PARKWAY SUITE 100				
ALPHARETTA, GA 30022			 	250
BLESSINGS IN A BACKPACK	NONE	501(C)(3)	CHILD HUNGER	
4121 SHELBYVILLE ROAD			PREVENTION	
LOUISVILLE, KY 40207				3,200.
CROHNS AND COLITIS FOUNDATION -	NONE	501(C)(3)	CROHN'S DISEASE AND	
GEORGIA CHAPTER			COLITIS RESEARCH	
2250 NORTH DRUID HILLS ROAD, SUITE 250		İ		0.500
ATLANTA, GA 30329			+	2,500.
ST BRENDAN CATHOLIC CHURCH	NONE	501(C)(3)	RELIGIOUS DEVELOPMENT	
4633 SHILOH ROAD				
CUMMING, GA 30040				3,000
	TINUATION SHEE	T(S)	▶ 3a	36,450
b Approved for future payment		!		
NONE				
Total			> 3b	0.

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
С					-
d					
е			ţ		
1					
g Fees and contracts from government agencies			Ì		
2 Membership dues and assessments			1	-	
3 Interest on savings and temporary cash	· -		t		
investments			l		
4 Dividends and interest from securities			14	8.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property	· · · · · ·				
6 Net rental income or (loss) from personal					
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other		_	-		
than inventory					
9 Net income or (loss) from special events				 	·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1		-
_					
a b			 		
_			 		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	 	8.	0.
13 Total. Add line 12, columns (b), (d), and (e)			I	13_	
(See worksheet in line 13 instructions to verify calculations.)					<u> </u>
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex		t Burnosos	
Telationship of Activities	U LIIE ACC		cemp	ruiposes	
Line No. Explain below how each activity for which inco	me is reported i	in column (e) of Part XVI-A	contril	outed importantly to the accor	mplishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
				••	
		·			
					<u>_</u>
				<u> </u>	<u> </u>
					<u> </u>
		· · · · · · · · · · · · · · · · · · ·			
423621 11-24-14					Form 990-PF (2014)

Form **990-PF** (2014)

Part XV			sfers To a	and Transactions	and Relations	nips With Nonch	aritable	•	
1 Did the	Exempt Organ		of the follower	a with any other array at		nn F01(a) of	 -	Yes	No
	e organization directly or indition de contraction de contraction for the contraction for individual description for the contraction de contr			· · · · · · · · · · · · · · · · · · ·		on 50 I(c) of		163	140
	ers from the reporting found				iizatioiis*				
(1) Ca		ation to a noncharita	inic exempt of	yamzanon or,			1a(1)		X
	ther assets				•		1a(2)		X
	transactions:	•					14(2)		
	ales of assets to a noncharita	ble exempt organiza	ition				16(1)		Х
	urchases of assets from a no						1b(2)		X
• •	ental of facilities, equipment,	•	- ga				1b(3)		X
• •	eimbursement arrangements		-				1b(4)		X
	oans or loan guarantees						1b(5)		X
(6) Pe	erformance of services or me	mbership or fundra	ısıng solicitatio	ons			1b(6)		X
	g of facilities, equipment, ma	•	_			•	1c		Х
d If the a	answer to any of the above is	"Yes," complete the	following sche	edule. Column (b) should al	ways show the fair m	arket value of the goods,	, other ass	ets,	
	vices given by the reporting fo							-	
colum	n (d) the value of the goods,	other assets, or sen	vices received.						
(a)Line no	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization	(d) Description	of transfers, transactions, and	d sharing arr	angeme	nts
			N/A						
			1 401			· · · · · · · · · · · · · · · · · · ·			
		ļ <u>.</u>							
		<u> </u>		<u> </u>					
									
					_				
	-								
									
					_				
									
2a le the i	foundation directly or indirec	the officered with or	ralatad ta ana						
	ion 501(c) of the Code (other				izations described	Г	Yes	v] No
	," complete the following sch		(3)) or in sect	110N 321 *		L	Yes	LA	סאו ר
<u> </u>	(a) Name of org			(b) Type of organization		(c) Description of relation	shin		
	N/A			(b) type of organization	<u> </u>	(a) Decomption of volution			
	21/11								
					-				
					 - 	· 			
					 				
	der penalties of perjuny. I declare	that I have examined th	io return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge			
Sign	id belief, it is true, cortect) and por	nplete Declaration of pr	reparer other tha	n taxpayer) is based on all infor	mation of which preparer	has any knowledge	lay the IRS of	e prepar	nis er
Here		MATIC	×	_ S/12/19	TRUSTE		X Yes		ŰN₀
5	Signature of officer or trustee			Date	Title				
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check If PTIN			
				11/	1 //. /.	sett- employed			
Paid	ANDREW BUR	NETT	11/	-100	15/1///	PO	0038	643	
Prepare		ZIER & DF	ETER,	L.L.C.	· 1 · 1/1 · 1	Firm's EIN ▶ 58-1			
Use On	ly		·						
	Firm's address ▶ 12	30 PEACHT	REE ST	REET, NE, SU	ITE 1500				
		LANTA, GA				Phone no. (404)	253	-75	00

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

2014

Name of the organization

ELLA MARIE FOUNDATION C/O PRISCILLA MORTLAND

Employer identification number

58 - 6372744

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				
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions				
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 test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, I, line 1. Complete Parts I and II.				
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the autions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.				
year, contribution: is checked, enter purpose Do not c	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year				
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

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
ELLA MARIE FOUNDATION
C/O PRISCILLA MORTLAND

Employer identification number

58-6372744

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELLA MARIE KOSCIK 4626 SOUTHWINDS III DRIVE MIRAMAR BEACH, FL 32550	\$50,000.	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 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 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.)

ELLA MARIE FOUNDATION

Employer identification number

C/O PRISCILLA MORTLAND

58-6372744

Part II	Noncash Property (see instructions). Use duplicate copies of Part	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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(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
423453 11-05			90 990-F7 or 990-PF) /2014

Employer identification number

ELLA MARIE FOUNDATION

C/O	PRISCILLA	MORTLANI

	RISCILLA MORTLAND		58-6372744				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described in columns (a) through (e) and the followin	section 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations				
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or les	us for the year (Enterthis info once) > \$				
(a) No.			405				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
			_				
			_				
		(e) Transfer of gift					
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee				
	-						
(a) No.		<u>_</u>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		<u> </u>	_				
			-				
		(e) Transfer of gift					
		(-)					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
İ							
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti							
ļ							
<u> </u>		(e) Transfer of gift					
		(e) Iransiei oi giit					
Ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
							
							
	1, 1111 - 11						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(1)	(0, 000 0. g.//	(4) 2				
			_				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
ŀ							

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient CURE CHILDHOOD CANCER NONE CHILDHOOD CANCER 501(C)(3) 1117 PERIMETER CENTER WEST, SUITE RESEARCH N-402 ATLANTA, GA 30338 5,000. CHILDREN'S HOSPITAL FOUNDATION NONE 501(C)(3) CHILDREN'S MEDICAL RESEARCH 800 RESEARCH PARKWAY, SUITE 150 OKLAHOMA CITY, OK 73104 1,500. EMERIL LAGASSE FOUNDATION NONE 501(C)(3) INSPIRE, MENTOR AND 829 ST. CHARLES AVENUE ENABLE DISADVANTAGED NEW ORLEANS, LA 70130 YOUNG PEOPLE 8,000. ALAQUA ANIMAL REFUGE NONE 501(C)(3) PROVIDE PROTECTION, 914 WHITFIELD ROAD SHELTER AND CARE TO FREEPORT, FL 32439 ANIMALS IN NEED 8,000. Total from continuation sheets 22,500.

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
VANGUARD	8.	0.	8.	8.	
TO PART I, LINE 4	8.	0.	8.	8.	