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Form 990

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 2015

Open to Public Inspection

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.

and ending For the 2015 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Warburton Chapel Trustees Doing business as Address change Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number 0 Gold Street Initial return State ZIP code City or town 860 563 6274 Hartford CT 06103 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 92,588 G Gross receipts \$ Application pending F Name and address of principal officer Yes X No H(a) is this a group return for subordinates? William R. Gourlie 84 Judd Road, Wethersfield, CT 06109 H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or 527 Tax-exempt status) (insert no) J Website: ► N/A H(c) Group exemption number ▶ Corporation X Trust L Year of formation 1866 K Form of organization Association Other > M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. The organization's primary exempt purpose Activities & Governance is to support charitable, religious, and educational purposes in the state of Connecticut if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b). 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a)... 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 23,765 24,649 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 65,517 67,939 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 89,282 92,588 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 78,775 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) O 0 16a Professional fundraising fees (Part IX, column (A), line 11e). ი 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 7,518 7,740 Total expenses Add lines 13–17 (must equal Part IX,-column-(A),-line-25) 18 86,293 90,765 Revenue less expenses Subtract line 18 from line 12 19 2.989 **Beginning of Current Year MAK** End of Year 20 Total assets (Part X, line 16) 688,614 690.437 21 Total liabilities (Part X, line 26). . . Net assets or fund balances Subtract line 21 from line 20 688.614 690.437 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer the interest is true, correct, and complete Declaration of preparer that only knowledge 3/15/2016 Sign Signature of officer V Here William R. Gourlie Treasurer Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid SELF-PREPARED RETURN self-employed Preparer Firm's EIN Firm's name **Use Only** Phone no Firm's address 🕨 May the IRS discuss this return with the preparer shown above? (see instructions). Yes IXI

Form 9	90 (2015)	Warburton Chapel 1 rustees	06-0646928	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		. 🔲
1	Briefly	describe the organization's mission.		
•		ganization's primary exempt purpose is to support charitable, religious, and		
	educat	onal purposes in the state of Connecticut		
	Eudeai			
			,	
			····	
2		organization undertake any significant program services during the year which were not listed on	_	
		or Form 990 or 990-EZ?	· · L Yes	X No
		" describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	service	s?	Yes	X No
	If "Yes	" describe these changes on Schedule O	_	
4		be the organization's program service accomplishments for each of its three largest program service	res as measured	hv
•		ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
		expenses, and revenue, if any, for each program service reported.		J. 10,
	the total	a expenses, and revenue, if any, for each program service reported.		
4.	(0-1-	04 F05 - Indiana - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
4a	(Code.) (Expenses \$ 61,525 including grants of \$ 61,525) (Revenue	ле \$)
	Contib	utions to various activities sponsored by First Church of Christ, Hartford for inner-city		
		n, the elderly, and poor. These activities include religious education, music, arts, meals,		
	and so	cial services.		
4b	(Code:) (Expenses \$ 16,500 including grants of \$ 16,500) (Revenue	ле \$)
	Contrib	outions to various activities sponsored by Hands On Hartford, for community meals, advocacy		
	and as	sistance for families in need, and nutrition programs serving the poor, the elderly, and the	,	
		iss		
4c	(Code) (Expenses \$ 12,557 including grants of \$ 5,000) (Revenue	ле \$)
	Suppor	t operation and maintenance of a summer camp located at Columbia Lake, including attendance		/
		r-city children from Hartford, Connecticut		
	20.0019	3.50.50.50.50.50.50.50.50.50.50.50.50.50.		
		•••••••••••••••••••••••••••••••••••••••		
			,	

A &	Other	vrogram convices (Decembe in Schodule O.)		
4d		program services (Describe in Schedule O.)	٥.	
	(Expen		0)	
40	ı otal p	rogram service expenses ► 90,582		

	endamot of reduitor conductor		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8_	-	<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		i	
	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.	ا م ا		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	i	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.	1		
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		<u> X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		~
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	П		
	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	1		
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	406	- 1	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\overline{}$	÷
	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		I	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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] _ [
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	ļ	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 '' 		
. •		ا ۵۰ ا		Х
	Part VIII, lines 1c and 8a / IT "Yes," complete Schedule G, Part II	1 10 1		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		
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		_ <u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24-		23		<u> </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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		^
	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		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		
a h	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		<u> </u>
D	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-00		^
•	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1 1		
	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>X</u> _
34	, , , , , , , , , , , , , , , , , , , ,		ι,	
	III, or IV, and Part V, line 1	34	<u> </u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	35b		
J0	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	V/	37		х
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	
				(2015)

Form 990 (2015) Warburton Chapel Trustees 06-0646928 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?... 1c . . 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? БС Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsonng organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10b Section 501(c)(12) organizations. Enter. Gross income from members or shareholders . Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12<u>a</u> **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . . . 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard

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:

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

William R. Gourlie

860 563 6274

84 Judd Road, Wethersfield, CT 06109

Form 990 (2015)	Warburton Chapel Trustees									06-06469	28 Page 7
Part VII	Compensation of Officers, Dire		s, K	еу	Em	plo	yees	s, F	lighest Comp	ensated	
	Employees, and Independent C							_			
	Check if Schedule O contains a re							_		· · · · · · ·	
Section A.	Officers, Directors, Trustees, Key I										
1a Complete forganization's	this table for all persons required to be tax year	listed Report of	ompe	ensa	atio	n foi	the o	cale	endar year endir	ng with or within	the
List all c List the who received organization a	of the organization's current officers, of on Enter -0- in columns (D), (E), and of the organization's current key emplorganization's five current highest coreportable compensation (Box 5 of Found any related organizations	(F) if no comper oyees, if any S mpensated emp rm W-2 and/or I	nsatio ee in: oloyee Box 7	on w struces (control)	ras (ctio) othe orr	paid ns fo er th m 10	i. or det an ar 099-N	finit n of NSC	ion of "key empl ficer, director, tr C) of more than	loyee " ustee, or key em \$100,000 from t	nployee) he
\$100,000 of re	of the organization's former officers, ke eportable compensation from the orga- of the organization's former directors	nization and any	rela	ted	orga	aniz	ation	s			
List persons in	more than \$10,000 of reportable comp n the following order individual trustee employees; and former such persons	s or directors, ir		_				-	_		
Check thi	s box if neither the organization nor ar	ny related organ	ızatio	n co	omp	ens	ated	any	current officer,	director, or trust	ee
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Chicer and a director/trustee Compensated Institutional trustee Compensated Compensa			an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) Robinso	on W Buck	1 00	ľ				ted				
Trustee (2) William	R Gourlie	0 00 1.00							0		0
Trustee	D Marthalian	0.00 1 00		H		Н			0	0	0
Trustee	s D Whittaker	40 00							٥ ا	50,738	0
(4) Patricia	W. Anderson	1 00									
Trustee (5) Nancy	T Maclean	0.00 4 00							0	0	0
Trustee		30.00				ľ			4,000	14,000	0
(6) Roberta Trustee	L Roy	1 00 0 00							0	o	0
(7) Alvin W	Thompson	1 00									<u>~</u>
Trustee		0.00	Х						0	0	0
(8)	•••••										
(9)											
(10)											
(11)											
(12)											

more than \$100,000 of compensation from the organization

Р	Section A. Officers, Directors, Ti	rustees, Key Ei	mplo	yee			High	est	Compensated	Employees (co	ntinue	d)
	(A) Name and trile	(B) Average hours per	box,	unle: er an	Pos neck ss pe d a c	erson	e than i is bot or/trus	h an tee)	compensation	(E) Reportable compensation	am	(F) imated ount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the inization related nizations
(15)				-				-			 -	
(16)												
(17)					<u> </u>							
(18)												
(19)												
(20)			-		-	 				· · · · · · · · · · · · · · · · · · ·		
(21)												
(22)						_						
(23)			-									
(24)					· ·							
(25)												
1b c d	Total from continuation sheets to Part VII,							•	4,000 0 4,000	64,738 0 64,738		0
2	Total number of individuals (including but not		listed	abo	ove)) wh	o rec	æiv				0
	reportable compensation from the organization				0							res No
3	Did the organization list any former officer, die employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>					yee	, or h	igh	est compensated	d	3	x
4	For any individual listed on line 1a, is the sum the organization and related organizations greundividual										4	x
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									dividual	5	x
Sec	tion B. Independent Contractors	, <u></u>				<u> </u>	<u> </u>			·	<u> </u>	-12
1	Complete this table for your five highest comp compensation from the organization. Report c year.										's tax	
	(A) Name and business add	Iress							(B) Description of ser	vices C	(C) ompens	ation
												0
								├-	 			0
								├-				0
												0
2	Total number of independent contractors (incli	uding but not lim	nited t	o th	1056	e lis	ted a	bov	e) who received			

n 990 (2015)	vyarburton Chaper Trustees
art VIII	Statement of Revenue
	Objects if Cabadista O contains a response or note to any line in this Port VIII

		Check if Schedule O contains a response or not	te to any line i	n this Part VIII.			<u>-</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a	0			}	
	b	Membership dues	0				
8 8		Fundraising events . 1c	0			ł	
활절	d	44	18,344				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	10,0,1				
SE SE							
풀힐	T	All other contributions, gifts, grants, and similar amounts not included above	6 205				
불리			6,305				
2 5	g	Noncash contributions included in lines 1a-1f: \$	0	24.040			
	<u>h</u>		Susiness Code	24,649			
9		<u> </u>	Susiness Code	_			
ě	2a			0			
æ	b			0			
3	С			0			
Š	d			0			<u></u>
E	е			0			
Program Service Revenue	f	All other program service revenue		0			
2	a	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interest, a					
	_	other similar amounts).	. ▶	67,939		ĺ	67,939
	4	Income from investment of tax-exempt bond proceed	eds.	0			
	5	Royalties		0			
		(i) Real	(II) Personal				<u> </u>
	6a	Gross rents					
		Less: rental expenses .					
		Rental income or (loss) . 0	0				•
	C		•	o		1	†
	d	Net rental income or (loss)	(II) Other				
	/a	Gross amount nom sales of				l	
		assets other than inventory 0	0				
	b	Less cost or other basis	_				
		and sales expenses 0	0	-			1
	С	Gain or (loss) 0	0			}	
	d	Net gain or (loss)	. •	0			
Other Revenue		Gross income from fundraising events (not including \$	0				
ŧ	b	Less direct expenses b	0			1	
J	С	· · · · · · · · · · · · · · · · · · ·	▶	0		ļ	
	9a	Gross income from gaming activities				1	1
		See Part IV, line 19 a	0			İ	
	b	Less direct expenses b	0				
	C	Net income or (loss) from gaming activities	<u></u> ▶	. 0			<u> </u>
	10a	Gross sales of inventory, less				1	ļ
		returns and allowances a	0				
	Ь	Less: cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory	. ▶	0		1	
			Business Code				
	11a			ი			
	b			0		1	<u> </u>
	C			0			1
	,	All other revenue		0			
	"			0		<u> </u>	1
	e			92,588			67.020
	12	Total revenue. See instructions		92,000	L	<u> </u>	67,939

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

	Check if Schedule O contains a response of note	to any line in this r	artix	· · · · · · ·	<u> </u>
	not include amounts reported on lines 6b, 7b, 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	·	· · · · · · · · · · · · · · · · · · ·		
•	domestic governments See Part IV, line 21	83,025	83,025		
2	Grants and other assistance to domestic	00,020	00,020		
_	individuals. See Part IV, line 22	ol			
3	Grants and other assistance to foreign		• • • • •		·
3	organizations, foreign governments, and foreign	i			
	Individuals See Part IV, lines 15 and 16.	۸			
	Benefits paid to or for members	0			
4		<u> </u>			
5	Compensation of current officers, directors,	ا			
_	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_1			
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	83		83	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column			i i	-
_	(A) amount, list line 11g expenses on Schedule O)	4,100	4,000	100	
12	Advertising and promotion .	0			·
13	Office expenses	0			
14	Information technology .	0			
15	Royalties	Ö			
16	Occupancy	0			····
17	Travel	0			*****
18	Payments of travel or entertainment expenses	- i			
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings.	0			
20	Interest	0			
21		0		·····	
	· •				
22 23	Depreciation, depletion, and amortization	2,000		0	0
23 24	Other expenses Itemize expenses not covered	2,000	∠,∪∪∪		
44		İ			
	above (List miscellaneous expenses in line 24e If	İ			
	line 24e amount exceeds 10% of line 25, column	1	ļ i		
	(A) amount, list line 24e expenses on Schedule O.)				
a	Repairs and Maintenance	230			
b	Utilities	1,327	1,327		
C		0		*	
d	AU - U	0			
	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	90,765	90,582	183	0
26	Joint costs. Complete this line only if the		ĺ		
	organization reported in column (B) joint costs		ļ		
	from a combined educational campaign and				
	fundraising solicitation Check here	İ			
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . 3.044 3,079 16,842 2 2 Savings and temporary cash investments . . . 18,630 Pledges and grants receivable, net . . . 3 0 Accounts receivable, net 4 0 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net 0 Inventories for sale or use . . . 8 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 45,282 10b 45,282 Less accumulated depreciation Investments—publicly traded securities 623,446 11 11 12 Investments—other securities See Part IV, line 11 ol 12 Investments-program-related See Part IV, line 11 ol 13 13 0 14 Intangible assets 14 Other assets See Part IV, line 11 0 15 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 688.614 16 16 690,437 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities . 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties n 23 0 0 24 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 O 25 . . 26 Total liabilities. Add lines 17 through 25 이 26 0 Organizations that follow SFAS 117 (ASC 958), check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 688,614 27 Unrestricted net assets 27 690,437 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets . . 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 688,614 33 690,437 . . Total liabilities and net assets/fund balances 688.614 690,437

Form 9	990 (2015) Warburton Chapel Trustees	06-0646	928	Pag	ge 12
Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92	2,588
2	Total expenses (must equal Part IX, column (A), line 25)	2			765
3	Revenue less expenses Subtract line 2 from line 1	3		1	,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		688	3,614
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		690	,437
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
		_		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 O	1	1		
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 on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	ĺ			
ь	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	, i			<u> </u>
	separate basis, consolidated basis, or both				l
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	<u>.</u>	l		
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		ŀ
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	}			
Ja	the Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	}	Ja		├^-
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		зь		
	Toganisa daan o. dadita, oxpiani wity in octionale o and describe any steps taken to undergo such addits			990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **Employer Identification number** Warburton Chapel Trustees Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 ь 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, c 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations. Provide the following information about the supported organization(s) (III) Type of organization (i) Name of supported organization (II) EIN (iv) is the organization (v) Amount of monetary (vI) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No Center Church Camp Asto Wamah 06-6002477 5.000 7.557 Х First Church of Christ 06-0646636 61,525 Hands On Hartford 06-0861268 16,500 (D) (E)

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) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants"). 0 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 0 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013(d) 2014 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . 17a 10%-facts-and-circumstances test---2015. 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 Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	1				1	
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	1					
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		1				0
6	Total. Add lines 1 through 5	o	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	o	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						•
	payments received on securities loans,					J	
	rents, royalties and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	į					
	acquired after June 30, 1975						0
C	Add lines 10a and 10b .	0	0	0	0	0	0
11	Net income from unrelated business	İ					
	activities not included in line 10b, whether	İ					
	or not the business is regularly carried on .						0
12	Other income Do not include gain or	ŀ					
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the org		econd, third, fourth	n, or fifth tax year a	is a section 501(c)((3)	
	organization, check this box and stop here.				•	·	<u></u> ►∐
Sec	tion C. Computation of Public Sup	<u>port Percenta</u>	ge				
15	Public support percentage for 2015 (line 8, co	• • • • • • • • • • • • • • • • • • • •	•	f))		15	0 00%
<u> 16</u>	Public support percentage from 2014 Schedul			<u></u>		16	0 00%
Sec	tion D. Computation of Investment	Income Perce	entage				
17	Investment income percentage for 2015 (line	. ,,	•	olumn (f))	.	17	0 00%
18	Investment income percentage from 2014 Sch					18	0 00%
19a	33 1/3% support tests—2015. If the organiza				·	and line 17 is	
_	not more than 33 1/3%, check this box and st	•			_		▶∐
b	33 1/3% support tests—2014. If the organiza						. 🗂
	line 18 is not more than 33 1/3%, check this b		-	•			▶∐
20	Private foundation. If the organization did no	t check a box on !	ine 14, 19a, or 19	b, check this box a	ind see instructions	3	. ▶ 1

Part IV Supporting Organizations

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

	ion A. All Supporting Organizations		Yes	No
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			l
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	l	Х
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)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	L.	X
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			l
	organization made the determination.	3b		
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	3с		
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	4a		X
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	ŀ	İ	1
	despite being controlled or supervised by or in connection with its supported organizations.	4b	1	l
С	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			l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			l
	purposes.	4c		
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		ł	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			ł
	(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)	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	1	1	
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		i	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	l	1	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	l	l	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	<u> </u>	Х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	ļ
	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.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		1	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	L	X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	supporting organizations)? If "Yes," answer 10b below.	10a		X
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.)	10b	1	ł

Part	IV Supporting Organizations (continued)			ago V
			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
	A family member of a person described in (a) above?	11b	 	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	1110	<u> </u>	
0001	ton b. 14po i capporang 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	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1 '		•
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_		Ĺ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			İ
	supervised, or controlled the supporting organization.	2	L	
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s)	17	<u> </u>	
2001	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		168	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	x	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 1		
	supported organizations played in this regard	3	_X_	
Sect	ion 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 (see in	struct	tions)
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons)
2				
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\vdash	Yes	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	these 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			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	l	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			rage 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must or	omp	lete Sections A through E	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	69,437	
4 Add lines 1 through 3	4	69,437	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	69,437	O
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1,455,021	
b Average monthly cash balances	1b	24,427	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	1,479,448	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	1,479,448	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	22,192	0
6 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	1,457,256	0
6 Multiply line 5 by 035	6	51,004	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	51,004	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		69,437
2 Enter 85% of line 1	2	_	59,021
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		51,004
4 Enter greater of line 2 or line 3	4		59,021
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		59,021
7 Check here if the current year is the organization's first as a non-functional	lly-ir	ntegrated Type III supporting	
instructions)	-		

0 60,907

a b

c Excess from 2013 d Excess from 2014

e Excess from 2015.

06-0646928

Part VI

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

Part I Line 11h(A)(vi)

Utilities, maintenance, supervision, and insurance related to use of Warburton property for Camp activities.

Part IV Section A Line 1

The Trustees of the Warburton Chapel were incorporated by the Connecticut General Assembly in 1866, when several members of the First Church Christ in Hartford (Center Church) donated funds "for the purpose of erecting and maintaining a chapel, and of sustaining a mission sabbath school and religious service in the city of Hartford." This charter was amended in 1947 to "increase the amount of property that may be held by the Corporation and to assure such property be held exclusively and perpetually for educational, religious and charitable purposes." Although the original Chapel building is no longer in existence, the Trustees of the Warburton Chapel continue to support First Church in its education, mission, outreach, and social justice ministries. Direct grants and other support are given to the church and to closely related organizations with which it partners.

Part IV Section D Line 3

The Trustees of Warburton Chapel are elected from the membership of First Church of Christ. The minister of the church and the director of the Church Camp serve as Trustees, ensuring significant input from the supported organizations in the use of income and assets. The supported organizations make known each year their priorities and needs, and funds are disbursed during the year to assist them in meeting their goals in line with the objectives of the Trust. The invested assets of the Warburton Trust are managed together with the Restricted Endowment of First Church by a Joint Investment Committee, so there is a common investment policy for the supporting and supported organizations.

Part V Section D Line 8

Distributions to First Church of Christ in Hartford. As noted above, members and leaders of the church serve as Trustees of the supporting organization formed to extend and support its programs nearly 150 years ago. A joint investment committee and inclusion of a report from the Warburton Trustees in the Annual Report of the Church are further indications of attentiveness and responsiveness. The distributions to First Church provide major support to the education, outreach, and social justice programs without which they could not continue.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| Employer identification number

Inspection

Warb	urton Chapel Trustees		06-0646928
Part		or Advised Funds or Other Similar F	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 6	<u> </u>
		(a) Donor advised funds	(b) Funds 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 d	onor advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject	ct to the organization's exclusive legal cont	rol? Yes No
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that grai	nt funds can be
	used only for charitable purposes and not for	r the benefit of the donor or donor advisor,	or for any other
	purpose conferring impermissible private be	nefit?	Yes No
Part	Conservation Easements.		
		ered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held		· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., reci		n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribut	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		. 2a
b	Total acreage restricted by conservation eas		. 2b
C	Number of conservation easements on a ce		
d	Number of conservation easements include		I I
	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization during
_	the tax year		
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy		
_	violations, and enforcement of the conserva		Yes L No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	conservation easements during the year
_	·		
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing cons	servation easements during the year
	\$	and the Old above established as a consequent	
8	Does each conservation easement reported	on line 2(a) above satisfy the requirement	
^	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the the organization's accounting for conservations	_	mandai statements that describes
Dar		ections of Art, Historical Treasures,	or Other Similar Assets
Par		vered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other sin		
	of public service, provide, in Part XIII, the te		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other sit		ation, or research in furtherance
	of public service, provide the following amou	unts relating to these items	
	(i) Revenue included on Form 990, Part VII (ii) Assets included in Form 990, Part X	I, line 1	· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of		
	following amounts required to be reported u		_
a	Revenue included on Form 990, Part VIII, III	ne 1	▶ \$
h	Assets included in Form 990, Part X		▶ \$

Sched	ule D (Form 99	90) 2015 Warburton Chape	1 Trustees					06-0646	928		Page 2
Pari		anizations Maintaining		rt, Histori	cal Trea	sures, or	Other Si	milar Assets	contin	ued)	
3		organization's acquisition,									
	collection	items (check all that apply)	:								
а	Pub	olic exhibition		d 📙	Loan	or exchange	program	s			
b	Sch	olarly research		е 🗌	Other						
С	Pre	servation for future generat	tions								
4		description of the organiza		d explain h	ow thev	further the o	rganizati	on's exempt pur	pose in	Part	
	XIII			·	•		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5		e year, did the organization be sold to raise funds rathe								es 🗀] No
Part		crow and Custodial Arr		-	222	- · · · · · · · · · · · · · · · · · · ·					
		mplete if the organizatior), Part X, line 21.	answered "Yes"	on Form	990, Pai	rt IV, line 9,	or repo	rted an amoun	t on Fo	orm	
1a		anization an agent, trustee,	custodian or other	intermedia	ny for cor	tributions or	other on	acta not			
ıa		on Form 990, Part X?			iy idi dai	וניוטטנוטווא טו	ouiei as	SetS HOL	□ Ye		No
ь		xplain the arrangement in F			wing tab	le.			□	·	, 140
_		J			9			I A	mount		
С	Beginning	balance					1c				
d		during the year	•				1d				
e	Distributio	ns during the year					1e]			
f	Ending ba	ılance					1f				C
2a	Did the or	ganization include an amou	int on Form 990, Pa	art X, line 2	1, for esc	crow or custo	dial acc	ount liability?	☐ Ye	es X	No
b		xplain the arrangement in F							<u> </u>		Ī
Part		dowment Funds.									!
		mplete if the organization	answered "Yes"	on Form	990 Pai	rt IV line 10)				
			(a) Current year	(b) Prior		(c) Two years		d) Three years back	(e) Fo	our years	s back
1a	Beginning	of year balance	0		0				 ```	,	
b	Contribution	·									
C	Net invest	ment earnings, gains,							1		····
	and losses	= =									
d	Grants or	scholarships									
е	Other exp	enditures for facilities									
	and progra	ams									
f	Administra	ative expenses			~						
g		ar balance	0		0		0	C	1		0
2		e estimated percentage of			line 1g, d	column (a)) h	eld as:				
а		signated or quasi-endowme		<u>%</u>							
b		nt endowment	<u>%</u> .								
С	•	ly restricted endowment	<u>*</u> %								
2-		entages on lines 2a, 2b, and			41 4						
3a		endowment funds not in the	e possession of the	organizatio	on that al	re neid and a	iaministe	erea for the	1	Yes	LNa
	organizatı (i) unn	elated organizations .							3a(i)	res	No
		ted organizations .				•		• •	3a(ii)		
b		n line 3a(ii), are the related	 organizatione lieted		 d on Sch		•	• •	3b		
4		n Part XIII the intended use					• •		1 00		L—
Part		nd, Buildings, and Equi		in o ondow	THORIC IGHT	uo.					
		mplete if the organization		on Form	990 Pai	rt IV line 11	a See	Form 990 Par	t X line	e 10	
		Description of property	(a) Cost or of			st or other		ccumulated		ook valu	10
		Dodd, paosit of proporty	(investr			s (other)		preciation	(0) 0.	OOK VAIG	
1a	Land .			0	 	45,282		· -		4	15,282
b	Buildings			o		0,202	-	0			, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
C	•	improvements		ol		0		o			0
		•									
d	Equipmen	it		0		0		o			0
	Other	t . 1a through 1e. <i>(Column (d</i>		0		0					0

45,282

Part VII	Investments—Other Securiti Complete if the organization as		0 Part IV line 11b. See For	m 990 Part X line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1) Financial o	denvatives	0		
	eld equity interests .	0		
(3) Other				
(<u>A</u>)				
(B)				
(C)				
				···
		 	-	
		 	 	
(H)				
	nust equal Form 990, Part X, col (8) line 12)	0		
Part VIII	Investments—Program Rela	ted.	<u> </u>	***
	Complete if the organization as		90, Part IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)		_		
(3)				
(4)		 		
(5)				
<u>(6)</u> (7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
	nust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. Complete if the organization as	nswered "Yes" on Form 99	00 Part IV line 11d See For	m 990 Part X line 15
		(a) Description	50, 1 ait 14, mic 114. Occ 1 ci	(b) Book value
(1)		, , , , ,		, , , , , , , , , , , , , , , , , , , ,
(2)			-	
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)		····		
(6)				
<u>(7)</u>				-
(8)				
Total (Colum	nn (b) must equal Form 990, Part X,	col (R) line 15.)	<u> </u>	
Part X	Other Liabilities.	oon (D) mio 10.7 :		<u> </u>
, area	Complete if the organization al line 25.	nswered "Yes" on Form 99	90, Part IV, line 11e or 11f. S	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value	<u> </u>	
	income taxes	0	<u> </u>	
(2)]	
(3)]	
(4)			1	
(5)			1	
(6)	<u></u>		4	
(7)			-	
(8)			1	
(9)	ust equal Form 990, Part X, col. (B) line 25.)	<u> </u>	1	
	ust equal Form 990, Part X, col (B) line 25)	0		that rapada 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 (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Name of the organization Internal Revenue Service

Department of the Treasury

2015 OMB No. 1545-0047

Open to Public Inspection Employer Identification number

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

06-0646928

2 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form |X| Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Warburton Chapel Trustees Part I Part II

(h) Purpose of grant or assistance See Part IV See Part IV See Part IV (g) Description of non-cash assistance . . . (f) Method of valuation (book, FMV, appraisal, . other) (e) Amount of non-. cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5,000 61,525 16,500 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 06-0646636 06-6002477 06-0861268 (b) EIN 55 Bartholomew Avenue Hartford, CT 1 (a) Name and address of organization 60 Gold Street Hartford, CT 06103 42 Route 87 Columbia, CT 06237 or government (2) First Church of Christ (3) Hands On Hartford (1) Camp Asto Wamah €: 8 <u>e</u> €; 9 9 €

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

Schedule I (Form 990) (2015)

Page 2 (f) Description of non-cash assistance in music program and presentations in Hartford - \$7,500. Warburton Director of Outreach Ministries salary support for Social Worker Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) Part II Line 1 (1)(h) Center Church Camp Asto Wamah: Scholarships for inner city children from Hartford, CT - \$4,000; Support of Part II Line 1 (3)(h) Hands On Hartford, MANNA Programs for community meals, advocacy, nutrition programs, and assistance for families accomplishments which is reviewed at the Annual Meeting of the Trustees. Individual trustees are active in various programs of the \$18,850; Music program support for staff and public concerts in Hartford - \$5,175, Warburton Choral Scholar stipends for local students Part II Line 1 (2)(h) First Church of Christ in Hartford, CT Religious education support for staff, curriculum, and program expenses -Part I Line 2 Procedures for Monitoring Use of Grants Funds in U.S.: Each recipient submits an annual summary of activities and general maintenance of camp facilities - \$1,000 (d) Amount of non-cash assistance coordinating member activities, services, and programs addressing needs in the City of Harford - \$30,000. (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance recipients throughout the year. in need - \$16,500 Part IV Part III 40

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 201**5**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number Warburton Chapel Trustees 06-0646928 Form 990, Part VI, Line 11b Form 990 Review Process Form 990 and associated schedules are reviewed by the Treasurer and one other Trustee prior to filing Form 990, Part VI, Line 19 Other Organization Documents Publicly Available: Governing documents and financial documents are available upon request Form 990, Part X, Line 11. Balance Sheet, Investments. All securities are held in a consolidated account with First Church of Christ (Hartford, CT) at Fidelity. There is no individual breakdown of the assets by security for Warburton Chapel available in the account. The approximate market value, representing Warburton Chapel Trustees share, as of December 31, 2015 totals \$1,406,153

Name of the organization	Employer identification number
	06-0646928
	••••••
•	•
	**

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

Warburton Chapel Trustees

Part I

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is atwww.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public 2015

OMB No 1545-0047

Inspection

06-0646928

Employer identification number

								Į
(a) Name, address, and EIN (if applicable) of disregarded entity	Pri	(b) Primary activity Leg	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity) introlling ity	
(1)								
(2)								
(3)								
(4)								
(9)								
(9)								ľ
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	nizations Complete if during the tax year.	the organization	inswered "Yes"	on Form 990, P	art IV, line 34 b	ecause it l	had	Į I
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Iton Public charity status (if section 501(c)(3))	(f) (artus Direct controlling (3))		(g) Section 512(b)(13) controlled	<u>6</u>
						Yes	S S	۱ ـ
(1) Camp Asto Wamah 06-6002477 42 Route 87 Columbia, CT 06237	Church Camp	CI.	501(c)(3		Ϋ́			
(2) First Church of Christ 06-0646636 60 Gold Street Hartford, CT 06103	Church	<u>5</u>	501(c)(3	-	∀ Z		×	
(3) Hands On Hartford 06-0861268 55 Bartholomew Avenue Hartford, CT 06106	Social Services	CT	501(c)(3	7	A/N		×	
(4)	•							
(9)	•							
(9)								

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

.(7)

Schedule R (Form 990) 2015

Page 2

Schedule R (Form 990) 2015

om 890) 2015 Warburton Chapel Trustees 16-0646928 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part III because it had one or more related organizations treated as a partnership during the tax year	e or more related	l organizations t	reated as	a partnershi	ip during th	e tax year.				ations treated as a partnership during the tax year.				
(a) Name, address, and EIN of	(b) Pnmary actwity		(d) Direct controlling		(e) Predominant	(f) Share of total	(g) Share of end-of-		(h) Disproportionate abocations?	(I) Code V—UBI		(I) General or	(k) Percentage	age
		(state or foreign country)	Ì		unrelated, excluded from tax under	2				of Schedule K-1 (Form 1065)		partner?		}
				section	sections 512-514)			Yes	No		Yes	s No		
(1)														
(2)														
(3)														
(4)														ĺ
(5)											<u> </u>			1
(9)											 			1
(7)											<u> </u>			
Part IV Ine 34 because it had one or more relate	Related Organiz	ations Taxable	as a Corp	oration or	axable as a Corporation or Trust Complete if the organization ansied organizations treated as a corporation or trust during the tax year	plete if the	organizat	on ans	Wered	axable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part ed organizations treated as a corporation or trust during the tax year	orm 99	0, Par		
(a) Name, address, and EIN of related organization	ed organization	(b) Pnmary activity	(state o	(c) Legal domtcite (state or foreign country)	(d) Direct controlling entity	Type (C corp. S	(e) Type of entity (C corp. S corp, or frust)	(f) Share of total income	-	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?	(3)
									┝			۶	Yes	2
(1)														1
(2)														
(3)													_	
(4)					;				ļ					
(6)												-		1
(9)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				; ;									
(n)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										<u> </u>			
										S	Schedule R (Form 990) 2015	R (Forn	2 (066 1	915

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

ž	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			•	Kes	ŝ
_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	izations listed in	Parts II—IV?			
æ				1a		×
۵		•		1p	×	
ပ	Giff, grant, or capital contribution from related organization(s)			10	×	
7				7		×
Φ	Loans or loan guarantees by related organization(s).	•		1e		×
	Dividends from related organization(s)			1		×
51	Sale of assets to related organization(s)			19		×
_	Purchase of assets from related organization(s).			=		×
-	Exchange of assets with related organization(s).			=		×
-	Lease of facilities, equipment, or other assets to related organization(s)			1.		×
¥	Lease of facilities, equipment, or other assets from related organization(s).			¥		×
_	Performance of services or membership or fundraising solicitations for related organization(s)			=		×
E				£		×
_				1n	×	
0		•		ဝ		×
۵	Reimbursement paid to related organization(s) for expenses.			1p		×
•	Reimbursement paid by related organization(s) for expenses			19		×
-	Other transfer of cash or property to related organization(s)			+		×
S	- 1			18		×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ding covered rela	ationships and transac	ction thn	esholc	JS.
	(a)	(a)	2		€	
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	determ	
(3)						
(2)						
2					1	
₹						
(2)						
(9)						
			Schedul	Schedule R (Form 990) 2015	m 990	2015

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or anneas not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f)	(p)	(c)	(b)	9		Θ	(6)	Ξ	\vdash	ε			8
Name, address, and EIN of entity	Primary activity	Legal domicile		Are all partners	artners	Share of	Share of	Disproportionate allocations?		Code V—UBI			Percentage
			unrefated, excluded from tax under	section 501(c)(3) organizations?	ion (3) ations?	total irkone	assets			of Schedule K-1 (Form 1065)	managing partner?		dine series
			sections 512-514)	Yes	ટ્ટ			Xes	2		Yes	ટ	
(1)								1					
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(3)													
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(11)													1
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(13)													
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Part VII	Supplem	ental Information		
	Provide a	dditional information for responses to questions on Schedule R (s	ee instructions)	
	1 TOVIGE 8	demonal information for responses to questions on ochequie in ts	ee mstructions).	
			• • • • • • • • • • • • • • • • • • • •	
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