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Short Form Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990.					Inspection
Ā	For t	he 2015 ca	lendar year, or tax year beginning , 2015, and ending		· · · · · · · · · · · · · · · · · · ·
B -		if applicable s change	C Name of organization	Employer	dentification number
H	Name (•	IRENE HUTCHINSON PHILLIPS MEMORIAL FUND	55-60	24096
H	Initial re	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	Telephone	
Ħ		urn/terminaled	PO BOX 631	(304)	685-3978
	Amend	led return	City or town state or province, country and ZIP or foreign postal code		kemption
	Applica	ition pending			· · · · · · · · · · · · · · · · · · ·
		unting Meth	nod X Cash Accrual Other (specify) ► H Check ►	ıf the	organization is not
					Schedule B
<u>J</u>	Tax-ex	kempt status	(check only one) — X 501(c)(3) 501(c) () ◄(insert no) 4947(a)(1) or 527 (Form 990	, 990-Ez	² ., or 990-PF). ————————————
		of organiza			
L	Add I asset	ines 5b, 6c s (Part II, c	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	54,853.
Pa	irt I	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions fo	or Part I)
			he organization used Schedule O to respond to any question in this Part I		<u> </u>
	1		ons, gifts, grants, and similar amounts received	. 1	40,000.
	2		service revenue including government fees and contracts	. 2	
	3		nip dues and assessments	. 3	
	4	investmer		4	<u> 14,853.</u>
	l		ount from sale of assets other than inventory	الإ الله	
			t or other basis and sales expenses	-1	
	6 6		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5 c	
R	a	=	ome from gaming (attach Schedule G if greater than \$15,000) 6 a		
ž			ome from fundraising events (not including \$ of contributions		
			raising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000) 6 b		
.9	С	Less dire	ct expenses from gaming and fundraising events 6 c]\	
1	d		e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)	. 6d	
NON	7 a	Gross sale	es of inventory, less returns and allowances		
	b	Less cost	of goods sold	7 1	
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
罢	8	Other reve	enue (describe in Schedule O)	. 8	
Z	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- 9	54,853.
CANNED	10	Grants an	d similar amounts paid (list in Schedule O)	. 10	
Š	11	Benefits p	aid to or for members	. 11	
E X P	12	Salaries, c	other compensation, and employee benefits	. 12	
Ê	13	Profession	nal fees and other payments to independent contractors	. 13	
N	14	Occupano	y, rent, utilities, and maintenance	. 14	37.
EZSES	15	Printing, p	nublications, postage, and shipping	15	
3	16	Other exp	enses (describe in Schedule O)	. 16	
	17_		enses. Add lines 10 through 16	17	37.
Α.	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 18	54,816.
A NS E E T	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return)	. 19	168,514.
T _T	20	Other cha	nges in net assets or fund balances (explain in Schedule O)	. 20	
	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20	21	223,330.
BA	A For	Paperwoi	rk Reduction Act Notice, see the separate instructions.		Form 990-EZ (2015)

Form	990-EZ (2015) IRENE HUTCHINSO	N PHILLIPS MEMORIA	L FUND _	55	<u>-6024</u>	1096 Page 2
Par	t II Balance Sheets (see the inst	ructions for Part II)				
	Check if the organization used Sched	ule O to respond to any questi				(B) Ford of years
22	Cash, savings, and investments) Beginning of yea		(B) End of year
23	Land and buildings			19,820		223,330.
24	Other assets (describe in Schedule O)			0	23	<u>0.</u>
25	Total assets		<u> </u>	148,694	` 	0.
26	Total liabilities (describe in Schedule O)			<u>168,514</u>		223,330.
26 27	Net assets or fund balances (line 27 of c			0	. 26	0.
				168,514	. 27	223,330.
Par	<u>t III</u> Statement of Program Service A Check if the organization used School	ccomplishments (see the ins	Structions for Part III)			Expenses
\M/hat	is the organization's primary exempt purpose? ED	edule O to respond to any que	Suon in this Part III	· · · · · · · <u> </u>		red for section 501
Desc	the the organization's primary exempt purpose.	complishments for each of its th	ree largest program sen	ures as		and 501(c)(4) zations, optional
meas	nbe the organization's program service acc sured by expenses. In a clear and concise r	nanner, describe the services	provided, the number of p	persons	for oth	
	fited, and other relevant information for each				ļ	
28	THE ORGANIZATION MAKES GF					
	ATTENDING WEST VIRGINIA L	N <u>NIVERSITY. NO GR</u> A	ANTS OR LOANS		1	
	WERE ISSUED THIS YEAR.				_	
	(Grants \$ 0.) If the	is amount includes foreign grai	nts, check here	. <u> </u>	28 a	<u> </u>
29					1	
					[[
	(Grants \$) If the	is amount includes foreign grai	nts, check here		29 a	
30					1 1	
			-			
				_ 	1	
		is amount includes foreign grai		, 🖊 📗	30 a	
31	Other program services (describe in Sched				ļļ	
		is amount includes foreign grai		<u>.</u> -	31 a	
	Total program service expenses (add lir			· · · · · · · ·	32	0.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	ployees (list each one eve	n if not compensated -	- see the	instructions for Part IV)
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV			<u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	yee	(e) Estimated amount of other compensation
		position	(if not paid, enter -0-)	compensation		Other compensation
GAR	Y WATERS				T	
	ASURER	0.50	0.		0.	0.
JOH	N MIESNER				_	<u> </u>
PRE	SIDENT	0.00	0.		0.	0.
WAI	TER BIRD					
VIC	E PRESIDENT	0.00	0.		0.	0.
					T	·
			_			
		L		L		
		T .	I	Ī	-	
		<u>L</u>				

Forr	n 990-EZ (2015) IRENE HUTCHINSON PHILLIPS MEMORIAL FUND 55-6024096	<u>-</u>	Р	age 3
Pa	the Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>		
22		<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			<u> </u>
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Ţ.,
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		X
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 b_		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0		* > \$ 3	,
	Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	, <u>\$</u> },14	ž ,
	of f Yes, complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.	7 ; 4 §		
	Initiation fees and capital contributions included on line 9	3.1		
	Gross receipts, included on line 9, for public use of club facilities		§ .	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	`\$`)	13.13	2 :
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.		1,1933	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
l	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	ъ ⁴		v
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	***	>	X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958		. \	
(Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	, ,		* *
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax	Ls.		
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed			
	The organization's books are in care of SARY WATERS Located at 11 BRIAR PATCH LANE 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)?		-220 Yes	1 No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	, j š į		
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	, , , •	· 🛮	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		·X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
		45 a		Х
t t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form 990-E	EZ (2015) IRI	ENE HUTCHINSON PH	ILLIPS MEMORIA	L FUND	_55-60	24096	P	age 4
							Yes	No
46 Did th	ne organization	engage, directly or indirectly	, in political campaign a	ctivities on behalf of or in	opposition to	-1-1-1	ļ	
Part VI		office? If 'Yes,' complete Sc		· · · · · · · · · · · · · · · · · · ·		46	<u> </u>	<u> </u>
Fait VI		01(c)(3) organizations 501(c)(3) organizations		etions 47-49h and 5	2 and complete the	a tahles		
	for lines 50	and 51.	o moor anower que	3110113 47 430 and 0	z, and complete the	, labico		
	Check if the o	organization used Schedule (O to respond to any que	estion in this Part VI .				. П
	·						Yes	No
		engage in lobbying activities				[
		C, Part II				47		X
	_	school as described in section		•				X
		make any transfers to an ex- led organization a section 52		=		49a . 49b	 	X
		or the organization's five high	_					Ь
		th received more than \$100,0						
			(L) A	1	(d) Health benefits,			
	(a) Name and title	of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans and deferred	(e) Estimated other comp		
			to position		compensation			
NONE								
			<u>-</u>			<u> </u>		
				l				
			- 					
						 		
f Total	number of othe	er employees paid over \$100	000	<u> </u>	<u> </u>	<u> </u>		
		or the organization's five high		nendent contractors who	each received more tha	n \$100 000 c	ıf.	
comp	ensation from t	he organization If there is no	one, enter 'None.'	pendent contractors who	cach received more tha	11 \$100,000 0	•	
<u> </u>	(a) Name and busine	ess address of each independent cont	ractor	(b) Type	of service	(c) Comp	ensatio	n
NONE						† 		
						<u> </u>		
						<u> </u>		
						<u> </u>		
						Ì		
		 		l				
		r independent contractors ea	•	•				
	ne organization eleted Schedule	complete Schedule A? Note	: All section 501(c)(3) o		a 	► XYes	, [No
Under penaltie	s of perjury, I declare	that I have examined this return, incli	uding accompanying schedules	and statements, and to the best	of my knowledge and belief, it is			
true, correct a	nd complete Declara	ation of preparer (other than officer) is	based on all information of which	ch preparer has any knowledge				
	Signature of o	fficer /		\sim	11/15/16 Date			
Sign Here		(Velt						
пеге	WALTER Type or print r		- CI FIN		VICE PRESIDENT	-		
	Print/Type prepare		Preparer s signature	Date		PTIN		
	" ' '		Can Deta		Check L If		^	
Paid	COREY E.	BECHTEL, CPA I	COREY E. BECHT	EL, CPA 11/12/1	6 self-employed [<u> 20048143</u>	<u>U</u>	
Preparer	Firm's name ► Firm's address ►	HERMAN J. PRICE,	CPA, AC		Firm's EIN	EE 0.000	000	
Use Only	i iiii s address ►	195 GREENBAG RD		WAY 0.000 3		55-0668		
Marith - 12	C diagrica this	MORGANTOWN	n choun? Constitution	WV 26501-7	113/ Frime 10 (3))4) 599- - √√		1
way the IR	o aiscuss this re	eturn with the preparer show	n above / See instructio	ns		► XYes		No
						Form 99 0	J-EZ ((2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of	the organization					Employer identifica	tion number				
IREN	E HUTCHINSON PHILLIE	PS MEMORIAL FU	JND			55-6024090	б <u></u> _				
Part	rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The or	ganization is not a private foundat	ion because it is (For	lines 1 through 11, chec	k only on	e box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
	name, city, and state										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		governn	nental ur	nit or from the general pu	ıblıc described				
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete Part II)								
9	X An organization that normally from activities related to its ex investment income and unrela June 30, 1975. See section 5	empt functions — subj ted business taxable i 09(a)(2). (Complete P	ect to certain exceptions, income (less section 511 art III.)	and (2) tax) from	no more i busine:	than 33-1/3% of its supp sses acquired by the org	oort from gross				
10	An organization organized and	•	•								
11	An organization organized and or more publicly supported organizes 11a through 11d that des	janizations described	in section 509(a)(1) or s	ection 50	09(a)(2).	See section 509(a)(3).					
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or ele-									
Ь	Type II. A supporting organiza management of the supporting must complete Part IV. Sect	organization vested i									
С	Type III functionally integrate organization(s) (see instruction	ed. A supporting orga	nization operated in conrete Part IV. Sections A.	nection w	ith, and	functionally integrated w	ith, its supported				
d	Type III non-functionally into functionally integrated. The or instructions). You must comp	egrated. A supporting ganization generally m	organization operated in	connecti	on with						
е	Check this box if the organization integrated, or Type III non-fun	ion received a written	determination from the II	RS that it	ıs a Тур	oe I, Type II, Type III fund	ctionally				
f	Enter the number of supported or		pporting organization.								
_	Provide the following information	•			•						
	(ı) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
					-	-					
(A)				ļ							
(B)											
(C)		<u> </u>		 							
(D)				ļ							
(E)			, / % & & & & >	ļ	3 35						
Total	201				, (*** · ''		_				
BAA	For Paperwork Reduction Act N	otice, see the Instruc	ctions for Form 990 or 9	90-EZ.		Schedule A (Forn	n 990 or 990-EZ) 2015				

Rart III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	(Complete only if you checked organization fails to qualify untion A. Public Support	ider the tests listed	below, please co	mplete Part III.)				<u> </u>
Cale	ndar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							- · · ·
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				Appropriet Communication of the Communication of th		: *	
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale Degi:	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
7	Amounts from line 4			-	-			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activiti	es, etc. (see instru	ctions)				12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second,	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ [
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 201	5 (line 6, column (f)	divided by line 1	1, column (f))			14	%
	Public support percentage from 20						15	%
16 a	33-1/3% support test — 2015. If and stop here. The organization of	the organization did qualifies as a public	d not check the bo	ox on line 13, and lii	ne 14 is 33-1/3% o	r more, ched	k this	box –
b	33-1/3% support test — 2014. If t and stop here. The organization of	he organization did	not check a box	on line 13 or 16a, a	nd line 15 is 33-1/3	3% or more,	check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and-	circumstances' te:	st, check this box a	nd stop here. Exp	laın ın Part \	/I how	
b	10%-facts-and-circumstances te or more, and if the organization mo organization meets the 'facts-and-	eets the 'facts-and-	circumstances' te:	st, check this box a	nd stop here. Exp	lain in Part \	/I how	the _

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . .

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.)

<u> </u>	tion A. Public Support						
	dar year (or fiscal year beginning in) F Gifts, grants, contributions and membership fees	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	received. (Do not include any 'unusual grants')	4,425.	25,900.	2,500.	0.	0.	32,825.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	4,425.	25,900.	2,500.	0.	0.	32,825.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	1. (1)		% %, ' W			32,825.
Sec	tion B. Total Support	•	<u></u>		<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	4,425.	25,900.	2,500.	0.	0.	32,825.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,285.	21,440.	0.	0.	14,853.	43,578.
	acquired after June 30, 1975						<u> </u>
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,285.	21,440.	0.	0.	14,853.	43,578.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)	11,710.	47,340.	2,500.	0.	14,853.	76,403.
14	First five years. If the Form 990 is organization, check this box and st	for the organization for the organization for the formula in the f	n's first, second, th	nird, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ ∏
	tion C. Computation of Pul						
	Public support percentage for 2015						42.96 %
	Public support percentage from 20				<u> </u>	16	73.10 %
	tion D. Computation of Inv						
	Investment income percentage for	•			•		57.04 %
	Investment income percentage from						26.90 %
	33-1/3% support tests — 2015. If is not more than 33-1/3%, check the	is box and stop he	e re. The organizati	on qualifies as a p	ublicly supported o	organization .	▶ []
	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifies	s as a publicly sup	ported organization	on . ▶ [X]
20	Private foundation. If the organiza	ation aid not check	a box on line 14,	ı 9a, or 19b, check	this box and see ii	nstructions	▶

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.)

	tion A. All Supporting Organizations		V	T N.
		F	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 class or purpose, describe the designation if historic and continuing relationship, explain	1		<u> </u>
	the designation in mistoric and continuing relationship, explain			ì
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	* * *.	1.2
		-,	· - *	** 30
3 6	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	138	
ı	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
		, , , , , , , , , , , , , , , , , , , ,	ě	1
•	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	i.	
		****		,
4 a	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	1 ()	
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	of cape, there are the cape of		3	ł
•	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that		là	.
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		ļ
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported	255	***	1 34 3
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		- sun' = šil)
		1.2	3 1	
ı	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u> </u>	
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
	the filling organization's supported organizations, in res, provide detail in Falt VI	328 8	ļ	-
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		<i>3</i>	
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	<u> </u>		
		\$		1
9 :	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
		H	 	
l	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c 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		
			-	
10	a 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 supporting organizations)? If 'Yes,' answer 10b below	10a		ļ
			t —	†
I	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	 	

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På	rt`IV ` Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		<u></u>	
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c 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	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1			. 1/	\ \\ \\ \\ \
	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities	1		3 %
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any.		1	ia .
	applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)	ì	2 . ;	
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	supporting organization	2		
Se	ction 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	es ,	1	
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	,	1	
20	ction D. All Type III Supporting Organizations		·	<u> </u>
	odon B. All Type in our porting organizations		Yes	No
		W *	.3.4	32
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			II.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	* 1		-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	i /d	: ۵٫۰	
	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	. 18	V ******
	· · · · · · · · · · · · · · · · · · ·		*	
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 supported organizations played	3		K.S.
	ction E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	1
<u>se</u>	ction E. Type III Functionally-integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructions):		
	a 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			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions)		
2	Activities Test. Answer (a) and (b) below		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was	∌a *	1000	2.
	responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	3] : [
	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	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
•				
	a 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? <i>Provide details in Part VI</i>			
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	s -	·	
	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	<u></u>	

Sche	dule A (Form 990 or 990-EZ) 2015 IRENE HUTCHINSON PHILLIPS MEMOR	IAL	FUND 55-60:	24096 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novem	nber 20, 1970 See instru A through E.	ctions. All
Sec	tion A — Adjusted Net Income		(A) Prior 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		
4	Add lines 1 through 3	4		
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 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	, , ,	
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	, , <u>à</u> : .		
a	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)	3 31		%
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
		1	y"s w s z	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A) . .

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

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Schedule A (Form 990 or 990-EZ) 2015

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Sche	edule A (Form 990 or 990-EZ) 2015 IRENE HUTCHINSON PHI	T T T	THE MEMORIAL	FUND 55-60.	24096 Page 7
Par					24090 rage 1
	tion D — Distributions	· PP	orting Organiza	elons (continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of su	upported organizatio	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				· - · - ·
7					
<u> </u>					
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sec	tion E — Distribution Allocations (see instructions)		(i) Excess Distributions	(iı) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		٠		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			:	
3	Excess distributions carryover, if any, to 2015	/ <u>1.</u>	ş ·		٤.
а	1. 数 · 数 · 数 · 数 · 数 · 数 · 数 · 数 · 数 · 数	*	\$ 3 8 8 8 8 8 8 8 8 8 8	ş; , , , , , , , , , , , , , , , , , , ,	60 x 1 x 2 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	TOWN THE RESERVE AND ADDRESS OF THE PARTY OF		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11102124	3& A 15:34 41.
С				^, ;	
d	From 2013	À	17167 (41)	\$15 N. 13	(3 () (3) (4) (1) (1)
е	From 2014		¥ 7/	1334 14 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1	`, ~
f	Total of lines 3a through e				10 1 10 10 10 10 10 10 10 10 10 10 10 10
g	Applied to underdistributions of prior years		. * 3		44. m 41 : 1 1 . 1. 1.
h	Applied to 2015 distributable amount	-á	2 2 4 W i + > .		
	Carryover from 2010 not applied (see instructions)			1111 10 10 10 10 10 10 10 10 10 10 10 10	*** ** ** * * * * * * * * * * * * * *
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f				, , ,
4	Distributions for 2015 from Section D, line 7:	À			
a	Applied to underdistributions of prior years	<u> </u>		1 1 27mi # M. / M. /	
	Applied to 2015 distributable amount	à	. <u>13. M. A.</u> iea.		· · · · · · · · · · · · · · · · · · ·
	Remainder. Subtract lines 4a and 4b from 4		4 M 1.30.20 2000 300 20 20 3		
5	Remaining underdistributions for years prior to 2015, if any	*3	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S- 6 8 1 1 2 5 2 2 8 8 8	
	Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	, , , , , , , , , , , , , , , , , , ,			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)				
7	Excess distributions carryover to 2016. Add lines 3j and 4c				** ,
8	Breakdown of line 7:	Æ	* > .	÷ .5 % /	
а	· · · · · · · · · · · · · · · · · · ·	*	2 * 40. 16	1111 1111 1111	

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c Excess from 2013 .

e Excess from 2015 . .

d Excess from 2014

b

Schedule A (Form 990 or 990-EZ) 2015

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Page 8

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)