

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 (0)

Open to Public

Department of the Treasury

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

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

Inspection Internal Revenue Service 2/1/2015 1/31/2016 For the 2015 calendar year, or tax year beginning and ending **Employer Identification number** Check if applicable SUSAN H. & WILBUR H. MARCY TRUST Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 59-1932547 Name change P.O BOX 1328 E Telephone number ZIP code Initial return City or town (407) 644-9801 WINTER PARK 32790 Final return/terminated Foreign postal code Foreign country name Foreign province/state/county Gross receipts \$ 9,436,807 Amended return F Name and address of principal officer Application pending Yes X No H(a) Is this a group return for subordinates? Kenneth F Murrah, Jr. P. O. Box 1328, Winter Park, FL 32790 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) 4947(a)(1) or 501(c)) (insert no) Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ K Form of organization: Corporation Trust Association Other ▶ L Year of formation M State of legal domicile 1979 Part I **Summary** Briefly describe the organization's mission or most significant activities: The Trust is a supporting organization for Activities & Governance the United Methodist Chuch and churches and other institutions affilitated with it in the Southeastern states of the United States Check this box | 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). Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). . . 829,910 6,490,613 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 829,910 6,490,613 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 275,927 361,735 14 Benefits paid to or for members (Part IX, column (A), line 4). . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 143,107 140,844 16a Professional fundraising fees (Part IX, column (A), line_11e) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,184 18 Total expenses Add lines 13-17 (must equal Part IX column (A), line 25). 421.218 526,993 Revenue less expenses. Subtract line 18 from line 1200 JUN 2.1.2016 19 408,692 5,963,620 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 13,087,814 11,841,067 21 Total liabilities (Part X, line 26) 99.483 40,708 Net assets or fund balances. Subtract line 21 from line 20 12,988,331 11,800,359 Part II Signature Block Under penalties of perjury, 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 (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Kenneth F Murrah, Jr. Co-Trustee Type or print name and title Print/Type preparer's name Preparer's signature Date

uning

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name Murrah, Doyle, Wigle & Torre, P.A

Firm's address

800 W. Morse Blvd , Suite 1, Winter Park, FL 32789

Form **990** (2015)

P00285634

X Yes

Check

Firm's EIN > 59-1563049

self-employed

(407) 644-9801

6-8-16

Phone no

Bruce M Wigle, III

Paid

Preparer

Use Only

) (Revenue \$

including grants of \$

361,735

(Expenses \$

Total program service expenses

59-1932547

			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? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
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,	<u> </u>		<u> </u>
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	├		<u>^</u>
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	F-		<u> </u>
7	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	建 基76. 4	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	歷		74x.
	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		X
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.	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ا مدا		.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	-	X
	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	ا ۔۔ ا		
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	126		v
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\hat{x}}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		\neg	
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services]]		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ŀ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
				_

Checklist of Required Schedules (continued)

Yes No 20a 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 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 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 23 Х 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 **b** 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 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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 25b Х 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 Х 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 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? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II. Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Χ 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.

SUSAN H. & WILBUR H MARCY TRUST 59-1932547 Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return .	ا ا		ŀ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	<u> </u>
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	\rightarrow	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	— ∔	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	ŀ	X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	i	Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	- 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources		- 1	
12a	against amounts due or received from them.)	12a	·	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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.			
b	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]		
С	Enter the amount of reserves on hand	\sqcup		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9		932547	F	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.		п	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	• •	· ·	X
Sect	ion A. Governing Body and Management		T.,	r
10	Enter the number of voting members of the governing body at the end of the tax year 1a	<u></u>	Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	긕		
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	İ		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	1	×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Ì		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following:			
а	The governing body?	8a	X	_
þ	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
Soci	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	, X	<u> </u>
Sec	ION B. Policies (17118 Section B requests information about policies not required by the internal Nevenue	Coue.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-:05	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00		<u> </u>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		.,
b	with a taxable entity during the year?	16a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1100	_	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	3)s only	 /)	
	available for public inspection. Indicate how you made these available. Check all that apply	,,	•	
	Own website Another's website X Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicy, an	d	
	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:

Kenneth F. Murrah, Jr 800 W. Morse Blvd., Suite 1, Winter Park, FL 32789-3735 (407) 644-9801

-							_				
•											
Form 990 (2015)	SUSAN H. & WILBUR H. MARCY	TRUST								59-19325	47 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	Cey	En	nplo	yee	s, F	lighest Comp	ensated	
•	Employees, and Independent C Check if Schedule O contains a re		te to	an	y liı	ne i	n this	Pa	art VII		🔲
Section A.	Officers, Directors, Trustees, Key E	nployees, and	High	est	Coı	npe	nsate	d E	mployees		
1a Complete to organization's	his table for all persons required to be I tax year.	isted Report co	mper	ısat	on	for t	he ca	lend	dar year ending v	with or within the	
of compensati List all List the who received	of the organization's current officers, di on Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest corr reportable compensation (Box 5 of Formand any related organizations.	F) if no compens yees, if any. See apensated emplo	sation e instr byees	wa ructi s (ot	s pa ons her	aid. s for thai	defini n an c	tior offic	of "key employe er, director, trusto	ee." ee, or key emplo	
\$100,000 of re	of the organization's former officers, ke eportable compensation from the organion of the organization's former directors of	zation and any	relate	d o	rgai	nızat	tions				
	more than \$10,000 of reportable compe										
List persons in	n the following order. individual trustees employees; and former such persons.										
Check thi	s box if neither the organization nor any	related organiz	ation	cor	npe	ensa	ted ar	ny c	urrent officer, dır	ector, or trustee.	
(A) Name and Title		(B) Average hours per week (list any hours for related	box,	unle er an	Po: heck ss pe	erson direct	e than of is both or/truste employee	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
(1) Kennet	h F Murrah (final fee - dec'd 12/5/2014)	organizations below dotted line)	Individual trustee or director	Institutional trustee	3	employee	Highest compensated employee	3 T	(W-2/1099-MISC)	(···2/1035-WI3C)	organization and related organizations
(1) <u>kennet</u> Trustee	ir inuman (manee - dec d 12/5/2014)		x			1			140.845		
	I A Cobross		 	 	t	1	1		1,0 ,0	_	

59-1932547

(4) Name and site Comparison team of the properties of the prop	Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	oloye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (contin	nued)		
(15)			Average hours per week (list any hours for related organizations below dotted	box,	unies er an	Pos neck ss pe d a d	ition more rson	is both	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	con	estimate imount other mpensa from the ganizat nd relate	of tion e ion ed
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)											-		
(19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(16)													
(20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (22) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (20) (21) (21) (22) (23) (24) (25) (24) (25) (26) (26) (27) (27) (24) (25) (26) (26) (27) (27) (27) (27) (28) (27) (28) (29) (29) (20) (21) (21) (22) (23) (24) (25) (24) (25) (26) (26) (27) (27) (27) (27) (28) (27) (27) (28) (27) (28) (27) (28) (29) (27) (27) (28) (27) (28) (27) (28) (29) (20) (27) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (28) (29) (20) (20) (27) (27) (28) (27) (28) (29) (20) (20) (27) (27) (28) (27) (28) (27) (28) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20	(17)													
(21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (29)	(18)													
(22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(19)													
(23) (24) (25) (25) (25) (26) (27) (28) (29) (20)	(20)						_							
(24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received	(21)											-		
(25) 140,845	(22)													
Sub-total	(23)													
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 140,845 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received	(24)													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation (B) Compensation Compensation Compensation	(25)													
reportable compensation from the organization 1 1 1 1 1 1 1 1 1 1 1 1 1	c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).	ection A .							140,845	.000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	~	•					••••		,,,		,000 0.			
employee on line 1a? If "Yes," complete Schedule J for such individual											_		Yes	No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3					oye	e, o	-				_3		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	the organization and related organizations great	•	-						•		4		×
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received	5	- ·	•			-			_			_		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received	Sec		es, complete st	<i>incua</i>	110 0	101	300	n per	3011	• • • • •	<u> </u>			
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		Complete this table for your five highest compecompensation from the organization. Report co	•								•	tax	-	
		(A)	ress		-						rices (
	2		-	ed to	tho	se l	iste	d abo	ve)	who received				

	990 (20		UST				59-1932	2547 Page 9
Par	t VIII	Statement of Revenue						
		Check if Schedule O contains a response	e or note	to any line in	this Part VIII			🗍
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
25 29	1a	Federated campaigns	1a					
a are	b	Membership dues	1b					
وَ ق	С	Fundraising events	1c					
# Z =	d	Related organizations	1d		İ			
S, E	е	Government grants (contributions)	1e					
to to	f	All other contributions, gifts, grants, and						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	1f					
a g	g	Noncash contributions included in lines 1a-1f:	\$					
	h	Total. Add lines 1a-1f						
Jue Jue			В	usiness Code				
Jen (2a							
8	b							
Program Service Revenue	С		L					
	d							
	e							
	f	All other program service revenue.	L					
	g	Total. Add lines 2a–2f						
	3	Investment income (including dividends, inte						
		other similar amounts)			497,308			497,308
	4	Income from investment of tax-exempt bond		ls ▶				
	5	Royalties		>				
				(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	_d	` '		() Ollins				ļ
	7a			(II) Other				
		assets other than inventory 8,939	9,499					
	b		. 404					
		and sales expenses 2,946						
		Gain or (loss)			5 000 005			5 000 005
	d	Net gain or (loss)	· '—		5,993,305			5,993,305
		One of the second secon	-					
Other Revenue	ва	Gross income from fundraising						
Š		events (not including \$ of contributions reported on line 1c)						
æ		See Part IV, line 18	a					
ě	۱	Less: direct expenses	<u> </u>					
8	C	Net income or (loss) from fundraising events						
	1	Gross income from gaming activities.	` · · · · ·					
	""	See Part IV, line 19	<u>.</u>					
	ь	Less. direct expenses						
	C	Net income or (loss) from gaming activities .			· •			İ
		Gross sales of inventory, less	· <u>'</u>					
		returns and allowances	. a					
	ь	Less cost of goods sold						
	č	Net income or (loss) from sales of inventory		•				
		Miscellaneous Revenue		siness Code				†
	11a					İ		
	b							
	c					•		T
	d	All other revenue	.					
	е	Total. Add lines 11a–11d		🕨			- 1	

Total revenue. See instructions.

6,490,613

6,490,613

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	s. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 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	361,735	361,735							
2	Grants and other assistance to domestic									
-	individuals See Part IV, line 22									
3	Grants and other assistance to foreign				··· -					
•	organizations, foreign governments, and foreign									
	Individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members	· · · ·								
5	Compensation of current officers, directors,									
3	trustees, and key employees	140,844	i	140,844						
6	Compensation not included above, to disqualified	1,10,017								
U	persons (as defined under section 4958(f)(1)) and	ļ								
	persons described in section 4958(c)(3)(B)	1								
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
U	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
''a	Management									
b	Legal									
C	Accounting	7.500	-	7,500						
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	16,877		16,877						
g	Other. (If line 11g amount exceeds 10% of line 25, column			·						
9	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses	37		37						
14	Information technology				· · · · · · · · · · · · · · · · · · ·					
15	Royalties									
16	Occupancy			-						
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization				<u> </u>					
23	Insurance									
24	Other expenses Itemize expenses not covered		j							
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а										
b										
С										
d		<u> </u>								
е	All other expenses	500.000	004 707	107.0=1						
25	Total functional expenses. Add lines 1 through 24e	526,993	361,735	165,258						
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation Check here									
	following SOP 98-2 (ASC 958-720)				5 QQQ (00 (5)					

FUIII 990 (2013	SUSAN H. & WILBUR H. WARCT TRUST		39-1932347	Page II
Part X	Balance Sheet			
•	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year	(B) End of	vear

			(A) Beginning of year		(B)
	1	Cash—non-interest-bearing	Beginning or year	1	End of year
	2	Savings and temporary cash investments	1,064,627	2	1 247 000
	3	Pledges and grants receivable, net	1,004,027	3	1,247,992
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		-	
	3	trustees, key employees, and highest compensated employees.			
			=	5	
	_	·			
	6	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			
80		organizations (see instructions) Complete Part II of Schedule L		6	-
56	_		230,425	7	154 204
Assets	7	Notes and loans receivable, net	230,423	8	154,391
	8	Inventories for sale or use		9	
	l	· · · · · · · · · · · · · · · · · · ·		9	<u> </u>
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a			
	١ ,		-	10c	
	b 11	Investments—publicly traded securities	11,792,762	11	10,438,684
	12	Investments—other securities See Part IV, line 11	11,132,102	12	10,436,004
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,087,814	16	11,841,067
	17	Accounts payable and accrued expenses	10,007,014	17	11,041,007
	18	Grants payable	99,483	18	40,708
	19	Deferred revenue		19	10,100
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ø	22	Loans and other payables to current and former officers, directors,	-		
Liabilities		trustees, key employees, highest compensated employees, and			
₫		disqualified persons. Complete Part II of Schedule L	-	22	
٣	23	Secured mortgages and notes payable to unrelated third parties .		23	
	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		25	
	26	Total liabilities. Add lines 17 through 25	99,483	26	40,708
	}	Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
98		complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets		27	
<u>8</u>	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here			
<u></u>	1	complete lines 30 through 34.			
致	20	,	40.000.004	20	
38	30	Capital stock or trust principal, or current funds	12,988,331	30	11,800,359
A	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	10.000.004	32	44 000 050
	33	Total habilities and not assets found balances	12,988,331	33	11,800,359
	34	Total liabilities and net assets/fund balances	13,087,814	34	11,841,067

Form 9	990 (2015) SUSAN H & WILBUR H MARCY TRUST	59-193	32547	Pao	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI			. [X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,490	0,613
2	Total expenses (must equal Part IX, column (A), line 25)	2		526	5,993
3	Revenue less expenses. Subtract line 2 from line 1	3		5,963	3,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [4	12	2,988	3,331
5	Net unrealized gains (losses) on investments	5		1,221	,257
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		5,930) <u>,335</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,800	<u>,359</u>
Part	· · · · · · · · · · · · · · · · · · ·				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u>. </u>	
			\rightarrow	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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		_X_
	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				F
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			Ī	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			I	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ĺ	
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	· ·	3b		
			Form \$	990 (2	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

Open to Public

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. Inspection

Employer identification number

Name	lame of the organization Employer identification number									
	SAN H. & WILBUR H MAR				_		32547			
		lic Charity Status (All or								
	_ 	te foundation because it is: (F		-		•				
1		of churches, or association o				(A)(I).				
2		section 170(b)(1)(A)(ii). (Att								
3		rative hospital service organiz								
4	A medical research o hospital's name, city,	rganization operated in conju and state.	nction with a hospital d	lescribed	n section	170(b)(1)(A)(iii). Er	ter the			
5		ated for the benefit of a colleg (iv). (Complete Part II)	ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in			
6	A federal, state, or loc	cal government or governmer	ntal unit described in s e	ection 170)(b)(1)(A)	(v).				
7		normally receives a substantia 170(b)(1)(A)(vi). (Complete F		m a gove	rnmental ı	unit or from the gene	ral public			
8	A community trust de	scribed in section 170(b)(1)(A)(vi). (Complete Part	H)						
9										
10	An organization organ	nized and operated exclusive	ly to test for public safe	ety See se	ection 509	9(a)(4).				
11	of one or more public	nized and operated exclusive bly supported organizations de s 11a through 11d that descri	escribed in section 509	9(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).			
c	the supported organization You organization You by Type II. A supportion control or manage organization(s). You Type III functional its supported organization or	ng organization operated, supanization(s) the power to regularization(s) the power to regular to complete Part IV, Secting organization supervised of the supporting organization to the supporting of the must complete Part IV, Sully integrated. A supporting of the complete part IV, Supporting the integrated of the organization instructions). You must complete organization received a wind and the organization received a wind must complete part IV.	plarly appoint or elect a tions A and B. It controlled in connection ization vested in the sa ections A and C. organization operated in You must complete Fiting organization operation tion generally must sat blete Part IV, Sections	on with its ame person on connect Part IV, Seated in coristy a district A and D,	of the direct supporterns that could be consulted a consultation with, a consultation with the consultation with the consultation with the consultation and Part	ctors or trustees of the discrete of the discr	having supported rated with, anization(s) entiveness			
		ated, or Type III non-functions				, , , , , , , , , , , , , , , , , ,				
f	f Enter the number of s	upported organizations.								
	g Provide the following (i) Name of supported organiza 	Information about the support	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
	t United Methodist Church	59-0674257	1	X		248,775				
(B)		50.0500050				20.000				
	ory University, Candler Sch	ool 58-0566256	2	 	X	62,960				
(C)	o University	56-0532129	2		×	50,000				
(D)	e University	30-0332129	2			50,000				
(E)							· · · · · · · · · · · · · · · · · · ·			
Tota						264 725				

	-
_	•
Dage	- 4

Section A. Public Support Callendry year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendry year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Callendry year (or year) year		(Complete only if you checked Part III. If the organization fails						nder
Calendary year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total supports, contributions, and membership fees received. (Do not include any Turusual grants."). Tax revenues leved for the organization's benefit and either paid to or expended on its behalf furnished by a governmental unit to the organization without charge. The value of services or facilities furnished by a governmental unit to the organization without charge. 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) Escetion B. Total Support Calendary year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (c) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (c) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendary year (or fiscal year beginning in) (c) 2013 (d) 2014 (e) 2015 (f)	Sec							-
1 Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf and the paid to re-spended on the paid to re-spended on the paid to re-spended on the paid to re-spended on the paid the paid to re-spended on the paid the paid to re-spended on the paid to re-spen			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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 (I). 6 Public support. Subtract line 6 from line 4. 8 Posticin B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support A mounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royales and income from similar sources. 9 Net income from unrelated business activities, etc. (e) 2013 (d) 2014 (e) 2015 (f) Total Support in a control of the contro		Gifts, grants, contributions, and membership fees received. (Do not		, , , , , , , , , , , , , , , , , , , ,				
furnished by a governmental unit to the organization without charge. 4 Total, Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support, Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities losins, 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 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 from 2014 Schedule A, Part II, line 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and of 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. E	2	benefit and either paid to or expended on						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 6 Gross income from interest, dividends, payments received on securities loans, rents, royales 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 (Explani in Part VII). 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 organizations 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 8 Certion C. Computation of Public Support Percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 14 Public support percentage from 2015 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 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. 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box on stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. check this box on stop here. Explain in Part VI how the organization meets	3	furnished by a governmental unit to the						
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 Calendar year (or fiscal year beginning in) 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 carned 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). 12 If its 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. 9 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 11 Total support. Add lines 7 through 10. 12 Its first five years, if the Form 990 is for the organization of his public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Its 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. 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, check this box and stop here. Explain in Part VI how 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-cir	4	Total. Add lines 1 through 3						
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) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans, payments received on secunities loans and payments received on secunities loans are received from the sale of capital assets (Explain in Part VI). 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. The organization of Public Support Percentage Section C. Computation of Public Support Percentage 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. 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, check this box and stop here. E	5	The portion of total contributions by each						
ncluded 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 Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support Foreign on securities loans, rents, royalties and income from similar sources . 9 Net income from unrelated business a 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). 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 from 2014 Schedule A, Part II, line 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 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. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test,		person (other than a governmental unit						
of the amount shown on line 11, column (f). 6 Public support. Subtract line 6 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, roystless 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 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 (fi). 15 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (fi). 16 3 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. 16 33 1/3% support test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and 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, check this box and stop here. Explain in Part VI how 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. 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.		or publicly supported organization)						
column (f). Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Support		included on line 1 that exceeds 2%						
6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on secunities loans, rents, royalities and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned 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)). 15 Public support percentage from 2014 Schedule A, Part III, 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 16 33 1/3% support test—2014. If the organization did not check be tox on line 13 and 16a, and line 15 is 33 1/3% or more, check this box and stop here. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" tes		of the amount shown on line 11,		:				
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business a activities, whether or not the business is regularly carned 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 4 Public support percentage for 2014 Schedule A, Part II, line 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 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. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		column (f)						<u> </u>
Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4. 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)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 a 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. 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13 or 16a, 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, c	6	Public support. Subtract line 5 from line 4						
Amounts from line 4. 6 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 carned 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, etic (see instructions). 12 Gross receipts from related activities, etic (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. 5ection C. Computation of Public Support Percentage 4 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 Public 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, 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 and the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organizati								
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 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)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization 15 30 31/3% 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 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box an	Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
payments received on securities loans, rents, royalities 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 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)). 15 Public support percentage from 2014 Schedule A, Part II, line 14 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 meets the "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. check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, ch	7	Amounts from line 4						
rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10. 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 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 14 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. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supporte	8	Gross income from interest, dividends,						
Net income from unrelated business activities, whether or not the business is regularly carried on		• •			1			
9 Net income from unrelated business activities, whether or not the business is regularly carned 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)). 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 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. 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. 10 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. Check this box and stop here. Explain in Part VI how 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. Check this box and stop here. Explain in Part VI how 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" tes		rents, royalties and income from similar			1			
activities, whether or not the business is regularly carned 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)) . 15 Public support percentage from 2014 Schedule A, Part II, line 14 . 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 did inot 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organizat		sources						
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)). 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 a 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 18 box and stop here. The organization qualifies as a publicly supported organization. 19 a 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 unline 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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.	9	activities, whether or not the business is						
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)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 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 15 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. 16 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. 16 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, 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.	10	loss from the sale of capital assets						
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)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 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 15 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. 16 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. 16 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, 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.	11	Total support. Add lines 7 through 10						
Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 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 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. 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. 17a 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.	12	Gross receipts from related activities, etc (see	instructions).			•	12	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 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 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, 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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.	13	First five years. If the Form 990 is for the orga	anization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
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, 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.		organization, check this box and stop here						▶
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, 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.	Sec	tion C. Computation of Public Supr	ort Percent	age				
Public support percentage from 2014 Schedule A, Part II, line 14 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.					f))		14	
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.	15						15	
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.	16a							▶
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.	b				•			
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.	17a	is 10% or more, and if the organization meets to Part VI how the organization meets the "facts-a	he "facts-and-cand-cand-cand-carcumstanc	rcumstances" test, es" test The organ	check this box and ization qualifies as	stop here. Explai a publicly support	n in	· ·· >
18 Private foundation of the organization did not check a hox on line 13, 16a, 16b, 17a, or 17b, check this hox and see	b	15 is 10% or more, and if the organization mee Part VI how the organization meets the "facts-a	ts the "facts-and and-circumstanc	d-circumstances" te es" test The organ	est, check this box a exation qualifies as	and stop here . Ex		· · ·•
instructions	18	_						▶□

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 Dublic Cumport	my arraor are	10010 11010 0 001	, p. 5	- p. c. c		
	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2011	(0) 2012	(6) 2013	(4) 2014	(e) 2013	(I) lotai
1	received (Do not include any "unusual grants")						
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		-				
4	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						-
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				-		
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					}	
h	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)				_		
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .				, <u></u>		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					 	
13	Total support. (Add lines 9, 10c, 11,]	
	and 12.)			C(1) 1	504()	<u> </u>	
14	First five years. If the Form 990 is for the org	-		-		• •	
	organization, check this box and stop here.				• • •	· · · · · ·	
	ction C. Computation of Public Sup			n)		45	
15	Public support percentage for 2015 (line 8, co	• • •	•			15	
<u>16</u>	Public support percentage from 2014 Schedu				· · · · · ·	16	
	ction D. Computation of Investment			olumn (fl)		17	
17	Investment income percentage for 2015 (line					18	
18	Investment income percentage from 2014 Sci 33 1/3% support tests—2015. If the organiz						
i 3d	not more than 33 1/3%, check this box and st					and line 17 15	
h	33 1/3% support tests—2014. If the organiz	-				33 1/3%, and	· · · •
J	line 18 is not more than 33 1/3%, check this b						. ▶□
20	Private foundation. If the organization did no		•		_		
							1

Bort IV : Supporting

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.)

Section A	ΔΙΙ	Supporting Organization	2
Section F	1. AII	Supporting Organization	3

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

Γ	Yes	No
1		x
2		x
3a		х
3c		
		.,
4a		X
4b		
4c		
5a	x	
5b	Х	
5с		Х
6		X
7		X
8	-	Х
9a		X
9b	_	×
9с		X
10a		X
10b		i

Part	Supporting Organizations (continued)		,	
			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)		ł	
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	-	X
b 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	-	X
	on B. Type I Supporting Organizations	110	L	
<u> </u>	on single transfer and the second sec		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint 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. 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, applied to such powers during the tax year.	1	X	
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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			İ
	supervised, or controlled the supporting organization	2	X	<u>L.</u>
Secti	on C. Type II Supporting Organizations		<u> </u>	T
			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 the supported organization(s).	1		1
Secti	on D. All Type III Supporting Organizations	1 .		Щ_
0000	on on the state of		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ		<u> </u>
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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		
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		
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	1		l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
<u> </u>	supported organizations played in this regard.	3		L
	on 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 instr	uction	s):	
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 (see	ınstruc	tions)	ı
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	Γ	103	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ı	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			i i
	that these activities constituted substantially all of its activities	2a	Ì	i I
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		j	ı
	reasons for the organization's position that its supported organization(s) would have engaged in these		_	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		Ī	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		l	
	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 O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov 20, 1970 See i	nstructions. All
other Type III non-functionally integrated supporting organizations must cor	nplet	e Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I floi feai	(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		
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).			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
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		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
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		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-inte	egrated Type III supporting	g organization (see
moduciono).			

Part '		3) Supporting Organi	zations (continued)			
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes				
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpor					
4						
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is respor	nsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount			0 000		
			(ii)	(iii)		
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
3	Excess distributions carryover, if any, to 2015:	ļ				
a	· · · · · · · · · · · · · · · · · · ·					
b	,					
c	· ·					
d	From 2013					
е	From 2014					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>				
4	Distributions for 2015 from Section					
	D, line 7.					
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
	any. 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 3		· · · · · · · · · · · · · · · · · · ·			
_	and 4c					
8	Breakdown of line 7					
a						
<u>b</u>	· · · · · · · · · · · · · · · · · · ·		#*·*·			
<u>c</u>	Excess from 2013			·		
d				<u> </u>		
	Excess from 2015					
	LAGE33 HUIII 2013	<u> </u>				

Part V	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 11g(B and C). Emory University and Duke University are not specifically listed by name as beneficiaries
	in the Trust document, but they are permissible donees since they are public charitable organizations affiliated
	with the United Methodist Church in the Southeastern states of the United States.
	Part IV, Section A, Line 1. By its terms the Trust is authorized to support the United Methodist Church and
	churches and other institutions affiliated with it in the Southeastern states of the United States. The First United
	Methodist Church of Winter Park, Florida is specifically listed as an organization to be supported.
	Part IV, Section A, Line 5. Duke University (EIN 56-0532129) was added as a supported organization in 2015, by
	vote of the trustees. Duke University is a permissible recipient of grants from the Trust because it is a charitable
	organization affiliated with the United Methodist Church in the Southeastern states of the United States. No
	supported organizations were removed in 2015.
	Part IV, Section B, Line 2. The Trust can be controlled by the First United Methodist Church of Winter Park Florida,
	through the chairman of its board of trustees who is a trustee of the Trust (currently Richard A. Schram), and by
	the Florida Conference of the United Methodist Church, by its Treasurer who is a trustee of the Trust (currently
	Tony Prestipino). There are a total of three trustees, so the foregoing two organizations can control the Trust by
	majority vote. In 2015, in addition to its support of First United Methodist Church of Winter Park, Florida, which is
	a controlling organization, the Trust also supported the Candler School of Theology at Emory University, and Duke
	University, neither of whom are controlling organizations. The Candler School of Theology used one grant from
	the trust to provide a scholarship to a student intending to pastor a United Methodist Church in the State of
	Florida. With a second grant, the Candler School of Theology assisted pastors of Florida United Methodist
	Churches in attending a conference sponsored by the Candler School of Theology. Duke University used its grant
	to establish a new scholarship fund, entitled the "Bob Bushong Scholarship Fund".

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

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

► Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection ž

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

X Yes Employer identification number 59-1932547 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? SUSAN H. & WILBUR H MARCY TRUST

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 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 Part II

eau, rait IV, IIII e z I, IUI aliy lecipierit tilat received	, ior arry recipi	en mar received		ran II can be dupiic	more than \$5,000. Part II can be duplicated if additional space is needed.	ice is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) First United Methodist Church 125 N Interlachen Ave Winter Park, FL	59-0674257	501(c)(3)	248,775				See Form 990, page 2
(2) Emory University 201 Dowman Dr Atlanta, GA 30322	58-0566256	501(c)(3)	62,960				See Form 990, page 2
(3) Duke University 134 Chapel Dr Durham, NC 27708	56-0532129	501(c)(3)	20,000				See Form 990, page 2
(4)							
(5)							
(9)							
(Δ)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	1 501(c)(3) and greater	overnment organizate in the line 1 table	ations listed in the line 1	table			8
l							

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

Schedule I (Form 990) (2015)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) (2015)

Part III

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients Part I Line 2 Written confirmation is received from the recipients (a) Type of grant or assistance Part IV S

SCHEDULE 0 (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.

► 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.

OMB No 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SUSANH & WILBURH MARCY TRUST	199-1992941
Form 990, Part III, Linė 2.	
The trust made an initial payment of \$50,000 00 toward its total pledge of \$250,000.00, to	
begin funding the "Bob Bushong Scholarship Fund" at Duke University, in Durham, North	
Carolina, an institution affiliated with the United Methodist Church. See Form 990, Part III,	
Line 4c	
Form 990, Part VI, Section Section A, Line 8a & 8b:	
Since the Trust has a small number of trustees (3), formal meetings are infrequent, and	
consensus for actions is often developed over the telephone or through correspondence, and	
then confirmed in writing by the Trustees There are no committees.	
Form 990, Part VI, Section Section A, Line 9:	
The Trust's address is the law office of firm of Murrah, Doyle, Wigle & Torre, P.A. Kenneth F.	
Murrah died on 12/5/2014 but his office continues to function as the mailing address for the	
trust, and all of the current trustees can be reached through this address. The addresses of	
the current trustees are: Kenneth F Murrah, Jr., 3538 Waterchase Way West, Jacksonville, FL	
32224; Richard A. Schram, 2114 Oakhurst Avenue, Winter Park, FL 32792, and Tony Prestipino,	
c/o 450 Martin Luther King, Jr. Avenue, Lakeland, FL 33815	
Form 990, Part VI, Section Section B, Line 11b	
Copies of the 2015 Form 990 and the 2015 Annual Accounting FYE 1/31/2016 will be furnished to	
the trustees two days before the Form 990 is filed	
Form 990, Part VI, Section Section B, Line 15.	
The method for determining the compensation of the trustee, Kenneth F. Murrah, is set forth in	
the terms of the Trust which is found in the probated Last Will and Testament of Susan H.	
Marcy. The other two trustees, Richard A. Schram and Tony Prestipino, do not receive	
compensation.	
Form 990, Part VI, Section Section C, Line 19	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SUSAN H. & WILBUR H. MARCY TRUST

Part I

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.

rm990.	
gov/fo	
ww.irs	
is at v	
instructions	
and its	
orm 990) and it	
(Form	
Schedule R	
about	
Information	
A	

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

Open to Public OMB No 1545-0047

Employer identification number

59-1932547

(a) Name, address, and EIN (if applicable) of disregarded entity) Pnmary	(b) Primary activity Legal or for	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling enuty	olling ,
(1)							
(2)							
(3)							,
(4)							
(5)							
(9)							
Part II Identification of Related Tax-Exempt Organization	tions Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had	e organization an	swered "Yes" or	Form 990, Par	t IV, line 34 be	cause it h	gq
d tax-exempt organizations cut	III IIIE IAN YEAI.					F	
(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	us Direct controlling entity		(g) Section 512(b)(13) controlled entity?
						Yes	No
(1) First United Methodist Church 59-0674257 125 N Interlachen Ave. Winter Park, FL 32789	eligious	1	501(c)(3)	1	N/A		×
(2) Emory University 58-0566256	Educational						
201 Dowman Dr. Atlanta, GA 30322		GA	501(c)(3)	2	N/A		×
(3) Duke University 56-0532129 134 Chapel Dr Durham, NC 27708	Educational	NC	501(c)(3)	2	N/A		×
(4)							
(5)					:		
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2015	90) 2015

Schedule R (Form 990) 2015

Part III

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. 59-1932547

(k) Percentage ownership		1							(i) Section 512(b)(13) controlled entity?	s No						_		Schedule R (Form 990) 2015
iral or aging ner?							_	0, Part		Yes								? (Form
			_					66 m.	(h) Percentage ownership									dule F
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part nizations treated as a corporation or trust during the tax year.	(g) Share of end-of-year assets			:						Schi
(h) Disproportionate allocations?								answered /ear.										
								ation s	Share									
(g) Share of end-of- year assets								Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answ IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(e) Type of entity (C corp, S corp, or trust)									
(f) Share of total income							* -	ete if the or trust d	Type (C comp, S c									
S ta	-						_	Somple) ntrolling ity									
(e) Predominant income (related, unrelated, excluded from tax under			<u>.</u> :		<u> </u>			Trust ((d) Direct controlling entity									
Predc income unre exclud tax								tion or ed as a	micile yn country)					:				·
ty (orpora os treat	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity								as a C	<u> </u>									
(c) Legal domicile (state or foreign country)		,						axable ed orga	(b) Primary activity									
								Identification of Related Organizations Taxable IV. line 34 because it had one or more related organises.	Prim									
activity								ganiza s or mo										
(b) Primary activity								ted Or	nization									
	<u> </u>	<u> </u>	ļ.,.	<u> </u>				f Rela	ited orga									
, 5 7								ation of	(a) Name, address, and EIN of related organization									
(a) Name, address, and EIN of related organization								intification 34	ress, and									
(a) e, address slated orga								ĕ ≥	ame, add									
E Sa		(6)	((1)	(6	<u>(6</u>	7	Part IV	ž		(1)	(2)	(9)	<u></u> (1	(2)	(6	2	
]	Ξ	(2)	<u>(6)</u>	4	(2)	9		<u>a</u>			۱۲	ا۳	انا	4	14	9	(E)	

b, or 36.
line 34, 35
90, Part IV,
ed "Yes" on Form 990, Part IV, line 34, 35b, or 36.
wered "Yes
ne organization answered "Ye
Complete if the
Organizations
/ith Related
Transactions M
Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	n petali sucitazinana listed ir	Parts II–IV?	۶	Yes
a			1a	×
			1b \	×
			10	×
d Loans or loan quarantees to or for related organization(s).			9	×
			1e	×
(A) and the state of the state			. **	
Lovidends Iform leasted organization(s)				>
g Sale of assets to related organization(s)			5	(;
h Purchase of assets from related organization(s)			Ę	× :
i Exchange of assets with related organization(s).			=	<u> </u>
j Lease of facilities, equipment, or other assets to related organization(s) $\dots \dots \dots$			<u>1</u>	×
k Lease of facilities, equipment, or other assets from related organization(s)			, 4	×
			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1	×
			1	×
			10	×
p Reimbursement paid to related organization(s) for expenses			dL d	* :
q Reimbursement paid by related organization(s) for expenses			19	<u> </u>
				_
r Other transfer of cash or property to related organization(s).			- 4	\ -
2 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	e including covered re	lationships and transact	ion threshold	
	(q)	(c)	Đ	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	stermining ivolved
			Vote of trustees	sees
(1) First United Methodist Church (See Form 990, page 2)	q	248,775		
(2) Emory Hinvarsity (See Form 990 nade 2)	ع.	G2 960	Vote of trustees	sees
			Vote of trustees	sees
(3) Duke University (See Form 990, page 2)	q	50,000		
(4)				
(5)				
(9)				
		Scher	Schedule R (Form 990) 2015	990) 20

59-1932547

Schedule R (Form 990) 2015

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

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(q)	(2)		(0)	1	_	£		Θ			(k)
	Pnmary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under controls 512 513 514)	Are all partners section 501(c)(3) organizations?	ers Share of total income	Share of e end-of-year assets	Disproportionate allocations?	rtionate lons?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
		_	7-7-0 6100000	Yes No	0		Yes	ĝ	i	Yes	٩	
												i
				-								
							-					

Schedule R (Form 990) 2015