Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the 2	017 ca	lendar year, or tax year l	peginning	2/1/2017	, and e	nding	1/3	31/2018	
В	Check if app	olicable	C Name of organization	SUSANH &	WILBUR H MARCY TRU	ST		D Employ	er identific	ation number
	Address cha	ange	Doing business as						_	
	Name chang	Number and street (or PO box if mail is not delivered to street address) Room/suite 59-1932547								
	1	PO BOX 1328								
Ш	Initial return		City or town WINTER PARK		State FL	ZIP code 32790		(407) 644-	9801	
	Final return/ter	minated	Foreign country name	Foreign	province/state/county	Foreign postal	code			
	Amended re	turn	1 oreign country name	rorcigit	province/state/ocarry	, oreign pools		G Gross re	ceipts \$	2,561,801
	1		F Name and address of princ	and officer	- .	•				
Ш	Application p	pending	,	•	9 Minter Berk El. 227	.00	l ''	ns a group return		= =
	.		Kenneth F Murrah, Jr		<u> </u>		1 ''	e all subordina		
	Tax-exempt s	status	X 501(c)(3) 501(c)	() <	(insert no) 4947(a)(1) or	11	'No," attach a	list (see in:	structions)
J	Website:	N/A	<u> </u>				H(c) Gr	oup exemption	number 🕨	<u> </u>
K	Form of orga	inization	Corporation X Tr	ust Associa	tion Other ▶	L Yea	r of forma	ation 1979	g M Sta	ate of legal domicile FL
	Part I	Su	mmary							
	1 B	Briefly d	lescribe the organization	's mission or	most significant activitie	es The	Trust is	a supporti	ng organ	ization for
ace	<u>tr</u>	ne Unit	ed Methodist Chuch and	churches an	d other institutions affili	tated with it in	the			
Governance	S	outhea	astern states of the Unite	ed States				- -		
, se	2 C	heck t	his box ▶ if the or	ganization disc	continued its operations	s or disposed	of more	e than 25%	of its ne	et assets
		lumber	of voting members of the	ne governing t	ody (Part VI, line 1a)				3	3
٠ د	4 N	lumber	of independent voting r	nembers of th	e governing body (Part	VI, line 1b)			4	1
	5 T	otal nu	mber of individuals emp	loyed in calen	dar year 2017 (Part V,	lıne 2a)			5	
Activities	6 T		mber of volunteers (esti						6	
Š			related business revenu		, ,,				7a	
	b N	let unre	elated business taxable	income from F	orm 990-T, line 34		_		7b	3,470
L								Prior Year		Current Year
<u> </u>	8 C		utions and grants (Part \							
Revenue	9 P	-	n service revenue (Part		DOEN VED			0/	22.000	040.500
Reven	10 Ir		ent income (Part VIII, co			- \		80	03,908	846,592
				nue (Part VIII, column (A) lin ps 5, 8d, 8c, 9c, 19c, ang 31e) ie—add lines 8 through 11 (тыя една! Раг, VIII, сојцтп (Ж) ine 12)					03,908	846,592
_	12 To	Crante d	and similar amounts paid	1 (Da 22) Car	1,9,2119 3	116 12)			01,025	570,613
			paid to or for members						71,025	370,013
u.	1 ^		other compensation, emp			es 5–10)				
Expenses	16a P		ional fundraising fees (P			.00 .0,				
De	b T		ndraising expenses (Par				··· · · · · · · · · · · · · · · · · ·			
ŭ	17 C	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)						18	30,704	90,038
			penses Add lines 13-17			e 25)			31,729	660,651
			e less expenses Subtra			,	122,179 185			
ŏ							Beginn	nng of Currer		End of Year
Net Assets or	हूँ 20 T	otal as	sets (Part X, line 16)					13,21	13,287	14,314,515
¥ As	열 21 T		bilities (Part X, line 26)						9,684	-20,882
-			ets or fund balances Su	ibtract line 21	from line 20		L	13,20	03,603	14,335,397
	art II		nature Block		 	 				
			y, I declare that I have examine ect, and complete. Declaration of							
		T A	(A) () A	1 - 6 40		orina don or minor	. ровало	1		4-2018
	ign	7	Signature of officer	X				Date	16-	1 0010
H	ere		William E Legg	G		Co-T	rustee			
			Type or print name and title	-						
		Prin	t/Type preparer's name		Preparer's signature		Dat			PTIN
Pa	aid		oo MAMeta III		R-4.11/		12	-13-18	Check	f D00382634
Pı	reparer		ce M Wigle, III		- Wary				self-employ	
U	se Only		n's name ► Murrah, Doy					Firm's EIN		
_			n's address ► 800 W Mor					Phone no	(407) 6	544-9801
M	ay the IRS	discus	s this return with the pre	eparer shown	above? (see instruction	ns)				X Yes No
					4					5 990 (2017)

4e

(Expenses \$

Total program service expenses

•			_
_	t III Statement of Program Service Accomplishments	59-1932547	Page 2
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission The Trust is a supporting organization for the United Methodist Chuch and churches and		
	other institutions affilitated with it in the Southeastern states of the United States		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the total expenses, and revenue, if any, for each program service reported.		
4a	Matching Grant Challenge, and \$35,000 00 for the funding of the position of Director of Young Adults, and \$5,000 00 for a new piano in the Marcy Chapel (Richard Shram Recognition), and \$30,000 00 to the Music Ministry for a new piano, and \$25,000 00 for the Continuing Education Fund, and \$50,000 00 for Trinity Christian Academy renovations, and \$5,000 00 for Video Studio Grant, and \$30,000 00 for Rebranding Grant, and \$12,500 00 and \$10,000 00 for Churchwide Summit		
4b	(Code	B)
4c	(Code) (Expenses \$ 50,000 including grants of \$ 50,000) (Revenue 9 Grant to DUKE UNIVERSITY, Durham, North Carolina in the amount of \$50,000 00 for the third of five installments to fund the Bob Bushong Scholarship Fund)
4d	Other program services (Describe in Schedule O)		

) (Revenue \$

including grants of \$

Part IV		haakliat a	f Required Schedule	_
Fall IV	G	necklist o	r keauirea Scheaule	S

art?	Checklist of Required Schedules	1		
			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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
,	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted		_	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		X
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		V
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
	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		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
٠	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			
	Schedule D, Parts XI and XII	12a		_X_
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	425		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	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		_X_
	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
	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
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	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		<u> </u>

Part IV Checklist of Required Schedules (continued)

	· ·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	00		
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> X</u>
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		~
26	990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			.,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> X</u>
,,,	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	_x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		v
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
) I	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19° Note . All Form 990 filers are required to complete Schedule O	38	х	
			990	

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
	*Check if Schedule O contains a response or note to any line in this Part V			닏
		10000	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			× 1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	erzif.	أنفنا
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	364		63 mm
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		9.50	×
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	15 m	經歷	M.S.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	, ,		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	750		76.3
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		交票	2.52
	(FBAR)	المنتشنة		87
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			12.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
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		X
d .	. If "Yes," indicate the number of Forms 8282 filed during the year	4.544	***	<u>کیای</u>
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		X
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 1090			<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	250	<u> </u>	1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L.
0	Section 501(c)(7) organizations. Enter		40	
a	Initiation fees and capital contributions included on Part VIII, line 12		第二	(次)
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		7.25	1
1	Section 501(c)(12) organizations. Enter	7.00	4	14.0
а	Gross income from members or shareholders 11a			8.4
b	Gross income from other sources (Do not net amounts due or paid to other sources	The state of	73.33	78.S.
	against amounts due or received from them)	1.30	* 3.55 E	- 3
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 10	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		13.3	鐵
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		\$ 550 g	\$ (E)
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	AC TALL	-
	Note. See the instructions for additional information the organization must report on Schedule O		緩	1
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans 13b	129	25.5	
C.	Enter the amount of reserves on hand	The state of	\$ A.	7.6
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	L

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	onest in constant of contains a response of field to any line in the contains a				<u></u>				
Sect	ion A. Governing Body and Management			26					
		4		Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year	1a 3	4		3				
	If there are material differences in voting rights among members of the governing body, or				,				
	if the governing body delegated broad authority to an executive committee or similar				ŧ!				
_	committee, explain in Schedule O				1				
b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with							
	any other officer, director, trustee, or key employee?		2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under								
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 with	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint							
	one or more members of the governing body?		7a		X.				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members								
	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina			, ,				
-	the year by the following	.							
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached							
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Sacrica	9	Х					
Sact	ion B. Policies (This Section B requests information about policies not required by the	Internal Pevenue I							
Ject	ion b. Folicies (This Section & requests information about policies not required by the	internal revenue (2000	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	104						
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b						
44-			11a	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the	re ming the form?	IIa						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		42-		-54				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	Catalibras da camplicata	12a		_X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,	40.						
	describe in Schedule O how this was done		12c						
13	Did the organization have a written whistleblower policy?		13		X				
14	Did the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and appro								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?							
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		X				
	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 arrange	ement							
	with a taxable entity during the year?		16a		Χ				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard							
	the organization's exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure								
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 99	0-T (Section 501(c)(3	s only	 ()					
	available for public inspection. Indicate how you made these available. Check all that apply	,		•					
		plain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	·	icv. an	d					
. •	financial statements available to the public during the tax year		y 1 Gar	-					
20	State the name, address, and telephone number of the person who possesses the organization's t	ooks and records	•						
_0	K F Murrah, Jr , W E Legg and A Prestipino, Trustees	(407) 044 0004	-						
	800 W Morse Rlvd Suite 1 Winter Park El 32789-3735			- -					

•								
Form 990 (2017)	SUSANH & WILBURH MARCY	TRUST					59-19325	47 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, Key	/ Em	ployees,	Highest Comp	ensated	
	`Employees, and Independent C							
	Check if Schedule O contains a r	_ ·		<u> </u>				
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highest	Com	pensated I	Employees		
•	this table for all persons required to be	listed Report co	mpensa	tion fo	or the calen	dar year ending v	with or within the	
organization's	•							
	of the organization's current officers, d					organizations), re	gardless of amo	unt
•	ion Enter -0- in columns (D), (E), and (•		•		a of Mean amountain	"	
	of the organization's current key emplo organization's five current highest con	•						weel
	reportable compensation (Box 5 of For							yee,
	and any related organizations				,		·	
	of the organization's former officers, ke					employees who r	eceived more th	an
\$100,000 of re	eportable compensation from the organ	ization and any	related o	organi	zations			
	of the organization's former directors							the
-	more than \$10,000 of reportable compe		-			-		
	n the following order individual trustees employees, and former such persons	s or directors, ins	titutiona	ıl trusi	tees, officer	s, key employee:	s, highest	
X Check th	is box if neither the organization nor an	y related organiz	ation co	mper	sated any o	current officer, dir	ector, or trustee	
				(C	;)			
	(4)	(5)	/4	Posi		(5)	<i>(</i> 5)	(F)
	(A) Name and Title	(B) Average			nore than one son is both an	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any		nd a dii	rector/trustee)	compensation from	compensation from related	amount of other
		hours for	Institutiona Individual to or director	Officer	Former Highest employ Key em	the	organizations	compensation
		related organizations	lect report	: ĕ	est o	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	Institutional truste Individual trustee or director	:	oy e om	(11 22 1000 111100)		and related
		line)	stea	.	Former Highest compens employee Key employee			organizations

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) William E Legg Trustee		x								
(2) Kenneth F Murrah, Jr Trustee		х		-						
(3) Anthony Prestipino Trustee		х								
(4)						:				
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)							•			
(13)										
(14)										

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2017)	SUSAN H & WILBUR H MARCY TRUST	
Part VIII	Statement of Revenue	

		` Check if Schedule O contain	is a response o	or not	e to any line in	this Part VIII			
; ;	•	,			, , , , , , , , , , , , , , , , , , ,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
, ,,,,,, , , , , , , , , , , , , , , ,	rr 1	es minim minim es and es and es and es and	nga 25 Samu - 1995 - Nama	y ws uum	և ՀՀ "ՈՄՈ. ՀԿ ԷՄՈՐՈՒ ՀՀ		revenue		512-514
en en	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	Ĺ	1b			ν.		
Q E	С	Fundraising events	L	1c		\$,
ar A	d	Related organizations	[-	1d					
s, G	е	Government grants (contribution	ns) 「	1e		,			
r Si	f	All other contributions, gifts, gra	· -						1
it bu		similar amounts not included ab		1f					1
E G	g	Noncash contributions included in		\$		-			1
Ω Æ	h	Total. Add lines 1a–1f		*	▶				1
_					Business Code		****		
Ž	2a				· -		· ···		
Seve	b								
9	c			-					
Ž	d			-					-
Š	u								
Jran		All other program service reveni		-					
Program Service Revenue		Total. Add lines 2a–2f	ue	<u> </u>	-				
	<u>g</u> 3	Investment income (including di	vidonde intere	oct or					
	3	other similar amounts)	viderids, intere	CSL, CI	585,066			585,066	
	4	Income from investment of tax-e	evemnt hand n	orocee	ade 📘	000,000			000,000
	5	Royalties	exempt bond p	JIOCCC	,us				
	3	Noyaliles	(ı) Real		(II) Personal	-	3		,
	6-	Gross rents	(7)		(1) (1)				
	6a			_					:
	b	Less rental expenses	-			,			
	C	Rental income or (loss)			•				
	d	Net rental income or (loss)	(i) Secunties		(II) Other				
	7a	Gross amount from sales of			(ii) Outer				ì
		assets other than inventory	1,976,7	/35		,		*] .
	b	Less cost or other basis				, ,		,	1
		and sales expenses	1,715,2				s.	·	
	С	Gain or (loss)	261,5	526					
	d	Net gain or (loss)		_	•	261,526			261,526
m	_					<u> </u>			,
ž	8a	Gross income from fundraising							` (
Ş		events (not including \$						}	
Re		of contributions reported on line	: 1c)						
ē		See Part IV, line 18		.a _	-				
Other Revenue	þ	Less direct expenses		b [_					
	С	Net income or (loss) from fundra	-	_	>				
	9a	Gross income from gaming activ	vities						,
		See Part IV, line 19		a _		-	,	İ	ı.
		Less direct expenses		b			<u></u>		
		Net income or (loss) from gamin	ng activities		>				
	10a	Gross sales of inventory, less							,
		returns and allowances		a					
	b	Less cost of goods sold		ь <u>_</u>					
	С	Net income or (loss) from sales	of inventory		•				
		Miscellaneous Revenue			Business Code				
	11a							1	
	b						· — -		
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d			•				1
	12	Total revenue. See instructions			•	846,592			846,592

59-1932547

Form 990 (2017) SUSAN H & WILBUR H MARCY TRUST Part IX Statement of Functional Expenses

Ciatomonia Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other	ner 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	570,613	570,613		- 1			
2	Grants and other assistance to domestic	,	<u> </u>		, , 1			
	individuals See Part IV, line 22			r	*			
3	Grants and other assistance to foreign				٠ ١			
	organizations, foreign governments, and foreign				ı			
	individuals See Part IV, lines 15 and 16				ſ			
4	Benefits paid to or for members			······································				
5	Compensation of current officers, directors,							
	trustees, and key employees							
6	Compensation not included above, to disqualified							
_	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include				<u> </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	21,040		21,040				
c	Accounting	21,040		21,040				
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17		·····					
f	Investment management fees	67,963	u	67,963				
g	Other (If line 11g amount exceeds 10% of line 25, column	07,903		07,903				
9	(A) amount, list line 11g expenses on Schedule O)							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties			-				
16	Occupancy							
17	Travel							
18				-				
10	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							
23 24	Other expenses Itemize expenses not covered				2.			
24	above (List miscellaneous expenses in line 24e If		·		; 5			
	line 24e amount exceeds 10% of line 25, column	,						
				·	, i			
_	(A) amount, list line 24e expenses on Schedule O) Account service fees	965		965	1,			
a	Clark of the Court recording fore	48		48				
b		22		22				
C	Overnight mail	22	-	22	-			
d	All other evenese		-					
е 25	All other expenses	000.054	570.040	00.000				
25	Total functional expenses. Add lines 1 through 24e	_660,651	570,613	90,038				
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)							

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	`		(A)		(B)
	1	Cash—non-interest-bearing	Beginning of year	1	End of year
	2	Savings and temporary cash investments	1,467,153	2	1,529,085
	3	Pledges and grants receivable, net	1,407,100	3	1,329,003
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		4	\
	3	trustees, key employees, and highest compensated employees			[
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	· · · · · · · · · · · · · · · · · · ·	3]
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	,		ļ ,
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
υ		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	,	- · · · · · · · · · · · · · · · · · · ·	52.407	7	
Asi	7	Notes and loans receivable, net Inventories for sale or use	52,407	8	
	8		· · · · · · ·	9	
	9	Prepaid expenses and deferred charges		3	ļ
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	,		
	[10c	i
	11	Less accumulated depreciation 10b	11,693,727	11	12,785,430
	12	Investments—other securities See Part IV, line 11	11,093,727	12	12,700,430
	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)	13,213,287	16	14,314,515
	17	Accounts payable and accrued expenses	15,215,201	17	14,314,313
	18	Grants payable	9,684	18	-20,882
	19	Deferred revenue	3,004	19	-20,002
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	-
ģ	22	Loans and other payables to current and former officers, directors,			, ,,
Liabilities		trustees, key employees, highest compensated employees, and	t.		
Ē		disqualified persons Complete Part II of Schedule L		22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ë	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	9,684	26	-20,882
		Organizations that follow SFAS 117 (ASC 958), check here and			
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	·
Balances	28	Temporarily restricted net assets		28	
В	29	Permanently restricted net assets		29	·
Fund		·			
P.F		Organizations that do not follow SFAS 117 (ASC958), check here X and complete lines 30 through 34.			, }
Š	20	· •	40,000,000		44.005.00=
Net Assets	30	Capital stock or trust principal, or current funds	13,203,603	30	14,335,397
AS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
let	32	Retained earnings, endowment, accumulated income, or other funds	40.000.000	32	44 225 207
~	33	Total lightition and not assets/fund balances	13,203,603		14,335,397
	34	Total liabilities and net assets/fund balances	13,213,287	34_	14,314,515

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		846	3,592
2	Total expenses (must equal Part IX, column (A), line 25)	2		660	0,651
3	Revenue less expenses Subtract line 2 from line 1	3		185	5,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	•	13,203	3,603
5	Net unrealized gains (losses) on investments	5		910	0,555
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		35	5,298
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		14,335	5,397
Part	· · · · · · · · · · · · · · · · · · ·				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u> _
				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				1
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> 2a</u>	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ŀ		
	reviewed on a separate basis, consolidated basis, or both		ŀ] .]
	Separate basis Donsolidated basis Both consolidated and separate basis				
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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				از.
	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				1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	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		

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Form **990** (2017)

Form 990 (2017) SUSAN H & WILBUR H MARCY TRUST

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 chantable trust

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

SUSAN H & WILBUR H MARCY TRUS	T				59-193	32547	
Part I Reason for Public Char							
The organization is not a private foundat	ion because it is (F	or lines 1 through 12, o	check only	one box)		
1 A church, convention of church	es, or association of	f churches described ir	section '	170(b)(1)(A)(i).	12	
2 A school described in section	1 70(b)(1)(A)(ii) . (Att	ach Schedule E (Form	990 or 99	0-EZ))		IX	
3 A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(b)(1)(A)(iii).		
4 A medical research organization		nction with a hospital d	escribed in	n section	170(b)(1)(A)(iii). Ent	er the	
hospital's name, city, and state							
5 An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	d by a gov	vernmental unit desc	ribed in	
6 A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170	(b)(1)(A)(v).		
7 An organization that normally redescribed in section 170(b)(1)			m a gover	nmental u	init or from the gener	al public	
8 A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II)				
9 An agricultural research organic or university or a non-land-gran university							
10 An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exceptions come (less	s, and (2) s section (no more than 33 1/3 511 tax) from busines	% of its	
11 An organization organized and	operated exclusivel	y to test for public safe	ty See se	ction 509)(a)(4).		
12 X An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	escribed in section 509	(a)(1) or s	ection 50)9(a)(2). See section	ı 509(a)(3).	
the supported organization(some supported organization in the supported organization in the supported organization is supported organization.	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b Type II. A supporting organic control or management of the organization(s) You must of	ne supporting organi complete Part IV, Se	zation vested in the sa ections A and C.	me persoi	ns that co	ntrol or manage the s	supported	
c Type III functionally integrates supported organization(s	ated. A supporting o	organization operated i You must complete F	n connecti Part IV. Se	on with, a ctions A.	ind functionally integr D. and E.	ated with,	
d Type III non-functionally integr	itegrated. A support	ting organization opera	ited in con	nection w	th its supported orga		
requirement (see instruction							
e Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination from	n the IRS	that it is a	Type I, Type II, Type	: III	
f Enter the number of supported	•	my integrated supporting	ig Organiza	allorr		3	
g Provide the following information	•	ed organization(s)				<u> </u>	
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
First United Methodist Church	59-0674257	11	Χ		456,175		
(B)							
Emory University, Candler School	58-0566256	2		X	64,438		
(C)	56 0522120	,		X	50,000		
Duke University (D)	56-0532129	2		^_	30,000		
(E)	-			-			
Total 3					570,613		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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					ļ	
	tion B. Total Support	(a) 2012	(b) 2014	(6) 2015	(4) 2016	(e) 2017	(f) Total
Cale 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(1) 10(a)
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					<u> </u>	
12	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			n, or fifth tax year a	as a section 501(c)(3)	>
	tion C. Computation of Public Su					T 44 T	
14	Public support percentage for 2017 (line 6, c		-	7))		15	
15 16a	Public support percentage from 2016 Sched 33 1/3% support test—2017. If the organiz and stop here. The organization qualifies as	ation did not check	k the box on line 13	, and line 14 is 33	1/3% or more, che		>
b	33 1/3% support test—2016. If the organiz box and stop here. The organization qualifies				is 33 1/3% or mor	e, check this	>
	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization	ts the "facts-and-ci s-and-circumstand	rcumstances" test, es" test. The organ	check this box and ization qualifies as	d stop here. Expla a publicly suppor	ain in ted	>
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and	d-circumstances" te	est, check this box	and stop here.		>
18	Private foundation. If the organization did instructions	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		>

Sche	dule A (Form 990 or 990-EZ) 2017 SUSAN H	& WILBUR H N	MARCY TRUST			59-193254	7 Page 3
Pa	t III Support Schedule for Org			tion 509(a)(2)			<u> </u>
'	(Complete only if you check				zation failed to	qualify under Pa	ırt II
	If the organization fails to qu					,	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	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			ļ		1	
	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		j				
	benefit and either paid to or expended on						
	its behalf				.,,		
5	The value of services or facilities						
	furnished by a governmental unit to the	i					
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		-			+	
_	Add lines 7a and 7b	\$100 miles \$20 miles \$100 m	Le report " Ship a (1) ye "	E NT TIPS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Te 2	
8	Public support (Subtract line 7c from line 6)	74					
Sec	ction B. Total Support	17.4	122 222 22	1		1	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	3-7					
	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				
	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	Î					
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L			L		 .
14	First five years. If the Form 990 is for the c	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·			▶∟
Sec	ction C. Computation of Public Su					1 40 1	
15		* *	=	(f))		15	
	Public support percentage from 2016 Sched					16	
Sec	ction D. Computation of Investmen	nt income Per	centage				

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2016 Schedule A, Part III, line 17

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 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)

		Yes	No
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	9b	<u></u>	X
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	9c		X
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	10a		X
	2726		沙型
	10b		
		000 E7	3 2017

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

3a

instructions)

59-1932547

Page	7

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continuea)				
Section	on D - Distributions			Current Year			
1_,	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	itions				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which t	he organization is respor	isive				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount			0 000			
			(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable			
	·	EXCESS DISTIBUTIONS	Pre-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
	Underdistributions, if any, for years prior to 2017						
2	(reasonable cause required—explain in Part VI) See			· · ·			
	instructions	'!					
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013		·				
C	From 2014						
_	From 2015	, ,		,			
	From 2016						
f	Total of lines 3a through e			,			
g	Applied to underdistributions of prior years			İ			
	Applied to 2017 distributable amount						
	Carryover from 2012 not applied (see instructions)						
<u>;</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2017 from	Ţ.,		,			
•	Section D, line 7 \$,		, 1			
a	Applied to underdistributions of prior years		·				
<u>_</u>	Applied to 2017 distributable amount			<u>, , , , , , , , , , , , , , , , , , , </u>			
C	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2017, if	,		, , ,			
3	any Subtract lines 3g and 4a from line 2. For result	! ',					
	greater than zero, explain in Part VI See instructions			 			
6	Remaining underdistributions for 2017 Subtract lines 3h			<u> </u>			
0	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c						
8	Breakdown of line 7						
a	Excess from 2013	-					
b	Excess from 2014		· · · · · · · · · · · · · · · · · · ·				
	Excess from 2015						
<u>d</u>	Excess from 2016						
е	Excess from 2017			i			

Schedule A (Form 990 or 990-EZ) 2017 SUSAN H & WILBUR H MARCY TRUST	59-1932547	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10,		
III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b		
B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV		
3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6,		
lines 2, 5, and 6 Also complete this part for any additional information. (See instri	uctions)	
Part I, Line 12g (B and C). Emory University and Duke University are not specificall	ly listed by name as beneficiaries	
in the Trust document, but they are permissible donees since they are public charm	table 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 Unite	ed Methodist Church and	
churches and other institutions affiliated with it in the Southeastern states of the U	Jnited States. The First United	
Methodist Church of Winter Park, Florida is specifically listed as an organization to	be supported.	
Part IV, Section B, Line 2. The Trust can be controlled by the First United Methodi	st Church of Winter Park Florida,	
through the chairman of its board of trustees who is a trustee of the Trust (current	tly William E. Legg), and by the	
Florida Conference of the United Methodist Church, by its Treasurer who is a trust	ee of the Trust (currently	
Anthony Prestipino). There are a total of three trustees, so the foregoing two orga		
by majority vote. In 2017, in addition to its support of First United Methodist Chur		
is a controlling organization, the Trust also supported the Candler School of Theolo		
Duke University, neither of whom are controlling organizations. The Candler School		
from the trust to provide a scholarship to a student intending to pastor a United N		
Florida. With a second grant, the Candler School of Theology assisted pastors of Florida.	lorida United Methodist	
Churches in attending a conference sponsored by the Candler School of Theology.	Duke University used its grant	
to add to a scholarship fund, entitled the "Bob Bushong Scholarship Fund".		
	·	

SCHEDULE (Form 990)

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.

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information.

59-1932547

Employer identification number

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RUST	n on Gr
MARCY T	nformatio
I & WILBUR H MARCY TRUST	General Information
SUSAN H &	Part I

Department of the Treasury Internal Revenue Service Name of the organization

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?

ž X Yes

> Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

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

1 (a) Name and address of organization of a population of organization organization of organization orga		פסט, רמוניולי יוויס בין, וסו מווץ וכטוף נוומן וכככועכט	, ioi aliy iccipit		Hore trial \$3,000 r	ait ii caii be dupiic	more than \$0,000 rait it can be duplicated it additional space is needed	וכם וא וופכתפת	
	-	(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 noncash assistance	(h) Purpose of grant or assistance
	(3)	First United Methodist Church N Interlachen Ave Winter Park, FL	59-0674257	501(c)(3)	456,175				See Form 990, page 2
No. 10	20 20	Emory University Dowman Dr Atlanta, GA 30322	58-0566256	501(c)(3)	64,438				See Form 990, page 2
	E 13	Duke University Chapel Dr Durham, NC 27708	56-0532129	501(c)(3)	20,000				See Form 990, page 2
	4								
	<u>@</u>								
	9								
	8								
	<u>@</u>							•	
	6								
	(0)								
	E.								
	[2]								
	N 10	Enter total number of section Enter total number of other o	501(c)(3) and gorganizations liste	overnment organized in the line 1 table	ations listed in the line 1	table		A A	3

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

Schedule I (Form 990) (2017)

Page 2

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash 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 III Part IV ~ က 4 49

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SUSAN H & WILBUR H MARCY TRUST 59-1932547 Form 990, Part VI, Section A, Line 8a & 8b Since the Trust has a small number (3) of trustees, formal meetings are infrequent. Consensus for actions is developed over the telephone or through correspondence, and then confirmed in writing by the Trustees There are no committees Form 990, Part VI, Section A, Line 9 The Trust's address is the law office of firm of Murrah, Doyle & Wigle, P.A. All of the current Trustees can be reached through this address. The addresses of the current trustees are Kenneth F Murrah, Jr., 315 Sea Moss Lane, Ponte Vedra, FL 32082, William E Legg, c/o 125 N Interlachen Avenue, Winter Park, FL 32789, and Anthony Prestipino, c/o 450 Martin Luther King, Jr Avenue, Lakeland, FL 33815 Form 990, Part VI, Section B, Line 11b A copy of the 2017 Form 990 will be furnished to the trustees at least two days before the Form 990 is filed A copy of the 2017 Annual Accounting FYE 1/31/2018 was previously furnished to the trustees Form 990, Part VI, Section C, Line 19 The organization's governing documents and financial statements are available to the public upon request at 800 W Morse Blvd , Suite 1, Winter Park, FL 32789 Form 990, Part XI, Line 5 _____ See explanation attached to the return (following Schedule R) Form 990, Part XI, Line 9 See explanation attached to the return (following Schedule R)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

Employer identification number 59-1932547

(g) Section 512(b)(13) controlled entity? ŝ × × × (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling
entity End-of-year assets ٨ ۷Ž ۲ e (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) 501(c)(3) 501(c)(3) 501(c)(3) Legal domicile (state or foreign country) Primary activity g 2 냅 one or more related tax-exempt organizations during the tax year Primary activity Educational Educational Religious (a)
Name, address, and EIN (f applicable) of disregarded entity Name, address, and EIN of related organization (1) First United Methodist Church 59-0674257 125 N Interlachen Ave Winter Park, FL 32789 (2) Emory University 58-0566256 201 Dowman Dr Atlanta, GA 30322 (3) Duke University 56-0532129 134 Chapel Dr Durham, NC 27708 Part II (9) € 9 4 3 3 2 Ξ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. HTA $^{\circ}$

Schedule R (Form 990) 2017

(i) Section 512(b)(13) controlled Percentage ownership Ŷ Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part (J) General or managing partner? (h) Percentage ownership Yes 59-1932547 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ž (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Share of end-of-year assets (e)
Type of entity
(C corp., S corp., or trust) 9 Share of total income because it had one or more related organizations treated as a partnership during the tax year (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from sections 512-514) tax under (c)
Legal domicile
(state or foreign counity) (d)
Ourcet controlling (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III 8 € Ξ ල 9 9 0 Ð **©** € 9 2 3

Schedule R (Form 990) 2017

59-1932547

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	일
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	organizations listed in	Parts II–IV?			_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		×
b Gift, grant, or capital contribution to related organization(s)			1 b	×	
c Gift, grant, or capital contribution from related organization(s)			10		×
d Loans or loan guarantees to or for related organization(s)			1d	_	×
e Loans or loan guarantees by related organization(s)			1e		×
f Dividends from related organization(s)			4		×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			ŧ		×
i Exchange of assets with related organization(s)			; =		×
j Lease of facilities, equipment, or other assets to related organization(s)			į.		×
					\exists
k Lease of facilities, equipment, or other assets from related organization(s)			¥	1	×
1 Performance of services or membership or fundraising solicitations for related organization(s)			=		×
 m Performance of services or membership or fundraising solicitations by related organization(s) 			Ħ		×
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 			1h		×
 Sharing of paid employees with related organization(s) 			9	1	×
p Reimbursement paid to related organization(s) for expenses			10		×
q Reimbursement paid by related organization(s) for expenses			19		×
				Ì	
 Other transfer of cash or property to related organization(s) 			=		×
s Other transfer of cash or property from related organization(s)			18	_	×
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	including covered rela	ationships and transacti	on thresh	splo	Î
(a)	(g)	(2)	:	€ (
Name of related organization	Fransaction type (a-s)	Amount involved	Method o amour	Method of determining amount involved	Build B
			Vote of Trustees	ustees	
(1) First United Methodist Church (See Form 990, page 2)	q	456,175			
			Vote of Trustees	rustees	
(2) Emory University (See Form 990, page 2)	q	64,438			
	1	o c	Vote of Trustees	rustees	
(3) Duke University (see Form 990, page 2)	a	non'ne			
(4)					
(5)					
		Sched	Schedule R (Form 990) 2017	rm 990)	2017

59-1932547

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	d organization Si	e instructions re	egarding exclusi	01 TO	Serrain	investment part	nersnips					ŀ	
(a)	(Q)	(c)	(p)	(e)		(c)	(6)	(h)		(E)	3		(k)
Name, address, and EIN of entity	Frimary activity	(state or foreign country)	income (related, unrelated, excluded from tax under	Are all parmers section 501(c)(3) organizations?	ations?	Share of total income	Share of end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner		ownership
			7.0.00000000000000000000000000000000000	Yes	ş			Yes	٥ ٧		Yes	2	
(1)													
(2)													
(3)													
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(5)													
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										Sched	ule R (I	-orm 99	Schedule R (Form 990) 2017