Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

14

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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Inten	nal Reve	enue Service	Information a	bout Form 990 and its instruction	s is at www.irs.g	ov/form990.		Inspection		
A For the 2014 calendar year, or tax year beginning , 2014, and ending								20		
		T	ne of organization	D Employer ide	D Employer identification number					
Bo	check if a	nolicable:	RNBANK, INC	58-602	58-6028607					
ſ	Addre	ess Doin	g business as							
-	chang	Nu.	ber and street (or P.O. box if mail is	Room/suite	E Telephone nu	mher				
	-	. onungu		not delivered to street address)	Room/salle					
-			7 CLIFTON ROAD, NE			(404) 92	9-6344			
-	termi	nated	or town, state or province, country.	0						
	Amen	AI	LANTA, GA 30307-122			G Gross receip		4,441,342.		
L	Applic	ration F Nam	ne and address of principal officer:	CATHERINE A. NOWELL		H(a) Is this a grou subordinates		Yes X No		
		76	7 CLIFTON ROAD, NE	ATLANTA, GA 30307-122	1	H(b) Are all subord		Yes No		
I	Tax-ex	empt status:	X 501(c)(3) 501(c) () ┥ (insert no.) 4947(a)(1) or 527	If "No," attac	ch a list. (see ins	structions)		
J	Websi	ite: 🕨 WWW.	FERNBANKMUSEUM.ORG			H(c) Group exem	ption number			
ĸ	Form	of organization:	X Corporation Trust	Association Other	L Year of fo	rmation: 1939 M	State of legal	I domicile: GA		
(1010200000	art I	Summar	danana			I				
		I		r most significant activities: THE M	MISTIN'S M	OT 21 NOT221	TNSPTR	F		
¢	· ·			AL HISTORY THROUGH IMM						
nco										
Governance				TATION OF OUR PLANET A						
ove	2	Check this be		liscontinued its operations or dispos			1 1			
	3	Number of v	oting members of the governing	body (Part VI, line 1a)			3	37.		
Activities &	4	Number of in	dependent voting members of	the governing body (Part VI, line 1b)			4	37.		
itie	5	Total numbe	r of individuals employed in cal	endar year 2014 (Part V, line 2a)			5	161.		
tiv	6	Total numbe	r of volunteers (estimate if neces	sary)			6	300.		
Ac	7a	Total unrelat	ed business revenue from Part V	(III, column (C), line 12			7a	850,789.		
	b	Net unrelate	d business taxable income from	Form 990-T, line 34			7b	-195,238.		
					<u></u>	Prior Year		Current Year		
	8	Contribution	s and grapts (Part)/III line 1h)	-	10,819,35		8,711,041.			
Revenue	0	Contributions	s and grants (Part VIII, line III),		· · · · · · · -					
ver	9	Program ser	vice revenue (Part VIII, line 2g)		· · · · · · · -		3,497,901.			
Re	10	Investment ii	ncome (Part VIII, column (A), lin		5,97		13,042.			
	11		ue (Part VIII, column (A), lines 5,		1,540,15		1,459,996.			
	12			t equal Part VIII, column (A), line 12)		15,758,52	6. 1	3,681,980.		
	13	Grants and s	similar amounts paid (Part IX, col	umn (A), lines 1-3)		91,92	27.	78,362.		
	14	Benefits paid	to or for members (Part IX, colu			0	0			
ŝ	15	Salaries, oth	er compensation, employee ben	efits (Part IX, column (A), lines 5-10)	Γ	4,057,28	6.	4,173,566.		
Expenses	16a	Professional	fundraising fees (Part IX, column	n (A), line 11e)		6,61	.2.	0		
be	b	Total fundrai	sing expenses (Part IX, column (D), line 25) ▶ 512, 53	o.					
ŵ	17			a-11d, 11f-24e)		5,975,80	7	6,618,739.		
	18	Total ovpons	es. Add lines 13-17 (must equa	····	10,131,63		0,870,667.			
	100000									
	19	revenue les	s expenses. Subtract line 18 from	n line 12		5,626,89		2,811,313.		
ts o nce		-	(Part X, line 16)			Beginning of Current		End of Year		
sse	20	I otal assets	(Part X, line 16)			32,771,17		5,798,121.		
Net Asse Fund Bala	21	Total liabilitie	es (Part X, line 26)			. 904,87		1,122,728.		
2 J	22	Net assets o	r fund balances. Subtract line 2	1 from line 20		31,866,29	3. 3	4,675,393.		
Pa	rt II	Signatur	e Block							
Un	der pei	nalties of perjur	y, I declare that I have examined th	is return, including accompanying sche n offiger) is based on all information of w	dules and stateme	nts, and to the best o	f my knowler	dge and belief, it is		
true	e, corre	ect, and comple	te. Declaration of preparer (other tha	n officer) is based on all information of w	hich preparer has a	any knowledge.				
		IN A	A Stand	43.000			13/2	015		
Sig	In	Signat	ire of officer	<u></u>		Date	2120			
He	re	. /	a disco a	x land						
			application of the	Nowell						
			r print name and litle	Deserved a structure						
Paie	d		reparer's name	Preparer's signature	Date	Check	if PTIN			
	parer	MARC A	ZAR	11 cm 1	10/26	self-employ	red PO	0746804		
	e Only	Firm's name	▶SMITH & HOWARD, H	p.ć. /		Firm's EIN 🕨	58-1250	486		
036	2 Only	Firm's addres	s ▶271 17TH STREET,	SUITE 1600 ATLANTA, G	GA 30363		404-874			
Ma	y the I		his return with the preparer show				X			
For	Pape	rwork Reduc	tion Act Notice, see the separa	te instructions.				Form 990 (2014)		

orm 990 (20)14)	FERNBANK, I			3-6028607 P
Part III	,	Program Service Accomp	lishments		P
				art III	
Briefly of		anization's mission:			
ATTA	ACHMENT 1				
Did the	e organization u	ndertake any significant p	rogram services during the	year which were not listed on t	the
prior Fo	orm 990 or 990-				
services	s?	_		how it conducts, any progr	
		changes on Schedule O.	acompliabmente for each o	f its three largest program as	nicos os mossur
expense	es. Section 501		anizations are required to r	f its three largest program se eport the amount of grants an	
			_including grants of \$ E O FOR DESCRIPTION	78,362.) (Revenue \$	3,420,266.)
			_including grants of \$ O FOR DESCRIPTION.) (Revenue \$	<u>57,671.</u>)
) (Revenue \$	<u>57,671.</u>)
) (Revenue \$	<u>57,671.</u>)
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) (Revenue \$	<u>57,671.</u>)
EDUCA 	<u></u>	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$)
EDUCA 	<u></u>	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$)
EDUCA 	<u></u>	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$	<u>57,671.</u>)
EDUCA 	<u></u>	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$)
EDUCA 	<u></u>	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$)
EDUCA 	<u></u>	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$)
EDUCA'	<u></u>	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$)
EDUCA'	TIONAL PROG	Expenses \$	O FOR DESCRIPTION.) (Revenue \$)
EDUCA'	TIONAL PROG	RAMS SEE SCHEDULE	O FOR DESCRIPTION.) (Revenue \$))

FERNBANK, INC

Form 990 (2014)

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Part	V Checklist of Required Schedules			
			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		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	X	
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			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	х	
44	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
11	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	Х	
b	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		37
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.6		v
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
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		<u> </u>

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FERNBANK, INC

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		X
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			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		х
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		х
26	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	230		
26	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,	20		
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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 organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	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,	<u>-</u>		17
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		37	
	19? Note. All Form 990 filers are required to complete Schedule O	აბ	X	

Form **990** (2014)

FERNBANK, INC

Page 5

Form	990 (2014)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
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	X	
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 . 2a 161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	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	4.0		x
L	account)?	4a		
D	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			
52	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 N		
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		
9	Sponsoring organization have excess business holdings at any time during the year?	0		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13b			
	Enter the amount of reserves on hand 13c	140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		~
<u>a</u>	in res, has it med at onn r 20 to report these payments? If No, provide an explanation in Schedule O			

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 37			
	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 committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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		Х
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		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		Х
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 undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
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 reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	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 filing the form? .	11a	X	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?	45-	v	
a	The organization's CEO, Executive Director, or top management official	15a	X X	
b	Other officers or key employees of the organization	15b	Δ	
	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	160		х
h	with a taxable entity during the year?	16a		21
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
Sect	ion C. Disclosure	100		1
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{-2}^{GA}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			only)
	available for public inspection. Indicate how you made these available. Check all that apply.	501(0	,,,0,3	(iny)
	X 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 inte	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	s: 🕨		
	CATHERINE NOWELL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221 404-929-6344			

Form 990 (2014)	FERNBANK, INC	58-6028607	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employees,	and
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the caler	ndar year ending with or withi	n the

organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	neck ss pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)MELISSA_TALLEN BOARD MEMBER	1.00	x						C	0	0
(2)ASHISH_BAHL	1.00								0	0
BOARD MEMBER		x						C	0	0
(3)JEFFERY B. BAKER BOARD MEMBER	1.00	x						C		0
(4)MYRA C. BIERRIA	1.00									0
BOARD MEMBER	0	x						C	0	0
(5)HARTLEY D. BLAHA	1.00									
BOARD MEMBER	0	x						C	0	0
(6)GEORGE T. DEVLIN BOARD MEMBER	1.00	x						C	0	0
(7)CAROL G. DOTY	1.00									
BOARD MEMBER	0	x						C	0	0
(8)RYAN SMITH DUNLAP BOARD MEMBER	1.00	x						C	0	0
(9)TERESA FINLEY	1.00									0
BOARD MEMBER	0	x						C	0	0
(10) DARRELL A. FITZGERALD BOARD MEMBER	1.00	x						C	0	0
(11)RICK FRAZIER	1.00									
BOARD MEMBER	0	x						C	0	0
(12)BURCH A. HANSON	1.00									
BOARD MEMBER	0	x						C	0	0
(13) DEBORAH HODGE HARRISON	1.00									
BOARD MEMBER	0	Х						C	0	0
(14)MATTHEW G. HEIMERMANN	1.00									
BOARD MEMBER	0	Х						0	0	0

JSA

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson lirect	e than o is both or/trusi employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ee	stee			nsated				
15) DOROTHY S. HINES	1.00									
	BOARD MEMBER	0	Х						0	0	
16) W. RON HINSON	1.00									
	BOARD MEMBER	0	Х						0	0	
17	CATHERINE MITCHELL JAXON	1.00									
	BOARD MEMBER	0	Х						0	0	
18) LINDSEY M. JOHNSON	1.00									
	BOARD MEMBER	0	Х						0	0	
19) WAB P. KADABA	1.00									
	BOARD MEMBER	0	Х						0	0	
20) CARA ISDELL LEE	1.00									
	BOARD MEMBER	0	Х						0	0	
21) BERTRAM L. LEVY	1.00									
	BOARD MEMBER	0	Х						0	0	
22) KEVIN A. MAXIM	1.00									
	BOARD MEMBER	0	Х						0	0	
23) ASHLEY H. MILLER	1.00									
	BOARD MEMBER	0	Х						0	0	
24) RANDOLPH A. MOORE	1.00									
	BOARD MEMBER	0	Х						0	0	
25) SANDRA S. MORELLI	1.00									
	BOARD MEMBER	0	Х						0	0	
1k	Sub-total			-	-	-	-	►	0	0	
	Total from continuation sheets to Part VII, S	ection A		•••					804,121.	0	60,095
c	I Total (add lines 1b and 1c)								804,121.	0	60,095

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	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	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	5	
-			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 11		

Х

Х

	(A)	(B)			(0	2)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations		Estimated amount of other ompensation from the	ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	a	organizatio and related rganization	on d
26	5) W. HAMPTON MORRIS	1.00									-		
	BOARD MEMBER	0	x						0	(נ		
27	7) CARRIE S. PARKER	1.00											
	BOARD MEMBER	0	x						0	(נ		
28	3) DREW ATKINSON PUTT	1.00											
	BOARD MEMBER	0	x						0	(נ		
29) SEAN RICHARDS	1.00											
	BOARD MEMBER	0	X						0	(נ		
3 ()) JOSEPH B. SCHULTZ	1.00											
	BOARD MEMBER	0	X						0	()		
31) REBECCA S. SHEPHERD	1.00											
	BOARD MEMBER	0	X						0	()		
32	2) CARYL G. SMITH	1.00											
	BOARD MEMBER	0	Х						0	()		
33	B) SCOTT C. SMITH	1.00											
	BOARD MEMBER	0	Х						0	()		
34	1) AMANDA TUCKER	1.00											
	BOARD MEMBER	0	Х						0	()		
35	5) CYNTHIA WIDNER WALL	1.00											
	BOARD MEMBER	0	Х						0	()		
36	5) WILLIAM L. WARREN	1.00											
	BOARD MEMBER	0	Х						0	()		
1	b Sub-total							►					
	c Total from continuation sheets to Part VII, Se	-						►					
	d Total (add lines 1b and 1c)			• •	• •								
2	Total number of individuals (including but not l reportable compensation from the organization			liste 5	d al	SOVe	e) who	o re	eceived more than	\$100,000 of			
												Yes	Ν
3	Did the organization list any former office	er, directo	or, or	tru	uste	e, I	key e	emp	loyee, or highest	compensated			
	employee on line 1a? If "Yes," complete Schedu										3		
4	For any individual listed on line 1a, is the s	sum of rer	ortah	ole r	com	pen	satio	າລ	nd other compens	sation from the			
-	organization and related organizations gre												
	individual										4	Х	_

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.

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Х

5

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	₽S,	and H	ighest Compensa	ted Employee	s (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	ss per d a di	ition more rson irect	e than on is both a tor/trustee	n from e) the	Reportable compensation from the Reportable compensation from related organizations		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC) from the organization and related organizations	
37) JOHN B. ZELLARS, JR.	1.00									
BOARD MEMBER	0	X						0	0	
38) SUSAN NEUGENT	55.00	-								
PRESIDENT & CEO	0			X			250,000	•	0 5,000	
39) ANELI NUGTEREN	50.00	-					155 600		17.020	
EXEC VP & COO O) CATHERINE NOWELL	50.00			Х			155,623	•	0 17,930	
SR. VP & CFO	0	1		x			157,463		0 12,852	
1) JENNIFER GRANT-WARNER	50.00			21			157,105	•	0 12,052	
SR. VP & CPO	0	1		x			137,369	.	0 8,359	
2) DANA HARVEY	50.00									
VP & CTO	0	1		х			103,666		0 15,954	
		-								
		-								
1. Sub 40401		-								
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization) 	limited to t	hose		• • •	•••	· · ·	received more than	\$100,000 of		
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched										
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	lf	"Yes,"	" complete Schedu	ule J for suc	h 📃 🗌	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "	accrue co	mpen	sati	on f	rom	n any i	unrelated organizat	ion or individua	1	
Section B. Independent Contractors										
 Complete this table for your five highest con compensation from the organization. Report year. 										
(A)							(B)		(C)	

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Form	Form 990 (2014) FERNBANK, INC			58-6028607				
Pa	rt VII	Statement of Revenue						
		Check if Schedule O contains a respor	ise or note to any	y line in this Part V			Х	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
nts nts	1a	Federated campaigns 1a						
Gra	b	Membership dues 1b	1,090,904.					
Ån,	c	Fundraising events 1c	693,306.					
ilar İlar	d	Related organizations						
sins,	е	Government grants (contributions) 1e						
utio	f	All other contributions, gifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above . 1f	6,926,831.					
non and	g	Noncash contributions included in lines 1a-1f: \$	201,849.					
	h	Total. Add lines 1a-1f		8,711,041.				
Program Service Revenue			Business Code					
Sevi	2a	MUSEUM ADMISSIONS	611600	2,092,079.	2,092,079.			
ce	b	IMAX ADMISSIONS	713990	1,348,151.	1,328,187.	19,964.		
ervi	С	EDUCATIONAL INCOME	611600	57,671.	57,671.			
n S	d							
graı	e							
õ	f g	All other program service revenue		3,497,901.				
	3			3,497,901.				
	3	Investment income (including dividen and other similar amounts) ATTACHMENT		13,042.			13,042.	
	4	Income from investment of tax-exempt bond		0			10,011.	
	5	Royalties	·	0				
		(i) Real	(ii) Personal					
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of (i) Securities	(ii) Other					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)		0				
Other Revenue	8a	6	АТСН 4					
ver		events (not including \$693,306. of contributions reported on line 1c).						
Re		See Part IV, line 18	61,700.					
er	b	Less: direct expenses						
<u>t</u>	c	Net income or (loss) from fundraising events	ATCH 5 🕨	-83,977.			-83,977.	
0	9a	Gross income from gaming activities. See Part IV, line 19 a						
	b	Less: direct expenses						
	c	Net income or (loss) from gaming activities		0				
	10a	Gross sales of inventory, less						
		returns and allowances a	2,135,983.					
	b	Less: cost of goods sold ATCH 6 b	613,685.					
	c	Net income or (loss) from sales of inventory		1,522,298.	691,473.	830,825.		
		Miscellaneous Revenue	Business Code					
	11a	OTHER REVENUE	900099	21,675.	21,675.			
	b							
	C .							
	d	All other revenue		21 675				
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		21,675.	4,191,085.	850,789.	-70,935.	

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Part IX Statement of Functional Expenses

FERNBANK, INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 78,362. 78,362 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 C 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 362,601 507,764 870,365. 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,650,300. 1,940,184 402,073 308,043. 8 Pension plan accruals and contributions (include 49,672 30,883. 11,942 6,847. section 401(k) and 403(b) employer contributions) 69,556 29,250. 298,819 200,013 9 Other employee benefits 304,410. 199,389. 76,478 28,543. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 0 **b** Legal 44,500. 44,500 c Accounting 0 d Lobbying Λ e Professional fundraising services. See Part IV, line 17 1,584. 1,584 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column ſ (A) amount, list line 11g expenses on Schedule O.) 731,093. 731,093 12 Advertising and promotion 264,126 31,517. 223,994 8,615. 13 Office expenses 98,893. 98,893. 14 Information technology 0 Royalties 15 1,032,601. 1,032,601 Occupancy 16 0 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 Interest 20 C 21 Payments to affiliates 1,923,783. 1,911,723. 12,060 22 Depreciation, depletion, and amortization 144,846. 144,846 Insurance 23 24 Other expenses. Itemize expenses not covered 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.) 1,231,020. 1,231,020. a EXHIBITS 540,829 540,829 bIMAX FILMS 420,050. 384,238 cPROGRAMS_&_ACTIVITIES__ 1,567 34,245. 96,987 96,987. dMEMBERSHIP_DEVELOPMENT_____ 88,427 88,427 e All other expenses _____ 10,870,667 8,909,310 1,448,827 512,530. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

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following SOP 98-2 (ASC 958-720)

FERNBANK, INC

Form 990 (2014)

Page **11**

				Faye II
tΧ		art X		X
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,069,963.	1	10,375,617.
2	Savings and temporary cash investments	89,700.	2	215,792.
3	Pledges and grants receivable, net	5,431,059.	3	1,680,699.
4	Accounts receivable, net	92,874.	4	151,540.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0	5	0
6	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	0	6	0
7	Notes and loans receivable, net	0	7	0
	Inventories for sale or use	246,993.	8	280,121.
9	Prepaid expenses and deferred charges ATCH 7	48,875.	9	43,574.
10 a				
b		21,359,611.	10c	20,261,428.
11	Investments - publicly traded securities ATCH 8	356,666.	11	1,715,563.
12		0	12	0
13		0	13	0
14		0	14	0
15	Other assets. See Part IV, line 11	1,075,430.	15	1,073,787.
16	Total assets. Add lines 1 through 15 (must equal line 34)	32,771,171.	16	35,798,121.
17	Accounts payable and accrued expenses	904,878.	17	1,085,228.
18	Grants payable	0	18	0
19	Deferred revenue		10	0
20	Tax-exempt bond liabilities	0	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
22				
				0
23				0
		0	24	0
25				
			0.5	
				37,500.
20		904,070.	20	1,122,720.
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	22,830,852.	27	22,006,513.
28	Temporarily restricted net assets	3,589,075.	28	12,263,479.
29	Permanently restricted net assets	5,446,366.	29	405,401.
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31			31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	31,866,293.	33	34,675,393.
34	Total liabilities and net assets/fund balances.	32,771,171.	34	35,798,121.
J+	יטימו וומטווונופס מווע וופו מסספנס/ועווע שמומוועפס.	JZ, / / I, I / I.	J 34	Form 990
	1 2 1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	Check if Schedule O contains a response or note to any line in this Particle Stavings and temporary cash investments. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4961(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges 10a Lad, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 2 Investments - publicly traded securities. 11 Investments - publicly traded securities. 12 Investments - publicly traded securities. 13 Investments - publicly traded securities. 14	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (A) 1 Cash - non-interest-bearing 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 431, 059, 3 Accounts receivable, net 92, 874.4 Lears and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 6 Lears and clears receivable, net 0 9 Prepaid expenses and defered charges ATCCH, 7 9 Inventories for sale or use 10 9 Prepaid expenses and defered charges ATCH, 7 10 24, 927, 394. 21, 359, 611. 11 Investments - publicly traded securities ATCH, 8 11 10 24, 927, 394. 12 Investments - publicly traded securities ATCH, 8 13 Intangible assets. 10 14 Intage asset. 10 15 Totat assets. See Part IV, line 11

FERNBANK, INC

	90 (2014)				Pa	ige 12	
Part							
	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	1	3,6	81,9	980.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1(10,870,667.			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8	11,3	313.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5			-2,2	213.	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	34	4,6	75,3	393.	
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	in		Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	npiled		2a		X	
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted on	а				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	-		_			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in 📔				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se						
	the Single Audit Act and OMB Circular A-133?		· · ⊢	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unc	0					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

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.

► Attach to Form 990 or Form 990-EZ.

	Intrment of the Treasury hal Revenue Service		(Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection		
Nam	e of the organization					-	tification number		
FEF	RNBANK, INC						-6028607		
Pa	rt I Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	5.		
The	organization is not a private fou			-	-				
1	A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E.)						
3	A hospital or a cooperative		-						
4	A medical research organi	•	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and s								
5	An organization operated		a college or universit	ty owne	d or ope	erated by a governme	ental unit described in		
•	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
6									
7	X An organization that norm	-		ipport in	om a go	vernmental unit of in	om the general public		
0	described in section 170(b			Dort II)					
8 9	An organization that norm	-				contributions memb	archin face and aross		
3	receipts from activities rel	•							
	support from gross inves	-			-				
	acquired by the organization								
10	An organization organized				-				
11	An organization organized						rry out the purposes of		
	one or more publicly suppo	orted organizations	described in section	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check		
	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.								
а	Type I . A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting		
	organization. You must c	omplete Part IV, S	ections A and B.						
b	Type II . A supporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having		
	control or management		-	the sam	e persor	ns that control or mar	age the supported		
	organization(s). You mus	-							
С	Type III functionally inte						lly integrated with,		
	its supported organization								
d	Type III non-functionally			-					
	that is not functionally int			-			a an attentiveness		
е	requirement (see instruct								
C	functionally integrated, o					••••••	п, туре п		
f	Enter the number of supported				Jiganiza				
g	Provide the following informati	•							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1-9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)		
			(see instructions))						
				Yes	No				
(A)									
(B)									
·									
(C)									
(D)									
(E)									
Tota	al								

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2014

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,407,752.	3,411,805.	4,675,222.	10,819,355.	8,711,041.	35,025,175.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	7,407,752.	3,411,805.	4,675,222.	10,819,355.	8,711,041.	35,025,175.
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)						7,072,859.
6	Public support. Subtract line 5 from line 4.						27,952,316.
	tion B. Total Support				()) (
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	7,407,752.	3,411,805.	4,675,222.	10,819,355.	8,711,041.	35,025,175.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,577.	13,086.	11,429.	10,010.	13,042.	58,144.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						35,083,319.
12	Gross receipts from related activities, etc. (s	ee instructions) .			l	12	23,123,284.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2014 (lin		•			14	79.67%
15	Public support percentage from 2013					15	76.25%
16a	331/3% support test - 2014. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2013. If the o	-					
4 7 .	check this box and stop here. The orga	-					
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets the			-			
h	organization 10%-facts-and-circumstances test - 2						
b		-	•				
	15 is 10% or more, and if the orga Explain in Part VI how the organization						-
18	supported organization Private foundation. If the organization						
10	•						
	instructions						

Schedule A (Form 990 or 990-EZ) 2014

Part III (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.)

	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 2014	(f) Tot	al
	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(0) 2012	(0) 2013	(6	12014	(1) 100	<u>a</u>
1	, , ,								
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	<u> </u>							
-	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								
Ũ	unrelated trade or business under section 513								
4	Tax revenues levied for the								
-	organization's benefit and either paid								
	to or expended on its behalf								
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 disgualified 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								
с	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support		1		1				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tot	al
	Amounts from line 6								
10 a	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	<u> </u>							
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly								
12	carried on 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.)								
14	First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	s a se	ection 501	(c)(3)	
	organization, check this box and stop here	<u></u>						<u></u> ▶	
Sec	tion C. Computation of Public Sup	port Percent	age						
15	Public support percentage for 2014 (line 8	, column (f) divid	ed by line 13, colur	nn (f))		15			%
16	Public support percentage from 2013 Sche	edule A, Part III, lin	ne 15			16			9
10									
	tion D. Computation of Investme			3 column (f))		17			%
Sec	Investment income percentage for 2014 (li								
Sec t 17 18	Investment income percentage for 2014 (li Investment income percentage from 2013	Schedule A, Part	III, line 17			18			0
Sec t 17 18	Investment income percentage for 2014 (li	Schedule A, Part	III, line 17			18	331/3 %, a	and line	%
Sec t 17 18	Investment income percentage for 2014 (li Investment income percentage from 2013	Schedule A, Part ganization did n	III, line 17 ot check the box	on line 14, and	d line 15 is more	18 e than			<u> </u>
Sect 17 18 19 a	Investment income percentage for 2014 (li Investment income percentage from 2013 331/3% support tests - 2014. If the or	Schedule A, Part ganization did n is box and sto	III, line 17 ot check the box p here. The orga	on line 14, and anization qualifie	d line 15 is more s as a publicly	18 e than suppo	rted organi	ization 🕨	9
Sect 17 18 19 a	Investment income percentage for 2014 (li Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th	Schedule A, Part ganization did n iis box and sto anization did not t this box and s	III, line 17 ot check the box p here. The orga check a box on t op here. The org	on line 14, and anization qualifie line 14 or line 19 ganization qualifi	d line 15 is more s as a publicly 9a, and line 16 is es as a publicly	18 e than suppor more suppo	rted organi than 331/: rted organi	ization 3 %, and ization	9

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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. 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.
- 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.
- **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.
- **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.
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "*Yes*," *answer* (*b*) *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.)

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Part	V Supporting Organizations (continued)		Vos	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? <i>If "No," explain in Part VI how</i> <i>the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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 income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Sectio	on E. Type III Functionally-Integrated Supporting Organizations	J		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)			N -
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
-	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		1		

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 Schedule A (Form 990 or 990-EZ) 2014

Schedule A ((Form	990 o	or 990-EZ) 2014
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 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, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2014

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
	Europe (no. 11) 0014			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHED	ULE	D
(Form	990)	

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2

OMB No. 1545-0047

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Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number 58-6028607 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit? 6 Did the organization answered "Yes" to Form 990, Part IV, line 7. 1 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Preservation of propen space 2 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement no the last day of the tax year.
FERNBANK, INC 58-6028607 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . Yes Yes Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. . Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of poen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year
(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year
1 Total number at end of year
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year
 Aggregate value of grants from (during year)
 Aggregate value at end of year
 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Yes Yes Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Perservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Ye
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Yes 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
Conferring impermissible private benefit? Yes Y
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Preservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Yea
 Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Ye
 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
easement on the last day of the tax year. Held at the End of the Tax Ye
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a) <u>2c</u>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a
historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
tax year ▶
4 Number of states where property subject to conservation easement is located ▶ 5 Deep the property property and the periodic monitoring increasing handling of
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
S
 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance show works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide the following amounts relating to these items:
 (i) Revenue included in Form 990, Part VIII, line 1
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990)
For Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule D (Form 990) JSA 4F1288 1 000

FERNBANK, INC

_	t III Organizations Maintainii	ng Collections of	Art, Historical	Freasures,	or Other Sir	nilar Asse	ts (co		⁻ age 2 ed)
3 a	Using the organization's acquisitic collection items (check all that app X Public exhibition		d 🛛 Loan	or exchange	e programs	_			
b	X Scholarly research		e 🗌 Other						
С	X Preservation for future gene	rations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
F		n aclicit ar racciva d	anations of art his	origal traca	uraa ar athar a	milor			
5	During the year, did the organization assets to be sold to raise funds rath						Yes	X	No
Par	t IV Escrow and Custodial Ar or reported an amount or			nization and	swered "Yes"	to Form 99	0, Part	IV, lir	ne 9,
1a	Is the organization an agent, truste					_			7
b	included on Form 990, Part X? If "Yes," explain the arrangement i					••••	Yes		No
						Amount			
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
t	Ending balance				 		N		
2a	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement i								
Par	t V Endowment Funds. Com						(2) 5.		
1.0	Paginning of year balance	(a) Current year	(b) Prior year	(c) Two yea		ee years back	(e) Fou		
	Beginning of year balance	5,446,366.	389,432.	301	,265.	317,930.		314,	,550.
	Contributions		5,050,027.			55,374.			
С	Net investment earnings, gains,	-7,191.	6 007		,167.	7,961.		C	,380
А	and losses Grants or scholarships	-7,191.	6,907.	C	,107.	7,901.		5	, 300
	Other expenditures for facilities								
e	-								
f	and programs	1,595.							
	Administrative expenses End of year balance	5,437,580.	5,446,366.	290	,432.	381,265.		217	,930
g 2	Provide the estimated percentage					301,203.		517,	, 930
<u>_</u>	Board designated or quasi-endown			, column (a)	Tielu as.				
b		4555 %							
	Temporarily restricted endowment								
Ū	The percentages in lines 2a, 2b, a		00%						
3a	Are there endowment funds not in	•		are held ar	nd administered	for the			
•••	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related or	anizations listed as	reauired on Schedul	D 0			3b		
4	Describe in Part XIII the intended u	•							·
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment. tion answered "Ye	s" to Form 990, P	art IV, line	11a. See Fori	n 990, Par	t X, line	e 10.	
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	i (d	d) Book v	alue	
1a	Land		, ,	782,166.	aepreciation		7	82,1	166.
b	Buildings			645,956.	596,32	6.	,	49,6	
с	Leasehold improvements			980,711.	21,585,36		18,3		
d	Equipment			839,989.	2,805,70			34,2	
е	Other								
Tota	I. Add lines 1a through 1e. (Column	i (a) must equal Forn	1 990, Part X, colum	п (В), line 10	J(C).)		20,2	ю⊥,4	±28.

Schedule D (Form 990) 2014

Part VII	Investments - Other Securities.		
	Complete if the organization answered	I "Yes" to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII	Investments - Program Related.		
	Complete if the organization answered	I "Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
	· · ·	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	l "Yes" to Form 990,	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	al income taxes		
(2) LONG	TERM CONTRACTS PAYABLE	37,	500.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
$\langle 0 \rangle$		1	

(9) 37,500. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 4E1270 1.000

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FERNBANK, IN

Schedu	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	13,825,444.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -2,213.		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 145,677.		
e	Add lines 2a through 2d	2e	143,464.
3	Subtract line 2e from line 1	3	13,681,980.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C F	Add lines 4a and 4b	4c	12 601 000
5 Part	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5	13,681,980.
Pari	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,016,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	11,010,011.
a			
b	Drier voor edjustmente		
С	Other losses 20 2c		
d	Other (Describe in Part XIII.) 2d 145,677.		
е	Add lines 2a through 2d	2e	145,677.
3	Subtract line 2e from line 1	3	10,870,667.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,870,667.
Part			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, QUESTION 4

FERNBANK MUSEUM WAS CREATED TO ENCOURAGE AND ADVANCE THE STUDY AND UNDERSTANDING OF NATURAL HISTORY BY DISSEMINATING KNOWLEDGE OF THE EARTH AND LIFE UPON IT. WE SEEK TO DEVELOP A COMPREHENSIVE COLLECTION OF VALUE FOR EXHIBITION AND EDUCATION FOR STUDENTS AND VISITORS, AS WELL AS FOR RESEARCH BY CURATORS AND VISITING SCHOLARS. AS A NATURAL HISTORY MUSEUM, WE WILL COLLECT AND MAINTAIN A REPOSITORY OF BIOLOGICAL, ANTHROPOLOGICAL, GEOLOGICAL AND PALEONTOLOGICAL SPECIMENS. WE WILL USE THESE TO DEVELOP ENGAGING EXHIBITS, EDUCATIONAL PROGRAMS AND RESOURCES THAT WILL PROVIDE OUR VISITORS OPPORTUNITIES TO EXPERIENCE AUTHENTIC CULTURAL MATERIALS, ARTIFACTS AND SPECIMENS REPRESENTATIVE OF THE EARTH'S HISTORY AND ITS VARIETY OF LIFE.

SCHEDULE D, PART V, QUESTION 4

THE OVERALL FINANCIAL OBJECTIVES OF THE ENDOWMENT ARE TO SUPPORT THE CURRENT AND FUTURE OPERATIONS OF THE MUSEUM PARTICULARLY WITH RESPECT TO THE FERNBANK FOREST AND TO PRESERVE AND ENHANCE THE PURCHASING POWER OF THE ENDOWMENT. THE ENDOWMENT'S INVESTMENT POLICY IS STRUCTURED TO ACHIEVE RETURNS IN EXCESS OF THE RATE OF INFLATION TO PRESERVE THE PURCHASING POWER OF THE TEMPORARILY RESTRICTED ASSETS AS WELL AS EMPHASIZE GROWTH OF PRINCIPAL WHILE AVOIDING EXCESSIVE RISK. THE ENDOWMENT'S SPENDING POLICY ALLOWS FOR DISTRIBUTIONS UP TO 4.5% OF A TRAILING THREE YEAR AVERAGE OF THE MARKET VALUE OF THE TEMPORARILY RESTRICTED ENDOWMENT FUND FOR SPECIFIED ORGANIZATIONAL PURPOSES.

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	58-6028607	Dava F
Schedule D (Form 990) 2014 FERNBANK , INC Part XIII Supplemental Information (continued)	58-0028007	Page 5
SCHEDULE D, PART III, QUESTION 1A		
IN ACCORDANCE WITH GAAP, DONATED COLLECTIONS ARE RECORDED AT COMMERCIAL		
MARKET VALUE, DETERMINED BY INDEPENDENT APPRAISAL. PURCHASED COLLECTION		
ITEMS ARE RECORDED AT COST. COLLECTIONS ARE NOT DEPRECIATED.		
THE VALUE OF COLLECTIONS DONATED BY INDIVIDUALS PRIOR TO THE CURRENT		
METHOD OF RECORDING DONATED COLLECTIONS, INCLUDING THE GEM STONE		
COLLECTION AND OTHER WORKS OF ART, ARE NOT RECORDED. HOWEVER, THE		
ORGANIZATION'S GEM STONE COLLECTION IS EXTENSIVE AND HAS SUBSTANTIAL		
VALUE BASED UPON APPRAISALS OF THE ITEMS AT THE TIME OF THEIR DONATION.		
SCHEDULE D, PART XI, QUESTION 2D		
THE \$145,677 IS DUE TO FUNDRAISING EXPENSES.		
SCHEDULE D, PART XII, QUESTION 2D		
THE \$145,677 IS DUE TO FUNDRAISING EXPENSES.		
SCHEDULE D, PART X, QUESTION 2		

FERNBANK, INC. IS A NOT-FOR-PROFIT ORGANIZATION WHICH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	FERNBANK,	INC	58-6028607	Page 5
Part XIII Supplemental Info	ormation (con	tinued)		
UNCERTAIN TAX POSITIONS	AS OF DEC	EMBER 31, 2014.		
IN THE NORMAL COURSE OF	BUSINESS,	THE ORGANIZATION IS SUBJECT TO		
EXAMINATION BY THE FEDE	RAL AND ST	ATE TAXING AUTHORITIES. IN GENERAL, THE		
ORGANIZATION IS NO LONG	ER SUBJECT	TO TAX EXAMINATIONS FOR TAX YEARS		
ENDING BEFORE DECEMBER	31, 2011.			

	Supplemen	tal Information R	egarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047	
	Complete if t	Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						
(Form 990 or 990-EZ)				or Form 990			Open to Public	
Department of the Treasury Internal Revenue Service	Information ab	out Schedule G (Form S	990 or 990-E	Z) and its in:	structions is at www.ii	rs.gov/form990.	Inspection	
Name of the organization						Employer identificati		
FERNBANK, INC	na Astivities Com	alata if the argon	ization o	nourord	"Voo" to Form O	58-602860		
Port	ng Activities. Com I-EZ filers are not r				res to Form 9	90, Part IV, line	17.	
	the organization rais				activities. Check a	all that apply.		
a Mail solicitat	•	e		•	non-government g			
b Internet and	email solicitations	f			government grant			
c Phone solicit	ations	g	Spec	cial fundra	ising events			
d 🔄 In-person so								
2a Did the organizat	ion have a written or s listed in Form 990,						Yes No	
b If "Yes," list the to						-		
	east \$5,000 by the o		(
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
-								
5								
6								
7								
0								
8								
9								
10								
Total		I	<u> </u>	<u> </u>				
Total 3 List all states in	which the organizat	ion is registered o	r licensed	to solicit	contributions or	has been notified	l it is exempt from	
GA ,								
0111								

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014

Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 (a) Event #1
 (b) Event #2
 (c) Other events
 (d) Total events (add col. (a) through col. (c))

 (event type)
 (event type)
 (total number)
 (total number)
 (add col. (a) through col. (c))

Revenue	1	Gross receipts	177,986.	577,020.		755,006.		
Å		Less: Contributions	156,686.	536,620.		693,306.		
	3	Gross income (line 1 minus line 2)	21,300.	40,400.		61,700.		
	4	Cash prizes						
Direct Expenses	5	Noncash prizes		1,109.		1,109.		
	6	Rent/facility costs	5,875.	41,561.		47,436.		
	7	Food and beverages	18,892.	42,902.		61,794.		
	8	Entertainment	5,482.	9,555.		15,037.		
	9	Other direct expenses	9,975.	10,326.		20,301.		
	10	Direct expense summary. Add lines 4	through 9 in column (d)			145,677. -83,977.		
	11 Net income summary. Subtract line 10 from line 3, column (d)							

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1 Gross revenue							
es	2 Cash prizes							
Direct Expenses	3 Noncash prizes							
irect E	4 Rent/facility costs							
	5 Other direct expenses							
	6 Volunteer labor	Yes%	Yes%	Yes%				
	 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 							
	a Is the organization licensed to conduct gaming activities in each of these states?							
K.	b If "No," explain:							

 10 a
 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 Yes
 No

 b
 If "Yes," explain:
 Yes
 Yes
 Yes

Sched	dule G (Form 990 or 990-EZ) 2014		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а			%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		
	amount of gaming revenue retained by the third party \blacktriangleright		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Maria di Anno di Partella di Anno		
17	Mandatory distributions:		
а			
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
Der	or spent in the organization's own exempt activities during the tax year s	(u) and	
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information of the second seco		
	(see instructions).	nauon	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I (Form 990)	G Gov Comp		OMB No. 1545-0047 2014 Open to Public Inspection					
Department of the Treasury Internal Revenue Service	► Informati							
Name of the organization							Employer identif	ication number
FERNBANK, INC							58-6028	507
Part I General I	nformation on Grants and	Assistance	e					
the selection crit	ration maintain records to sul eria used to award the grants IV the organization's procedu	or assistanc	e?			• • •		and _ X Yes No
	d Other Assistance to Do ne 21, for any recipient the							l "Yes" to Form 990,
	address of organization overnment	(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 assistan	
_(1)								

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

.

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

2

3

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REDUCED ADMISSION	12,258.		78,362.	FMV	REDUCED ADMISSION
2					
3					
4					
5					
6					
7					

information. SCHEDULE I, PART I, QUESTION 2

THE GRANTS REFLECT THE FREE ADMISSION PROVIDED TO FAMILIES IN NEED AND

TITLE 1 STUDENTS. FOR EXAMPLE, WHEN A TITLE 1 SCHOOL VISITS THE MUSEUM

AND THE ASSOCIATED SCHOOL IS CONSIDERED TO HAVE 80% TITLE 1 STUDENTS,

THEN THE SCHOOL IS GIVEN AN 80% GRANT OF THE TOTAL MUSEUM ADMISSION COST.

(Fori	EDULE J m 990)	For certain Officers, Dire Cor ► Complete if the organization	ctors nper n ans	tion Information , Trustees, Key Employees, and Highest sated Employees swered "Yes" on Form 990, Part IV, line 23. n to Form 990.		20	545-00 14 Pub	
	Revenue Service			90) and its instructions is at www.irs.gov/form990.			ectio	n
Name	of the organization			Employer identi	fication n	umbe	r	
-	NBANK, INC			58-60	28607			
Part	Question	ns Regarding Compensation						
1a	990, Part VII, First-cla Travel fo Tax inde			ed any of the following to or for a person listed in ide any relevant information regarding these items Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)	.		Yes	No
b	or reimburse	ement or provision of all of the ex	pens	ganization follow a written policy regarding pay ses described above? If "No," complete Part	III to			
~	explain		•••		••	1b		
2	•			reimbursing or allowing expenses incurred b	-			
		stees, and officers, including the CEC		ecutive Director, regarding the items checked in	i iine	2		
3				on used to establish the compensation of the	•••	2		
	organization's related organ X Comper X Indepen	S CEO/Executive Director. Check all that	at ap	ply. Do not check any boxes for methods used by a O/Executive Director, but explain in Part III. Written employment contract Compensation survey or study Approval by the board or compensation committ	ee			
4		ar, did any person listed in Form 990, F or a related organization:	Part	VII, Section A, line 1a, with respect to the filing				
а	Receive a sev	verance payment or change-of-control pa	ayme	ent?		4a		X
b				nonqualified retirement plan?		4b	Х	
С				compensation arrangement?		4c		X
5	For persons I	501(c)(3), 501(c)(4), and 501(c)(29) or isted in Form 990, Part VII, Section A, n contingent on the revenues of:	-	izations must complete lines 5–9. 1a, did the organization pay or accrue any				
а	The organizat	ion?				5a		X
b	-	rganization? ə 5a or 5b, describe in Part III.	• •		•••	5b		X
6	compensation	n contingent on the net earnings of:		1a, did the organization pay or accrue any				
а						6a		X
b		rganization? e 6a or 6b, describe in Part III.	• •		•••	6b		X
7				line 1a, did the organization provide any non-				
8	Were any am to the initial in Part III	ounts reported in Form 990, Part VII, p I contract exception described in F	baid Regu	e in Part III or accrued pursuant to a contract that was subje Ilations section 53.4958-4(a)(3)? If "Yes," des	ct scribe	7 8		x
9	If "Yes" to li	ine 8, did the organization also foll	ow	the rebuttable presumption procedure describe	ed in	9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 9	90.	Schedule	ə J (Fo	rm 990	J) 2014

Page 2

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
SUSAN NEUGENT	(i)	250,000.	0	0	5,000.	1,888.	256,888.		
1 PRESIDENT & CEO	(ii)	0	0	0	0	0	C		
ANELI NUGTEREN	(i)	155,623.	C	0	3,313.	15,808.	174,744.		
2 EXEC VP & COO	(ii)	0	C	0	0	0	C		
CATHERINE NOWELL	(i)	157,463.	C	0	3,232.	10,825.	171,520.		
3 SR. VP & CFO	(ii)	0	0	0	0	0	C		
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
-	(i)								
9	(ii)								
-	(i)								
10	(ii)								
	(i)								
11	(ii)								
••	(i)								
12	(ii)								
12	(i)								
13	(ii)								
15	(i)								
14	(i) (ii)								
17	(i)								
15	(i) (ii)								
10	(i)								
16	(i) (ii)								

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, QUESTION 4B

SUSAN NEUGENT HAS SET UP FOR HER BENEFIT A 457(B) PLAN TO WHICH SHE MAKES

CONTRIBUTIONS BUT THERE IS NO CURRENT 457(F) TO WHICH THE MUSEUM IS

MAKING CONTRIBUTIONS ON HER BEHALF.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

Complete i	f the organizations a	answered "Ye	s" on Form	990, Part IV	', lines 29 or 30.	
Attach to F	orm 990.					
Information	n about Schedule M	(Form 990) a	nd its instru	ctions is at v	www.irs.gov/form99	0.

Open To Public Inspection

Name of the organ	Ization
FERNBANK,	INC

Employer identification number

58-6028607

Par	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
Ū	goods.						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	13.	201,849.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed I				29		
			-			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least th	ree years fr	om the date of the initial c	contribution, and which is	not required		
	to be used for exempt purposes for	the entire h	olding period?		30a		Х
b	If "Yes," describe the arrangement in	n Part II.					
31	Does the organization have a	gift accept	tance policy that require	s the review of any r	non-standard		
	contributions?				31	Х	
32a	Does the organization hire or use						
	contributions?				32a	X	
b	If "Yes," describe in Part II.						
33	If the organization did not report an describe in Part II.	n amount in	column (c) for a type of pro	pperty for which column (a) is checked,		
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Fo	orm 990)	(2014)
JSA							

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, QUESTION 32B

SUNTRUST SECURITIES RECEIVES ANY STOCK GIFTS AND SELLS THEM IMMEDIATELY

UPON RECEIPT.

SCHEDULE M, NUMBER OF CONTRIBUTIONS

THE NUMBER OF CONTRIBUTIONS IS DETERMINED BY THE NUMBER OF CONTRIBUTIONS

RECEIVED NOT THE NUMBER OF ITEMS RECEIVED.

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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.



Department of the Treasury Internal Revenue Service Name of the organization FERNBANK, INC

Employer identification number

PART VI, SECTION A, QUESTION 11B AS STATED IN THE FINANCE & AUDIT COMMITTEE CHARTER ADOPTED ON AUGUST 3, 2006, THE FORM 990 IS REVIEWED BY THE FINANCE & AUDIT COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS. THE REVIEW WAS CONDUCTED BY THE FINANCE COMMITTEE. A COMPLETE COPY OF THE FORM 990 WAS MADE AVAILABLE ON THE MUSEUM'S WEB SITE AND A LINK WAS PROVIDED TO EACH BOARD TRUSTEE.

PART VI, SECTION B, QUESTION 12C

A FULL COPY OF THE CONFLICT OF INTEREST STATEMENT IS PROVIDED TO EACH TRUSTEE AT THE FIRST BOARD MEETING OF THE YEAR. EACH TRUSTEE IS REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF RECEIPT AND RETURN IT TO THE MUSEUM. A CONTROL LIST IS MAINTAINED TO ENSURE ALL ACKNOWLEDGEMENTS ARE RETURNED. THE MUSEUM RECOGNIZES A CONFLICT OF INTEREST AS OCCURRING WHEN AN INTERESTED PERSON DEFINED AS ANY TRUSTEE, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS HAS A DIRECT OR INDIRECT FINANCIAL INTEREST OR COMPENSATION ARRANGEMENT THROUGH BUSINESS, INVESTMENT OR FAMILY. COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS THAT ARE SUBSTANTIAL IN NATURE. ALL POTENTIAL CONFLICTS ARE REVIEWED BY A COMMITTEE OF THE BOARD TO DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE MUSEUM'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE MUSEUM AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. IF THE BOARD COMMITTEE DETERMINES A CONFLICT OF INTEREST DOES EXIST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

PART VI, SECTION B, QUESTION 15A

COMPENSATION FOR THE PRESIDENT/CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. COMPENSATION AND BENEFIT INFORMATION IS GATHERED FROM HUMAN RESOURCE CONSULTANTS PERTAINING TO BOTH MUSEUMS OF COMPARABLE SIZE AND NATURE AND OTHER REGIONAL CULTURAL INSTITUTIONS. THE INFORMATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND A COMPENSATION PACKAGE IS DEVELOPED AND APPROVED. THE MINUTES OF THE EXECUTIVE COMMITTEE REFLECT THE PROCESS OBSERVED IN DETERMINING THE COMPENSATION ARRANGEMENT UNDER SIGNED CONTRACT THROUGH DECEMBER 31, 2017.

PART VI, SECTION B, QUESTION 15B

ALL OTHER OFFICERS' COMPENSATION IS DETERMINED IN A SIMILAR PROCESS AS TO THAT OF THE PRESIDENT/CEO; HOWEVER, THE PROCESS IS PERFORMED BY HUMAN RESOURCES STAFF AND ALL OTHER OFFICERS ARE NOT UNDER CONTRACT.

PART VI, SECTION C, QUESTION 19

THE MUSEUM'S GOVERNING DOCUMENTS INCLUDING FERNBANK'S CHARTER AND ARTICLES OF INCORPORATION, ITS MISSION STATEMENT AND STRATEGIC PLAN, ETHICS POLICY, COLLECTIONS POLICY, PRIVACY POLICY, GIFT POLICY, INVESTMENT POLICY, ENDOWMENT POLICY, CONFLICT OF INTEREST POLICY, WHISTLE BLOWER POLICY, AND FINANCE COMMITTEE CHARTER ARE AVAILABLE UPON REQUEST THROUGH THE FINANCE DEPARTMENT AT 767 CLIFTON ROAD, NE, ATLANTA, GEORGIA, 30307 FOR A NOMINAL FEE. THE MUSEUM'S AUDITED FINANCIAL STATEMENTS AND CURRENT FORM 990 ARE AVAILABLE ON-LINE THROUGH THE MUSEUM'S WEB SITE.

FORM 990, PART III, QUESTION 4A

EXHIBITIONS AND FILMS: IN 2014, FERNBANK MUSEUM PRESENTED TWO SPECIAL EXHIBITIONS, WHALES: GIANTS OF THE DEEP AND GOOSE BUMPS: THE SCIENCE OF FEAR. ADDITIONALLY, THE MUSEUM HOSTED NEARLY A DOZEN FILMS IN ITS IMAX THEATRE, INCLUDING THE NEW FILMS ISLAND OF LEMURS, GREAT WHITE SHARK, PANDAS: THE JOURNEY HOME, ALONG WITH JERUSALEM, GALAPAGOS AND MORE. IN 2014, FERNBANK PRESENTED THE FIFTH ANNUAL WINTER WONDERLAND: CELEBRATIONS & TRADITIONS AROUND THE WORLD, A FESTIVE HOLIDAY EXHIBITION WHICH SERVES AS A UNIQUE PRESENTATION OF CROSS-CULTURAL SYMBOLISM BOLSTERED BY VIBRANT ENRICHMENT PROGRAMS ON THE WEEKENDS. THROUGH THESE INTERACTIVE EXHIBITS AND THOUGHT-PROVOKING FILMS, FERNBANK INTRODUCES VISITORS TO CULTURES AROUND THE GLOBE AND HIGHLIGHTS IMPORTANT ENVIRONMENTAL ISSUES FACING THE WORLD TODAY TO ENCOURAGE A DEEPER UNDERSTANDING OF OUR PLANET AND THE HUMAN DISCOURSE.

FORM 990, PART III, QUESTION 4B

EDUCATIONAL PROGRAMS: THE MUSEUM IS COMMITTED TO OFFERING THE HIGHEST QUALITY EDUCATIONAL PROGRAMMING DESIGNED TO COMPLEMENT THE VISITOR'S EXPERIENCE AT THE MUSEUM AS WELL AS IN-SCHOOL LEARNING. PROGRAMS ARE DESIGNED FOR A VARIETY OF AUDIENCES INCLUDING FAMILIES, CHILDREN AND SCHOOL CHILDREN. IN 2014, FERNBANK MUSEUM OFFERED MORE THAN 500 EXPLORATORY SCIENCE CLASSES AND DELIVERED ENHANCED, ON-SITE LABORATORY AND CLASSROOM PROGRAMS TO ROUGHLY 15,000 OF THE 60,000 STUDENTS WHO VISITED AS PART OF A FIELD TRIP. ALL MUSEUM PROGRAMS, EXHIBITIONS AND

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Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
FERNBANK, INC	58-6028607

FILMS ARE DESIGNED TO MEET OR EXCEED STATE AND NATIONAL STANDARDS, ENHANCING THE CURRICULUM AND PARTNERING WITH TEACHERS TO BRING SCIENCE TO LIFE THROUGH HANDS-ON EXPERIENCES. ADDITIONALLY, THE MUSEUM PRESENTED TWO SIGNATURE ENVIRONMENTAL PROGRAMS, URBANWATCH ATLANTA AND CITY SCIENTISTS, SERVING SCHOOLS WITH A FOCUS ON STUDENTS FROM UNDERSERVED POPULATIONS. FERNBANK'S URBANWATCH PROGRAM CONNECTS MIDDLE AND HIGH SCHOOL STUDENTS WITH NATURE AND BIODIVERSITY THROUGH AN IMMERSIVE ECOLOGY EXPERIENCE IN FERNBANK FOREST AND ACROSS THE MUSEUM CAMPUS. THE PROGRAM FOCUSES ON THE IMPORTANCE OF NATIVE PLANT SPECIES, BIODIVERSITY AND HEALTHY ECOSYSTEMS PROVIDING TITLE 1 STUDENTS THE OPPORTUNITY TO ACTIVELY PARTICIPATE IN A RESTORATION PROJECT ON THE MUSEUM CAMPUS. CITY SCIENTISTS, AN AFTER-SCHOOL PROGRAM, SERVES 300 3RD, 4TH AND 5TH GRADERS ATTENDING ATLANTA'S TITLE I SCHOOLS. THIS HIGHLY INTERACTIVE PROGRAM INTRODUCES UNDERSERVED STUDENTS TO REGIONAL ECOLOGY, GEOLOGY AND NATURAL HISTORY THEMES, PROVIDING THEM WITH MEANINGFUL CHALLENGES IN EDUCATION AND THE ENHANCED FOUNDATION TO PERFORM WELL IN SCIENCE. FOR FAMILIES AND CHILDREN, THE MUSEUM OFFERS EXCELLENT EXPERIMENTS, TADPOLE TALES, LIVE ANIMAL ENCOUNTERS, FAMILY EXPLORATION DAYS, FERNBANK FOREST GUIDED TOURS AND MORE. THESE PROGRAMS PROVIDE VISITORS WITH NEW EXPERIENCES EVERY TIME THEY VISIT, ALLOWING THEM TO DELVE DEEPER INTO THEMES PRESENTED THROUGHOUT THE MUSEUM AT AGE-APPROPRIATE LEVELS.

FORM 990, PART III, QUESTION 4C

JSA 4E1228 1.000

STRATEGIC INITIATIVES: FERNBANK'S STRATEGIC PLAN CALLS FOR THE MUSEUM TO FULFILL ON ITS UNIQUE ENVIRONMENTAL LEGACY IN ITS PRESERVATION AND STEWARDSHIP OF FERNBANK FOREST, AS WELL AS HOW TO LEVERAGE THE ENTIRE

Schedule O (Form 990 or 990-EZ) 2014		Page 2
Name of the organization	Employer identification number	
FERNBANK, INC	58-6028607	

CAMPUS IN FERNBANK'S MISSION TO FOSTER A DEEPER CONNECTION TO THE NATURAL WORLD. IN 2014, THE MUSEUM BEGAN WORK TO BRING THE PLANS IDENTIFIED THROUGH ITS CAMPUS AND FOREST STEWARDSHIP PLANS TO FRUITION WITH NECESSARY PREPARATIONS FOR FUTURE DESIGN AND IMPLEMENTATION PHASES. FUNDRAISING EFFORTS CONTINUED FOR SUPPORT OF THE RESTORATION OF FERNBANK FOREST AND TO INTRODUCE NEW GUEST EXPERIENCES ELSEWHERE ON THE CAMPUS. THESE PLANS WILL INFORM LONGER TERM INITIATIVES AT THE MUSEUM. FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION FERNBANK MUSEUM OF NATURAL HISTORY IS DEDICATED TO STIMULATING AN INTEREST IN SCIENCE, THE ENVIRONMENT AND HUMAN CULTURE, RECONNECTING PEOPLE TO NATURE AND RESTORING A SENSE OF WONDER IN THE NATURAL

WORLD. THE MUSEUM'S MISSION IS TO INSPIRE LIFELONG LEARNING OF NATURAL HISTORY THROUGH IMMERSIVE PROGRAMMING AND UNMATCHED EXPERIENCES TO ENCOURAGE A GREATER APPRECIATION OF OUR PLANET AND ITS INHABITANTS. FERNBANK VIEWS NATURAL HISTORY AS A STARTLINGLY CONTEMPORARY SUBJECT MATTER ENCOMPASSING TWO OF THE MOST SIGNIFICANT ISSUES OF OUR TIME-THE DIVERSITY OF OUR ENVIRONMENT AND THE DIVERSITY OF HUMAN CULTURE. FERNBANK PRESENTS THE CONCEPTS OF PHYSICAL, EARTH, LIFE AND SOCIAL SCIENCES IN AN INTERACTIVE AND ENGAGING ENVIRONMENT THROUGH 14 PERMANENT EXHIBITS AND FEATURES, ANNUAL SPECIAL EXHIBITIONS AND A HOST OF FILMS AND SIGNATURE PROGRAMS. AS AN EDUCATIONAL INSTITUTION, FERNBANK SUPPORTS A VISITOR'S INTRINSIC DESIRE TO LEARN. OUR GOAL IS TO BUILD A MORE INFORMED CITIZENRY, SCIENTIFICALLY AND CULTURALLY, THAT PLACES A HIGH VALUE ON LEARNING AND EXPANDING THEIR VIEW OF THE WORLD. WITH EVERY PROGRAM ROOTED IN SCIENCE, FERNBANK OFFERS NUMEROUS EDUCATIONAL EXPERIENCES FOR PERSONS

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JSA

Name of the organization

FERNBANK, INC

JSA

Employer identification number 58-6028607 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OF ALL AGES AND COGNITIVE LEVELS.

	ATTACI	HMENT 2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	=
NAME AND ADDRESS	DESCRIPTION OF SERVICE	S COMPENSATION
THINKWELL DESIGN & PRODUCTION 2710 MEDIA CENTER DRIVE LOS ANGELES, CA 90065	EXHIBIT DESIGN & CON	452,446.
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST @ 79TH STREET NEW YORK, NY 10024	TEMP EXHIBIT RENTAL	450,000.
SYSCO PO BOX 490379 COLLEGE PARK, GA 30349	FOOD SERVICE	247,533.
SYLVATICA STUDIO 999 PEACHTREE ST. SUITE 790 ATLANTA, GA 30309	LANDSCAPE DESIGN & A	243,803.

FILM RENTALS

52614

IMAX CORPORATION 2525 SPEAKMAN DRIVE L5K 1B1 SHERIDAN PARK ONTARIO CANADA

FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 3	
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	(D) EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	13,04	2.		13,042.
TOTALS =	13,04	2.		13,042.

188,856.

Schedule O (Form 990 or 990-EZ) 2014		F	Page 2
Name of the organization		Employer identification number	
FERNBANK, INC		58-6028607	
		ATTACHMENT 4	
FORM 990, PART VIII - EXCLUDED CONTRI	BUTIONS		
DESCRIPTION	AMOUNT		
LOST OASIS EVENT	156,686.		
TIMELESS EVENT	536,620.		
TOTAL	693,306.		

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
LOST OASIS EVENT	21,300.	40,224.	-18,924.
TIMELESS EVENT	40,400.	105,453.	-65,053.
TOTALS	61,700.	145,677.	-83,977.

_

	ATTACHMENT 6
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	2,135,983.
INVENTORY AT BEGINNING OF YEAR	246,993.
PURCHASES	646,813.
SALARIES AND WAGES	
OTHER COSTS	
OTHER CODID	
SUBTOTAL	893,806.
MINUS ENDING INVENTORY	280,121.
COST OF GOODS SOLD	613,685.

ATTACHMENT 5

Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
FERNBANK, INC	58-6028607
	ATTACHMENT 7
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	33,337.
PREPAID POSTAGE	212.
DEPOSITS	10,025.
TOTALS	43,574.

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
STOCKS		1,715,563.	FMV
	TOTALS	1,715,563.	

Form	2220
Depa Intern	tment of the Treasury al Revenue Service
Name	

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

14

20

Attach to the corporation's tax return.

Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Employer identification number 58-6028607

FERNBANK, INC

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part	Required Annual Payment								
1	Total tax (see instructions)							1	
	、 , · · · · · · · · · ·								
2a	Personal holding company tax (Schedule PH (Form	n 112	20), line 26) included on line	1	2a				
b	Look-back interest included on line 1 under section			F				1	
	contracts or section 167(g) for depreciation under t			·	2b				
								1	
с	Credit for federal tax paid on fuels (see instru	ictior	ns)		2c				
d	Total. Add lines 2a through 2c							2d	
3	Subtract line 2d from line 1. If the result is								
	does not owe the penalty			•			-	3	
4	Enter the tax shown on the corporation's 20								
	the tax year was for less than 12 months, s				,			4	
5	Required annual payment. Enter the smaller	r of	ine 3 or line 4. If the cor	rporatio	n is	required to s	kip line 4, enter		
	the amount from line 3						<u></u>	5	
Part		bc	exes below that app	oly. If a	any	boxes are	e checked, th	ie co	prporation must file
	Form 2220 even if it does not c	owe	a penalty (see instr	ruction	s).				
6	The corporation is using the adjusted s	seaso	onal installment method.						
7	The corporation is using the annualized	d inc	come installment method.						
8	The corporation is a "large corporation"	" fig	uring its first required ins	stallmen	t bas	sed on the pri	or year's tax.		
Part	Figuring the Underpayment								
			(a)		(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF</i>								
	filers: Use 5th month), 6th, 9th, and 12th months								
	of the corporation's tax year	9							
10	Required installments. If the box on line 6								
	and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on								
	line 8 (but not 6 or 7) is checked, see instructions								
	for the amounts to enter. If none of these boxes								
	are checked, enter 25% of line 5 above in each								
	column	10							
11	Estimated tax paid or credited for each period								
	(see instructions). For column (a) only, enter the								
	amount from line 11 on line 15	11							
	Complete lines 12 through 18 of one column								
4.0	before going to the next column.	40							
12		12							
13		13							
14		14							
15		15							
16	If the amount on line 15 is zero, subtract line 13	16							
17		16							
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to								
	line 12 of the next column. Otherwise, go to	17							
18	Overpayment. If line 10 is less than line 15,	17							
	subtract line 10 from line 15. Then go to line	18							
	12 of the next column	10							

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

^{4X8006 2.000} 93487W 9242 10/22/2015 11:41:25 A V 14-7.3F 52614

FOrm	990-T	Ex	empt Organization (and proxy tag					rn	OMB No. 1545-0687
		For caler	danciproxy tab ndar year 2014 or other tax year begin				· //	20	2011
	ment of the Treasury I Revenue Service		formation about Form 990-T and						Open to Public Inspection
A	Check box if	► Do	not enter SSN numbers on this form Name of organization (Check be		ay be made public ne changed and se			D Emplo	Open to Public Inspection 501(c)(3) Organizations O over identification number
	address changed							(Emplo	yees' trust, see instructions.)
	mpt under section	Print	FERNBANK, INC Number. street. and room or suite no.		hox coo instructio	20		E0 60	028607
	501(C)(3)	or		na P.O.	box, see instructio	115.			ated business activity co
	408(e) 220(e) 408A 530(a)	Туре	767 CLIFTON ROAD, N	F					structions.)
	529(a)		City or town, state or province, countr		IP or foreign postal	code			
	k value of all assets		ATLANTA, GA 30307-1	221	0.1			72232	20 722410
at e	nd of year	F Gro	up exemption number (See instruct	ions.)	•			1	
3	35,798,121.	G Che	ck organization type 🕨 X 501	(c) co	rporation	501(c	c) trust	401(a)	trust Other t
H De	escribe the organiz	ation's p	rimary unrelated business activity.	DII	NING SERVI	CES AN	D SPECIAL	EVENTS	
Du	uring the tax year, v	was the o	corporation a subsidiary in an affil	iated g	roup or a parent-s	subsidiary	controlled group?		▶ Yes X
			identifying number of the parent co	rporatio	on. 🕨				
			CATHERINE NOWELL		1	Telephor	ne number 🕨 4	04-929	
			or Business Income	1	(A) Inco	me	(B) Expen	ses	(C) Net
			986,389.						
			c Balance			5,389.			
2	-		ule A, line 7)	2		600.			0.5.0.7
3			2 from line 1c	3	850	,789.			850,7
4a			ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797) rusts	4b 4c					
с 5			os and S corporations (attach statement)						
6				6					
7			come (Schedule E)	7					
8			nts from controlled organizations (Schedule F)	8					
9			1(c)(7), (9), or (17) organization (Schedule G)						
0			ncome (Schedule I)	10					
1	•	-	lule J)	11					
2			tions; attach schedule)	12					
3	Total. Combine lin	nes 3 thro	ough 12	13	850	,789.			850,7
			Taken Elsewhere (See inst	ructio	na far limitati	ons on o	deductions.) (I	Except f	or contributions,
Par			Taken Eisewhere (See mst		ons for infinati				
Par	deduction		be directly connected with t				ome.)		
		s must		the ur	related busir	iess inco	/	14	90,0
14	Compensation of	s must officers,	be directly connected with t	the ur	nrelated busin	iess inco			456,8
4 5	Compensation of Salaries and wage	<u>s must</u> officers, s	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	iess inco	· · · · · · · · · · · ·	15	
4 5 6 7	Compensation of Salaries and wage Repairs and maint Bad debts	<u>s must</u> officers, s enance	be directly connected with t directors, and trustees (Schedule K)	t <u>he ur</u>	nrelated busin	iess inco	· · · · · · · · · · · · · · · · · · ·	15 16 17	456,8
14 15 16 17	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc	s must officers, s tenance hedule)	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	iess inco	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u>	456,8 28,7
4 5 6 7 8	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses	s must officers, s tenance hedule)	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	ess inco	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u>	456,8
4 5 6 7 8 9	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib	s must officers, s enance hedule) s utions (S	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	iess inco	· · · · · · · · · · · · · · · · · · ·	15 16 17 18 19 20	456,8 28,7
4 5 6 7 8 9 20	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta	s must officers, s enance hedule) s utions (S ch Form	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562)	the ur	nrelated busin	10000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·	15 16 17 18 19 20	456,8 28,7 7,6
4 5 7 8 9 20 21	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation	s must officers, s enance hedule) s utions (S ch Form claimed	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on ru	the ur		10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 9 22b	456,8 28,7
4 5 7 8 9 20 21 22 23	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion	s must officers, s enance hedule) s utions (S ch Form claimed	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re	the ur		10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 9 22b 23	456,8 28,7 7,6
14 15 16 17 18 19 20 21 22 23 24	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d	s must officers, s enance hedule) s utions (S ch Form claimed	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans	the ur		10000 10000 10000 br>10000 10000 10000 10000 10000 10000 10000 1000000	178,75	15 16 17 18 19 20 9 22b 23 24	456,8 28,7 7,6
44 56 17 18 19 20 21 22 23 24 25	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans	the ur	nrelated busin	10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 22b 22b 23 24 25	456,8 28,7 7,6
4 5 6 7 8 8 9 20 21 22 23 24 25 26	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs penses (S	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans	the ur	nrelated busin	10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 21 22b 23 24 25 26	456,8 28,7 7,6
14 15 16 17 18 19 20 21 22 23 24 25 26 27	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans Schedule I) chedule J)	the ur	nrelated busin	21 22a	178,75	15 16 17 18 19 20 21 22b 22b 23 24 25 26 27	456,8 28,7 7,6
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions	s must officers, s enance hedule) s utions (S ch Form claimed programs ponses (S costs (S (attach s	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans Schedule I) chedule J) chedule)	the ur	nrelated busin	1ess inco	178,75 ENT.1.	15 16 17 18 19 20 21 22b 22b 22b 22b 22b 22b 22b 22b 22b 23 24 25 26 27 28	456,8 28,7 7,6 178,7
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess readership Other deductions Total deductions.	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S (attach s Add line	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans Schedule I) chedule J)	the ur	nrelated busin	ess inco	178,75	15 16 17 18 19 20 22b 22b 22b 23 24 25 26 27 28 29	456,8 28,7 7,6 178,7 284,0
14 15 16 17 18 19 20 21 22 23 24 22 23 24 22 5 26 27 28 29 80	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess readership Other deductions Total deductions .	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S (attach s Add line ss taxab	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562). on Schedule A and elsewhere on ru- compensation plans Schedule I) chedule J) chedule J) s 14 through 28	the ur	nrelated busin	1ess inco	178,75 ENT.1 29 from line	15 16 17 18 19 20 22b 22b 22b 23 24 25 26 27 28 29 30	456,8 28,7 7,6 178,7 284,0 1,046,0
14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 31	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions. Unrelated busines Unrelated busines	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs penses (S costs (S (attach s Add line ss taxable s deducti ss taxable	be directly connected with t directors, and trustees (Schedule K) directors, and trus	the ur	Arr deduction. Sub	1995 inco 21 22a TACHM tract line line 30	178,75 178,75 ENT.1. 29 from line	15 16 17 18 19 20 21 22b 22b 22b 22b 22b 22b 22b 22b 22b 23 24 25 26 27 28 29 13 30 31 32	456,8 28,7 7,6 178,7 284,0 1,046,0
Par 114 115 116 117 118 119 220 221 222 223 224 225 226 227 228 229 330 331 332	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions. Unrelated busines Unrelated busines	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs penses (S costs (S (attach s Add line ss taxable s deducti ss taxable	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on ru- compensation plans Schedule I) chedule J) chedule J) chedule) s 14 through 28 le income before net operating on (limited to the amount on line 30	the ur	Arr deduction. Sub	1995 inco 21 22a TACHM tract line line 30	178,75 178,75 ENT.1. 29 from line	15 16 17 18 19 20 21 22b 22b 22b 22b 22b 22b 22b 22b 22b 23 24 25 26 27 28 29 13 30 31 32	456,8 28,7 7,6 178,7 284,0 1,046,0 -195,2
14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 31 32	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions . Unrelated busines Specific deduction	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S (attach s Add line ss taxable a deducti ss taxable n (Gener	be directly connected with t directors, and trustees (Schedule K) directors, and trus	the ur	AT deduction. Sub ract line 31 from or exceptions) as 32. If line 3	21 221 222 TACHM tract line line 30	178,75 ENT. 1 29 from line ater than line 3	15 16 17 18 19 20 22b 22b 23 24 25 26 27 28 29 30 31 32 33 2,	456,8 28,7 7,6 178,7 284,0 1,046,0 -195,2 -195,2

Form 9	990-T (20	,		BANK, IN	C							58-6	6028607		Page 2
Par	t III	Tax Computation	1												
35	Organ	izations Taxable as	Corpor	rations. Se	<u>e</u> instructio	ns f	or tax com	putati	ion. Co	ontrolled gro	oup				
	membe	rs (sections 1561 and 1	563) che	ck here 🕨	See ins	tructi	ons and:								
а	Enter y	our share of the \$50,0	00, \$25,	,000, and \$	9,925,000 t	axab	le income bi	racket	ts (in th	nat order):					
	(1) \$		(2) \$			(3)\$,					
		rganization's share of: (1)			t more than S			9	\$						
		itional 3% tax (not more													
		tax on the amount on lin										35c			
36	Trusts		Rates.				tax comp			ome tax					
	the am	ount on line 34 from:		e schedule o	or S	chedi	ile D (Form 1	041)				36			
		ax. See instructions										37			
		tive minimum tax										38			
		Add lines 37 and 38 to lin										39			
		Tax and Payment						<u> </u>	<u> </u>	<u></u>					
		tax credit (corporations		rm 1110. tru	ete ottoch Foi	-m 11	16)	402							
	-	credits (see instructions).					,								
		I business credit. Attach													
		or prior year minimum ta										40e			
		redits. Add lines 40a thro										400			
		ct line 40e from line 39					Form 88					41			
42												42			
		ax. Add lines 41 and 42						1			••	43			
		nts: A 2013 overpayment													
		stimated tax payments													
		oosited with Form 8868.													
	0	organizations: Tax paid				,									
		withholding (see instruct	-												
		or small employer health	insuranc			,		44f							
g		credits and payments:		Form 2	439		N								
		orm 4136	I				Total 🕨					45			
		ayments. Add lines 44a t										45			
		ted tax penalty (see instru	,			-						46			
		e. If line 45 is less than the second s										47			
		yment. If line 45 is large					amount overp	paid .				48			
49		e amount of line 48 you want					Oth or linf		-	Refunde		49			
Part		Statements Rega												Vee	Na
1		time during the 2014 ca												Tes	NO
		t (bank, securities, or othe	,	0 ,	-	Ũ		nave t		ICEN Form	114, F	Report	or Foreign		37
2		nd Financial Accounts. If N	,		0		· · _				6 t			<u> </u>	X
	0	the tax year, did the orga					was it the gra	intor c	or, or tra	nsteror to, a	Torei	gn trus	t?		X
	,	see instructions for other		0			► ¢								
		he amount of tax-exempt			0				COS						
		A - Cost of Goods		Enter meth								•		70	020
		ry at beginning of year	1		61,748.	1	Inventory at					6		70,	030.
		ses	2	-	143,882.	1	Cost of g	-							
		labor	3			-	6 from lir					-		125	600
4 a		nal section 263A costs				_	Part I, line 2					7		135, Yes	600. No
		schedule)	4a			8	Do the r							162	No
		costs (attach schedule)	4b			-	property p			•			,		37
5		Add lines 1 through 4b . nder penalties of perjury, I decl	5		205,630.		to the organ			ante and to the	• •	of my k		helicf "	X t is true
C :	0	nder penalties of perjury, I deci orrect, and complete. Declaration									- Dest		iowieuge and	bener, It	is true,
Sigr					I								IRS discuss		
Here		ignature of officer			Data								preparer sl		
	5	ignature of officer			Date Propararia si	anotic	Title		Doto		(See		ions)? X Y	as	No
Paid		Print/Type preparer's name	;		Preparer's si	ynatul	C		Date		Check		f		
Prep		MARC AZAR										mployed		4680	
-	Only	· · · · · ·		WARD, P		0.0						EIN 🕨			
		Firm's address > 271				00					Phone	e no.	404-87		
		ATLA	NTA, G	A 3036	3								Form 9	90-1	(2014)

JSA

Form 990-T (2014)		-						5028607 Page \$
Schedule C - Rent Incom (see instructions)	e (From Real Pr	operty a	nd Personal Prope	erty	Leased W	ith Real Prope	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrue	ed					
(a) From personal property (if the for personal property is more t more than 50%	than 10% but not	percenta	rom real and personal pro age of rent for personal pro if the rent is based on pro	operty	exceeds			nnected with the income b) (attach schedule)
(1)								
(2)								
(3)				_				
(4)								
Total		Total				(b) Total deduct	one	
c) Total income. Add totals of one of the	6, column (A)					Enter here and c Part I, line 6, colu	n page 1,	
Schedule E - Unrelated E	Debt-Financed In	icome (se	e instructions)					
1. Description of de	ebt-financed property		2. Gross income from allocable to debt-finance				ced prope	rty
			property			line depreciation h schedule)) Other deductions (attach schedule)
1)								
(2)								
(3) (4)								
4) 4. Amount of average	5. Average adjust	ted basis						
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocab debt-financed p (attach scheo	ole to property	6. Column 4 divided by column 5			ncome reportable 2 x column 6)		Allocable deductions nn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
					Enter here Part I, line	and on page 1, 7, column (A).	Enter Part	here and on page 1, , line 7, column (B).
Totals Total dividends-received deduc	tions included in col	lumn 8 🚬		. – I				
Schedule F - Interest, An	nuities, Royaltie	es, and R	ents From Contro	lled	Organizat	ions (see instru	uctions)	
			empt Controlled Or					
1. Name of controlled organization	2. Employer identification num	innei l	3. Net unrelated income (loss) (see instructions)		otal of specified ayments made	5. Part of colum included in the organization's gro	controlling	6. Deductions directly connected with income in column 5
(1)								
2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations		1					
	8. Net unrelated (loss) (see instru		 Total of specifie payments made 		inclue	art of column 9 that i ded in the controlling zation's gross incom	cc	 Deductions directly onnected with income in column 10
7. Taxable Income				_				
(1)								
(1) (2) (3)								

.

Totals											

JSA

Enter here and on page 1, Part I, line 8, column (B).

Page 3

4X2742 2.000 93487W 9242 10/22/2015 11:41:25 AM V 14-7.3F .►

Enter here and on page 1, Part I, line 8, column (A).

Form 990-T (2014)	FERNBANK	I, INC						58-б	028607	Page 4
Schedule G - Investment In	ncome of a Sec	ction 501(c))(7),	(9), or (17) Orga	nizat	ion (see inst	truct	ions)		
1. Description of income	2. Amount of	2. Amount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)							5. Total de and set-asi plus c	des (col. 3
<u>(1)</u>										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c								Enter here ar Part I, line 9	nd on page 1, , column (B).
Totals										
Schedule I - Exploited Exe	empt Activity In	come, Othe	r Th	an Advertising In	com	e (see instru	ctior	ns)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror is	Gross income n activity that not unrelated siness income	a	6. Expenses ttributable to column 5	exp (colum column mor	ess exempt benses n 6 minus 5, but not re than umn 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (tI,		<u> </u>				on p	here and bage 1, I, line 26.
Totals										
Schedule J - Advertising In										
Part I Income From Per	iodicals Report	ted on a Co	nsol	idated Basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 	5	5. Circulation 6. Readership income costs				s readership (column 6 blumn 5, but tore than umn 4).
(1)										
(2)				-						
(3)									-	
(4)				-					-	
(.)										
Totals (carry to Part II, line (5))										
Part II Income From Pe 2 through 7 on a I	riodicals Repo	r ted on a S S.)	бера	rate Basis (For e	each	periodical I	iste	d in Part	II, fill in	columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	6	. Readership costs	costs (minus co not m	s readership (column 6 blumn 5, but nore than umn 4).
(1)										
(2)										
(3)										
(4)										
Totals from Part I										
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col.	tI,	-					on p	here and page 1, I, line 27.
Totals, Part II (lines 1-5)			. –			<u>```</u>				
Schedule K - Compensatio	n of Officers, D	pirectors, ar	nd Tr	ustees (see instru	uction	•				
1. Name				2. Title		3. Percent of time devoted t business			ensation attrib related busine	
(1) ATCH 2							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, P	art II, line 14	<u></u>		<u></u> .			►			
JSA									Form 99	0-T (2014)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

	40 702
ADVERTISING / MARKETING	49,723.
CREDIT CARD SERVICE FEES	21,542.
CUSTODIAN	41,303.
UTILITIES	52,135.
ENTERTAINMENT	56,213.
INSURANCE	13,471.
KITCHEN SUPPLIES	19,913.
LINENS	9,053.
OFFICE EXPENSE	5,605.
PROFESSIONAL FEES	7,164.
SECURITY	839.
TEMPORARY ASSISTANCE	6,578.
UNIFORMS	491.
PART II - LINE 28 - OTHER DEDUCTIONS	284,030.

58-6028607

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ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
SUSAN NEUGENT 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	PRESIDENT & CEO	0	0
ANELI NUGTEREN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	EXEC VP & COO	0	0
CATHERINE NOWELL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	SR. VP & CFO	0	0
JENNIFER GRANT-WARNER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	SR. VP & CPO	0	0
DANA HARVEY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	VP & CTO	0	0
MELISSA T. ALLEN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
ASHISH BAHL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
JEFFERY B. BAKER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
MYRA C. BIERRIA 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
HARTLEY D. BLAHA 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
GEORGE T. DEVLIN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CAROL G. DOTY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
RYAN SMITH DUNLAP 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
TERESA FINLEY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DARRELL A. FITZGERALD 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
RICK FRAZIER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
BURCH A. HANSON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DEBORAH HODGE HARRISON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
MATTHEW G. HEIMERMANN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DOROTHY S. HINES 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
W. RON HINSON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CATHERINE MITCHELL JAXON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
LINDSEY M. JOHNSON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
WAB P. KADABA 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CARA ISDELL LEE 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
BERTRAM L. LEVY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
KEVIN A. MAXIM 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
ASHLEY H. MILLER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
RANDOLPH A. MOORE 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
SANDRA S. MORELLI 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
W. HAMPTON MORRIS 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CARRIE S. PARKER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DREW ATKINSON PUTT 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
SEAN RICHARDS 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
JOSEPH B. SCHULTZ 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
REBECCA S. SHEPHERD 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CARYL G. SMITH 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
SCOTT C. SMITH 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
AMANDA TUCKER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CYNTHIA WIDNER WALL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

93487W 9242 10/22/2015 11:41:25 AM V 14-7.3F 52614

FERNBANK, INC

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

TITLE	BUSINESS <u>PERCENT</u> <u>COMPENSATION</u>
BOARD MEMBER	0 0
BOARD MEMBER	0 0
	BOARD MEMBER

TOTAL COMPENSATION

0

INSTRUCTIONS FOR FILING FERNBANK, INC GA FORM 600T GEORGIA 600T - EXEMPT ORG. UNRELATED BUS. INC. TAX FOR THE PERIOD ENDED DECEMBER 31, 2014

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF THE ORGANIZATION IF APPLICABLE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 16, 2015 WITH...

GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER P.O. BOX 740397 ATLANTA, GA 30374-0397



Unrelated Business Income Tax Return



Mailing Address:

Georgia Department of Revenue Processing Center PO Box 740397 Atlanta, Georgia 30374-0397

Amended	Amended due to IRS Audit	Address Change	UET Ann	ualization Exception at	tached			Page 1
Exempt Org	anization Unrelated Busin	ess Income Tax	Return (Und	ler Georgia Code S	ection	48-7-25)	20 14	
For the taxabl	le year beginning01	/01	, 20 <u>14</u>	and ending		12/3	31,	, 20 <u>14</u>
Name of Organi	ization	Name of Fiducia	ry				er ID No. (in case o	
Fernbank,	Inc						n section 401 (a) an insert the trust's ide	
Number and Str	eet	Number and Stre	eet		-			
	n Road, NE				_	-602860	I	
City or Town		City or Town				ICS Code	Date of current exemption letter.	IRS code section for which you are
Atlanta			_					exempt. Sec.501
State	Zip Code	State	Zip Code		-			(C)(3)
GA	30307-1221				<u> </u>			-
							SCHEDULE 1	
1. Unrelated	business taxable income from	n Federal Form 99	90-T (attach co	ру) 🕨 🕨	1.			-195,238.
Z. Additions				•••••	2.			
3. Total (add	line 1 and line 2)				3.			-195,238.
4 Subtractio	20				4.			
4. Subtractio	ns				4.			
	nrelated business taxable inco				5.			-195,238.
COMPUTAT	ION OF GEORGIA UNREL	ATED BUSINES	S INCOME	ΓΑΧ			SCHEDULE 2	2
1. Line 5, ab	ove, multiplied by 6%				1.			
0 1	lite and Deversente							
Z. Less: Gred	lits and Payments			•••••	2.			
3. Withholdin	ng Credits (G2-A, G2-LP and/or	r G2-RP)		>	3.			
4 Balance of	f tax due OR overpayment			•	4.			
4. Dalarice of								
5. Interest du	ue (see instructions)			· · · · · · · ·	5.			
6. Underestir	mated tax penalty			►	6.			
7. Other pena	alties due (see instructions)				7.			
o. Balance of	f tax, interest and penalties d	ue with return		•••••	8.			
	an overpayment, amount to b	-						
Estimate	d Tax ►	Refur	nded 🕨					

A COPY OF THE FEDERAL 990 T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION: I/We declare, under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief it is true, correct and complete. If prepared by a person other than a taxpayer, his/her declaration is based on all information of which he/she has any knowledge. SMITH & HOWARD, P.C.

Signature of Officer

Signature of Individual or Firm Preparing Return

					P007468	04
Title		Date				ID or Social Security Number
^{4J12} 931487W	9242	10/22/2015	11:41:25	А	V 14-7.3	52614

Form	2220
Depa Intern	tment of the Treasury al Revenue Service
Name	

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

14

20

Attach to the corporation's tax return.

Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Employer identification number 58-6028607

FERNBANK, INC

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part	Required Annual Payment				
1	Total tax (see instructions)			1	
•				•••••	
2a	Personal holding company tax (Schedule PH (For	m 1120) line 26) included on line 1	2a		
b	Look-back interest included on line 1 under sec		••		
D.	contracts or section 167(g) for depreciation under		·		
	contracts of section 107(g) for depreciation under				
с	Credit for federal tax paid on fuels (see instru	uctions)	2c		
d	Total. Add lines 2a through 2c			2d	
3	Subtract line 2d from line 1. If the result is				
5			•	•	
4	does not owe the penalty Enter the tax shown on the corporation's 20			••••	
4	the tax year was for less than 12 months,	,			
5	Required annual payment. Enter the smalle	r of line 3 or line 4. If the cor	poration is required to		
5	the amount from line 3				
Part	I Reasons for Filing - Check the	e boxes below that app	ly If any boxes ar	e checked the co	rporation must file
i ai i	Form 2220 even if it does not				
6	The corporation is using the adjusted				
7	The corporation is using the annualize				
8	The corporation is a "large corporation		tallment based on the pr	ior vear's tax.	
Part		3. 3		,	
		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a)				
	through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months				
	of the corporation's tax year	9			
10	Required installments. If the box on line 6				
	and/or line 7 above is checked, enter the				
	amounts from Schedule A, line 38. If the box on				
	line 8 (but not 6 or 7) is checked, see instructions				
	for the amounts to enter. If none of these boxes				
	are checked, enter 25% of line 5 above in each column	10			
11	Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the				
	amount from line 11 on line 15	11			
	Complete lines 12 through 18 of one column				
	before going to the next column.				
12	Enter amount, if any, from line 18 of the preceding column	12			
13	Add lines 11 and 12	13			
14	Add amounts on lines 16 and 17 of the preceding column	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15			
16	If the amount on line 15 is zero, subtract line 13				
10	from line 14. Otherwise, enter -0-	16			
17	Underpayment. If line 15 is less than or equal to				
	line 10, subtract line 15 from line 10. Then go to				
	line 12 of the next column. Otherwise, go to line 18	17			
18	Overpayment. If line 10 is less than line 15,				
	subtract line 10 from line 15. Then go to line 12 of the next column	18			
-		· ·			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

^{4X8006 2.000} 93487W 9242 10/22/2015 11:41:25 A V 14-7.3F 52614 Form 2220 (2014)

FOrm	990-T	Ex	empt Organization (and proxy tag					rn	OMB No. 1545-0687
		For caler	danciproxy tab ndar year 2014 or other tax year begin				· //	20	2011
	ment of the Treasury I Revenue Service		formation about Form 990-T and						Open to Public Inspection
A	Check box if	► Do	not enter SSN numbers on this form Name of organization (Check be		ay be made public ne changed and se			D Emplo	Open to Public Inspection 501(c)(3) Organizations O over identification number
	address changed							(Emplo	yees' trust, see instructions.)
	mpt under section	Print	FERNBANK, INC Number, street, and room or suite no.		hox coo instructio	20		E0 60	028607
	501(C)(3)	or		na P.O.	box, see instructio	115.			ated business activity co
	408(e) 220(e) 408A 530(a)	Туре	767 CLIFTON ROAD, N	F					structions.)
	529(a)		City or town, state or province, countr		IP or foreign postal	code			
	k value of all assets		ATLANTA, GA 30307-1	221	0.1			72232	20 722410
at e	nd of year	F Gro	up exemption number (See instruct	ions.)	•			1	
3	35,798,121.	G Che	ck organization type 🕨 X 501	(c) co	rporation	501(c	c) trust	401(a)	trust Other t
H De	escribe the organiz	ation's p	rimary unrelated business activity.	DII	NING SERVI	CES AN	D SPECIAL	EVENTS	
Du	uring the tax year, v	was the o	corporation a subsidiary in an affil	iated g	roup or a parent-s	subsidiary	controlled group?		▶ Yes X
			identifying number of the parent co	rporatio	on. 🕨				
			CATHERINE NOWELL		1	Telephor	ne number 🕨 4	04-929	
			or Business Income	1	(A) Inco	me	(B) Expen	ses	(C) Net
			986,389.						
			c Balance			5,389.			
2	-		ule A, line 7)	2		600.			0.5.0.7
3			2 from line 1c	3	850	,789.			850,7
4a			ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797) rusts	4b 4c					
с 5			os and S corporations (attach statement)						
6				6					
7			come (Schedule E)	7					
8			nts from controlled organizations (Schedule F)	8					
9			1(c)(7), (9), or (17) organization (Schedule G)						
0			ncome (Schedule I)	10					
1	•	-	lule J)	11					
2			tions; attach schedule)	12					
3	Total. Combine lin	nes 3 thro	ough 12	13	850	,789.			850,7
			Taken Elsewhere (See inst	ructio	na far limitati	ons on o	deductions.) (I	Except f	or contributions,
Par			Taken Eisewhere (See mst		ons for infinati				
Par	deduction		be directly connected with t				ome.)		
		s must		the ur	related busir	iess inco	/	14	90,0
14	Compensation of	s must officers,	be directly connected with t	the ur	nrelated busin	iess inco			456,8
4 5	Compensation of Salaries and wage	<u>s must</u> officers, s	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	iess inco	· · · · · · · · · · · ·	15	
4 5 6 7	Compensation of Salaries and wage Repairs and maint Bad debts	<u>s must</u> officers, s enance	be directly connected with t directors, and trustees (Schedule K)	t <u>he ur</u>	nrelated busin	iess inco	· · · · · · · · · · · · · · · · · · ·	15 16 17	456,8
14 15 16 17	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc	s must officers, s enance hedule)	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	iess inco	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u>	456,8 28,7
4 5 6 7 8	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses	s must officers, s tenance hedule)	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	ess inco	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u>	456,8
4 5 6 7 8 9	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib	s must officers, s enance hedule) s utions (S	be directly connected with t directors, and trustees (Schedule K)	the ur	nrelated busin	iess inco	· · · · · · · · · · · · · · · · · · ·	15 16 17 18 19 20	456,8 28,7
4 5 6 7 8 9 20	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta	s must officers, s enance hedule) s utions (S ch Form	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562)	the ur	nrelated busin	10000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·	15 16 17 18 19 20	456,8 28,7 7,6
4 5 7 8 9 20 21	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation	s must officers, s enance hedule) s utions (S ch Form claimed	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on ru	the ur		10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 9 22b	456,8 28,7
4 5 7 8 9 20 21 22 23	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion	s must officers, s enance hedule) s utions (S ch Form claimed	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re	the ur		10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 9 22b 23	456,8 28,7 7,6
14 15 16 17 18 19 20 21 22 23 24	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d	s must officers, s enance hedule) s utions (S ch Form claimed	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans	the ur		10000 10000 10000 br>10000 10000 10000 10000 10000 10000 10000 1000000	178,75	15 16 17 18 19 20 9 22b	456,8 28,7 7,6
44 56 17 18 19 20 21 22 23 24 25	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans	the ur	nrelated busin	10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 22b 22b 23 24 25	456,8 28,7 7,6
4 5 6 7 8 8 9 20 21 22 23 24 25 26	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs penses (S	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans	the ur	nrelated busin	10000000000000000000000000000000000000	178,75	15 16 17 18 19 20 21 22b 23 24 25 26	456,8 28,7 7,6
14 15 16 17 18 19 20 21 22 23 24 25 26 27	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans Schedule I) chedule J)	the ur	nrelated busin	21 22a	178,75	15 16 17 18 19 20 21 22b 22b 23 24 25 26 27	456,8 28,7 7,6
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions	s must officers, s enance hedule) s utions (S ch Form claimed programs ponses (S costs (S (attach s	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans Schedule I) chedule J) chedule)	the ur	nrelated busin	1ess inco	178,75 ENT.1.	15 16 17 18 19 20 21 22b 22b 22b 22b 22b 22b 22b 22b 22b 23 24 25 26 27 28	456,8 28,7 7,6 178,7
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess readership Other deductions Total deductions.	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S (attach s Add line	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on re compensation plans Schedule I) chedule J)	the ur	nrelated busin	ess inco	178,75	15 16 17 18 19 20 22b 22b 22b 23 24 25 26 27 28 29	456,8 28,7 7,6 178,7 284,0
14 15 16 17 18 19 20 21 22 23 24 22 23 24 22 5 26 27 28 29 80	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess readership Other deductions Total deductions .	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S (attach s Add line ss taxab	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562). on Schedule A and elsewhere on ru- compensation plans Schedule I) chedule J) chedule J) s 14 through 28	the ur	nrelated busin	1ess inco	178,75 ENT.1 29 from line	15 16 17 18 19 20 22b 22b 22b 23 24 25 26 27 28 29 30	456,8 28,7 7,6 178,7 284,0 1,046,0
14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 29 30 31	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions. Unrelated busines Unrelated busines	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs penses (S costs (S (attach s Add line ss taxable s deducti ss taxable	be directly connected with t directors, and trustees (Schedule K) directors, and trus	the ur	Arr deduction. Sub	1995 inco 21 22a TACHM tract line line 30	178,75 178,75 ENT.1. 29 from line	15 16 17 18 19 20 21 22b 22b 22b 22b 22b 22b 22b 22b 22b 23 24 25 26 27 28 29 13 30 31 32	456,8 28,7 7,6 178,7 284,0 1,046,0
Par 114 115 116 117 118 119 220 221 222 223 224 225 226 227 228 229 330 331 332	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions. Unrelated busines Unrelated busines	s must officers, s enance hedule) s utions (S ch Form claimed eferred o programs penses (S costs (S (attach s Add line ss taxable s deducti ss taxable	be directly connected with t directors, and trustees (Schedule K) See instructions for limitation rules) 4562) on Schedule A and elsewhere on ru- compensation plans Schedule I) chedule J) chedule J) chedule) s 14 through 28 le income before net operating on (limited to the amount on line 30	the ur	Arr deduction. Sub	1995 inco 21 22a TACHM tract line line 30	178,75 178,75 ENT.1. 29 from line	15 16 17 18 19 20 21 22b 22b 22b 22b 22b 22b 22b 22b 22b 23 24 25 26 27 28 29 13 30 31 32	456,8 28,7 7,6 178,7 284,0 1,046,0 -195,2
14 15 16 17 18 20 21 22 23 24 25 26 27 28 29 30 31 32	Compensation of Salaries and wage Repairs and maint Bad debts Interest (attach sc Taxes and licenses Charitable contrib Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions . Unrelated busines Specific deduction	s must officers, s enance hedule) s utions (S ch Form claimed programs penses (S costs (S (attach s Add line ss taxable a deducti ss taxable n (Gener	be directly connected with t directors, and trustees (Schedule K) directors, and trus	the ur	AT deduction. Sub ract line 31 from or exceptions) as 32. If line 3	21 221 222 TACHM tract line line 30	178,75 ENT. 1 29 from line ater than line 3	15 16 17 18 19 20 21 22b 23 24 25 26 27 28 29 30 31 32 33 2,	456,8 28,7 7,6 178,7 284,0 1,046,0 -195,2 -195,2

Form 9	990-T (20	,		BANK, IN	C							58-6	6028607		Page 2
Par	t III	Tax Computation	1												
35	Organ	izations Taxable as	Corpor	rations. Se	<u>e</u> instructio	ns f	or tax com	putati	ion. Co	ontrolled gro	oup				
	membe	rs (sections 1561 and 1	563) che	ck here 🕨	See ins	tructi	ons and:								
а	Enter y	our share of the \$50,0	00, \$25,	,000, and \$	9,925,000 t	axab	le income bi	racket	ts (in th	nat order):					
	(1) \$		(2) \$			(3)\$,					
		rganization's share of: (1)			t more than S			9	\$						
		itional 3% tax (not more													
		tax on the amount on lin										35c			
36	Trusts		Rates.				tax comp			ome tax					
	the am	ount on line 34 from:		e schedule o	or S	chedi	ile D (Form 1	041)				36			
		ax. See instructions										37			
		tive minimum tax										38			
		Add lines 37 and 38 to lin										39			
		Tax and Payment						<u> </u>	<u> </u>	<u></u>					
		tax credit (corporations		rm 1110. tru	ete ottoch Foi	-m 11	16)	402							
	-	credits (see instructions).					,								
		I business credit. Attach													
		or prior year minimum ta										40e			
		redits. Add lines 40a thro										400			
		ct line 40e from line 39					Form 88					41			
42												42			
		ax. Add lines 41 and 42						1			••	43			
		nts: A 2013 overpayment													
		stimated tax payments													
		oosited with Form 8868.													
	0	organizations: Tax paid				,									
		withholding (see instruct	-												
		or small employer health	insuranc			,		44f							
g		credits and payments:		Form 2	439		N								
		orm 4136	I				Total 🕨					45			
		ayments. Add lines 44a t										45			
		ted tax penalty (see instru	,			-						46			
		e. If line 45 is less than the second s										47			
		yment. If line 45 is large					amount overp	paid .				48			
49		e amount of line 48 you want					Oth or linf		-	Refunde		49			
Part		Statements Rega												Vee	Na
1		time during the 2014 ca												Tes	NO
		t (bank, securities, or othe	,	0 ,	-	Ũ		nave t		ICEN Form	114, F	Report	or Foreign		37
2		nd Financial Accounts. If N	,		0		· · _				f			<u> </u>	X
	0	the tax year, did the orga					was it the gra	intor c	or, or tra	nsteror to, a	Torei	gn trus	t?		X
	,	see instructions for other		0			•								
		he amount of tax-exempt			0				COS						
		A - Cost of Goods		Enter meth								•		70	020
		ry at beginning of year	1		61,748.	1	Inventory at					6		70,	030.
		ses	2	-	143,882.	1	Cost of g	-							
		labor	3			-	6 from lir					-		125	600
4 a		nal section 263A costs				_	Part I, line 2					7		135, Yes	600. No
		schedule)	4a			8	Do the r							162	No
		costs (attach schedule)	4b			-	property p			•			,		37
5		Add lines 1 through 4b . nder penalties of perjury, I decl	5		205,630.		to the organ			ante and to the	• •	of my k		helicf "	X t is true
C :	0	nder penalties of perjury, I deci orrect, and complete. Declaration									- Dest		iowieuge and	bener, It	is true,
Sigr					I								IRS discuss		
Here		ignature of officer			Data								preparer sl		
	5	ignature of officer			Date Propararia si	anotic	Title		Doto		(See		ions)? X Y	as	No
Paid		Print/Type preparer's name	;		Preparer's si	ynatul	C		Date		Check		f		
Prep		MARC AZAR										mployed		4680	
-	Only	· · · · · ·		WARD, P		0.0						EIN 🕨			
		Firm's address > 271				00					Phone	e no.	404-87		
		ATLA	NTA, G	A 3036	3								Form 9	90-1	(2014)

JSA

Form 990-T (2014)		-						5028607 Page \$
Schedule C - Rent Incom (see instructions)	e (From Real Pr	operty a	nd Personal Prope	erty	Leased W	ith Real Prope	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrue	ed					
(a) From personal property (if the for personal property is more t more than 50%	than 10% but not	percenta	rom real and personal pro age of rent for personal pro if the rent is based on pro	operty	exceeds			nnected with the income b) (attach schedule)
(1)								
(2)								
(3)				_				
(4)								
Total		Total				(b) Total deduct	one	
c) Total income. Add totals of one of the	6, column (A)					Enter here and c Part I, line 6, colu	n page 1,	
Schedule E - Unrelated E	Debt-Financed In	icome (se	e instructions)					
1. Description of de	ebt-financed property		2. Gross income from allocable to debt-finance				ced prope	rty
			property			line depreciation h schedule)) Other deductions (attach schedule)
1)								
(2)								
(3) (4)								
4) 4. Amount of average	5. Average adjust	ted basis						
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocab debt-financed p (attach scheo	ole to property	6. Column 4 divided by column 5			ncome reportable 2 x column 6)		Allocable deductions nn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
					Enter here Part I, line	and on page 1, 7, column (A).	Enter Part	here and on page 1, , line 7, column (B).
Totals Total dividends-received deduc	tions included in col	lumn 8 💶		. – I				
Schedule F - Interest, An	nuities, Royaltie	es, and R	ents From Contro	lled	Organizat	ions (see instru	uctions)	
			empt Controlled Or					
1. Name of controlled organization	2. Employer identification num	innei l	3. Net unrelated income (loss) (see instructions)		otal of specified ayments made	5. Part of colum included in the organization's gro	controlling	6. Deductions directly connected with income in column 5
(1)								
2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations		1					
	8. Net unrelated (loss) (see instru		 Total of specifie payments made 		inclue	art of column 9 that i ded in the controlling zation's gross incom	cc	 Deductions directly onnected with income in column 10
7. Taxable Income				_				
(1)								
(1) (2) (3)								

Totals											

JSA

Enter here and on page 1, Part I, line 8, column (B).

Page 3

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Enter here and on page 1, Part I, line 8, column (A).

Form 990-T (2014)	FERNBANK	I, INC						58-б	028607	Page 4
Schedule G - Investment In	ncome of a Sec	ction 501(c))(7),	(9), or (17) Orga	nizat	ion (see inst	truct	ions)		
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach schedule)		4. Se (attach			5. Total de and set-asi plus c	des (col. 3
<u>(1)</u>										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c								Enter here ar Part I, line 9	nd on page 1, , column (B).
Totals										
Schedule I - Exploited Exe	empt Activity In	come, Othe	r Th	an Advertising In	com	e (see instru	ctior	ns)		
1. Description of exploited activity	escription of exploited activity 2. Gross unrelated business income from trade or business		vith of ome	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror is	Gross income n activity that not unrelated siness income	a	6. Expenses ttributable to column 5	exp (colum column mor	ess exempt benses n 6 minus 5, but not re than umn 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (tI,		<u> </u>				on p	here and bage 1, I, line 26.
Totals										
Schedule J - Advertising In										
Part I Income From Per	iodicals Report	ted on a Co	nsol	idated Basis						
1. Name of periodical	2. Gross		osts	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 	5	. Circulation income	6	. Readership costs	costs (minus co not m	s readership (column 6 blumn 5, but tore than umn 4).
(1)										
(2)				-						
(3)									-	
(4)				-					-	
(.)										
Totals (carry to Part II, line (5))										
Part II Income From Pe 2 through 7 on a I	riodicals Repo	r ted on a S S.)	бера	rate Basis (For e	each	periodical I	iste	d in Part	II, fill in	columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	6	. Readership costs	costs (minus co not m	s readership (column 6 blumn 5, but nore than umn 4).
(1)										
(2)										
(3)										
(4)										
Totals from Part I										
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col.	tI,	-					on p	here and page 1, I, line 27.
Totals, Part II (lines 1-5)			. –			<u>```</u>				
Schedule K - Compensatio	n of Officers, D	pirectors, ar	nd Tr	ustees (see instru	uction	•				
1. Name				2. Title		3. Percent of time devoted t business			ensation attrib related busine	
(1) ATCH 2							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, P	art II, line 14	<u></u>		<u></u> .			►			
JSA									Form 99	0-T (2014)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

	40 700
ADVERTISING / MARKETING	49,723.
CREDIT CARD SERVICE FEES	21,542.
CUSTODIAN	41,303.
UTILITIES	52,135.
ENTERTAINMENT	56,213.
INSURANCE	13,471.
KITCHEN SUPPLIES	19,913.
LINENS	9,053.
OFFICE EXPENSE	5,605.
PROFESSIONAL FEES	7,164.
SECURITY	839.
TEMPORARY ASSISTANCE	6,578.
UNIFORMS	491.
PART II - LINE 28 - OTHER DEDUCTIONS	284,030.

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ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
SUSAN NEUGENT 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	PRESIDENT & CEO	0	0
ANELI NUGTEREN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	EXEC VP & COO	0	0
CATHERINE NOWELL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	SR. VP & CFO	0	0
JENNIFER GRANT-WARNER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	SR. VP & CPO	0	0
DANA HARVEY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	VP & CTO	0	0
MELISSA T. ALLEN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
ASHISH BAHL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
JEFFERY B. BAKER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
MYRA C. BIERRIA 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
HARTLEY D. BLAHA 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
GEORGE T. DEVLIN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CAROL G. DOTY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
RYAN SMITH DUNLAP 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
TERESA FINLEY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DARRELL A. FITZGERALD 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
RICK FRAZIER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
BURCH A. HANSON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DEBORAH HODGE HARRISON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
MATTHEW G. HEIMERMANN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DOROTHY S. HINES 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
W. RON HINSON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CATHERINE MITCHELL JAXON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
LINDSEY M. JOHNSON 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
WAB P. KADABA 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CARA ISDELL LEE 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
BERTRAM L. LEVY 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
KEVIN A. MAXIM 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
ASHLEY H. MILLER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
RANDOLPH A. MOORE 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
SANDRA S. MORELLI 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
W. HAMPTON MORRIS 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CARRIE S. PARKER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
DREW ATKINSON PUTT 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
SEAN RICHARDS 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
JOSEPH B. SCHULTZ 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
REBECCA S. SHEPHERD 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CARYL G. SMITH 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
SCOTT C. SMITH 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
AMANDA TUCKER 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
CYNTHIA WIDNER WALL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0

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FERNBANK, INC

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

TITLE	BUSINESS <u>PERCENT</u> <u>COMPENSATION</u>
BOARD MEMBER	0 0
BOARD MEMBER	0 0
	BOARD MEMBER

TOTAL COMPENSATION

0