

Return of Organization Exempt From Income Tax

2015

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FERNBANK, INC		D Employer identification number 58-6028607
	Doing business as		E Telephone number (404) 929-6344
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 20,645,462.
	767 CLIFTON ROAD, NE		
City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30307-1221		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: CATHERINE A. NOWELL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.FERNBANKMUSEUM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1939 M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MUSEUM'S MISSION IS TO INSPIRE LIFELONG LEARNING OF NATURAL HISTORY THROUGH IMMERSIVE PROGRAMMING TO ENCOURAGE A GREATER APPRECIATION OF OUR PLANET AND ITS INHABITANTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	179.
	6 Total number of volunteers (estimate if necessary)	6	388.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	845,973.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-171,111.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,711,041.	14,299,406.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,497,901.	3,638,237.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,042.	28,336.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,459,996.	1,517,414.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	78,362.	94,025.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,173,566.	4,359,840.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 557,740.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,618,739.	6,973,062.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,870,667.	11,426,927.
19 Revenue less expenses. Subtract line 18 from line 12	2,811,313.	8,056,466.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	35,798,121.	44,505,554.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,122,728.	1,919,388.
		34,675,393.	42,586,166.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ <i>Catherine A. Nowell</i> Signature of officer	11/15/2016 Date
	▶ CATHERINE NOWELL Type or print name and title	EVP & CFO

Paid Preparer Use Only	Print/Type preparer's name Marc A. Azar	Preparer's signature <i>Marc A. Azar</i>	Date	Check <input type="checkbox"/> if self-employed	PTIN P00746804
	Firm's name ▶ SMITH & HOWARD, P.C.	Firm's EIN ▶ 58-1250486		Phone no. 404-874-6244	
	Firm's address ▶ 271 17TH STREET, SUITE 1600 ATLANTA, GA 30363				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,027,379. including grants of \$ 94,025.) (Revenue \$ 3,554,404.)
EXHIBITIONS AND FILMS SEE SCHEDULE O FOR DESCRIPTION.

4b (Code:) (Expenses \$ 969,372. including grants of \$) (Revenue \$)
EDUCATIONAL PROGRAMS SEE SCHEDULE O FOR DESCRIPTION.

4c (Code:) (Expenses \$ 1,281,213. including grants of \$) (Revenue \$ 62,675.)
STRATEGIC INITIATIVES SEE SCHEDULE O FOR DESCRIPTION.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,277,964.

Part IV 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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		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.		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.		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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 debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
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.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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.		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.	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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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 interest 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: >

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 calendar year ending with or within 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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA T. ALLEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(2) ASHISH BAHL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(3) JEFFERY B. BAKER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(4) MYRA C. BIERRIA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(5) HARTLEY D. BLAHA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(6) RONALD B. BOBO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(7) SHERRI CRAWFORD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(8) GEORGE T. DEVLIN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(9) CAROL G. DOTY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(10) RYAN SMITH DUNLAP BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(11) JASON B. FERGUSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(12) TERESA FINLEY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(13) DARRELL A. FITZGERALD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(14) RICK FRAZIER BOARD MEMBER	1.00 0.	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) BURCH A. HANSON ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
16) ELLEN LANGFORD HAYES ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
17) MATTHEW G. HEIMERMANN ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
18) DOROTHY S. HINES ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
19) W. RON HINSON ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
20) CATHERINE MITCHELL JAXON ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
21) LINDSEY M. JOHNSON ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
22) WAB P. KADABA ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
23) ANISA TELWAR KAICKER ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
24) CARA ISDELL LEE ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
25) BERTRAM L. LEVY ----- BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							838,312.	0.	68,806.	
d Total (add lines 1b and 1c)							838,312.	0.	68,806.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BARBARA F. MARTIN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(27) KEVIN A. MAXIM ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(28) ASHLEY MILLER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(29) C. DAVID MOODY, JR. ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(30) RANDOLPH A. MOORE, III ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(31) SANDRA S. MORELLI ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(32) W. HAMPTON MORRIS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(33) CARRIE S. PARKER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(34) DREW ATKINSON PUTT ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(35) SEAN RICHARDS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(36) JOSEPH B. SCHULTZ ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **5**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) REBECCA S. SHEPHERD ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(38) CARYL G. SMITH ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(39) SCOTT C. SMITH ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(40) NATASHA SWANN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(41) AMANDA TUCKER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(42) LESLEY T. WAINWRIGHT ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(43) CYNTHIA WIDNER WALL ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(44) WILLIAM L. WARREN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(45) S. ZACHRY YOUNG ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(46) JOHN B. ZELLARS, JR ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(47) SUSAN NEUGENT ----- PRESIDENT & CEO	55.00 ----- 0.			X				255,000.	0.	5,100.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) ANELI NUGTEREN ----- EXEC VP & COO	40.00 ----- 0.			X				157,416.	0.	20,278.
(49) CATHERINE NOWELL ----- SR. VP & CFO	50.00 ----- 0.			X				163,680.	0.	14,691.
(50) JENNIFER GRANT-WARNER ----- SR. VP & CPO	50.00 ----- 0.			X				159,472.	0.	8,802.
(51) DANA HARVEY ----- VP & CTO	50.00 ----- 0.			X				102,744.	0.	19,935.

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	892,427.		
	c	Fundraising events	1c	582,888.		
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	12,824,091.		
	g	Noncash contributions included in lines 1a-1f: \$		327,038.		
	h	Total. Add lines 1a-1f		14,299,406.		
Program Service Revenue			Business Code			
	2a	MUSEUM ADMISSIONS	611600	2,415,157.	2,415,157.	
	b	IMAX ADMISSIONS	713990	1,160,405.	1,139,247.	21,158.
	c	EDUCATIONAL INCOME	611600	62,675.	62,675.	
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		3,638,237.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		30,120.		30,120.
	4	Income from investment of tax-exempt bond proceeds		0.		
	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 assets other than inventory	(i) Securities (ii) Other			
			325,254.			
	b	Less: cost or other basis and sales expenses		327,038.		
	c	Gain or (loss)		-1,784.		
	d	Net gain or (loss)		-1,784.		-1,784.
	8a	Gross income from fundraising events (not including \$ <u>582,888.</u> of contributions reported on line 1c). See Part IV, line 18	ATCH 4			
			a	99,675.		
b	Less: direct expenses	b	152,943.			
c	Net income or (loss) from fundraising events. ATCH 5		-53,268.		-53,268.	
9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less returns and allowances	a	2,230,428.			
b	Less: cost of goods sold . . ATCH 6	b	682,088.			
c	Net income or (loss) from sales of inventory.		1,548,340.	723,525.	824,815.	
Miscellaneous Revenue			Business Code			
11a	OTHER REVENUE		900099	22,342.	22,342.	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d			22,342.		
12	Total revenue. See instructions.			19,483,393.	4,362,946.	845,973.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,025.	94,025.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	913,530.	389,963.	523,567.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,714,543.	1,938,298.	442,289.	333,956.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,939.	55,824.	13,680.	9,435.
9 Other employee benefits	343,752.	236,520.	72,449.	34,783.
10 Payroll taxes	309,076.	199,600.	75,483.	33,993.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	48,750.		48,750.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	808,309.	808,309.		
13 Office expenses	279,070.	33,234.	239,166.	6,670.
14 Information technology	169,434.		169,434.	
15 Royalties	0.			
16 Occupancy	993,362.	993,362.		
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,851,956.	1,847,917.	4,039.	
23 Insurance	150,953.	150,953.		
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.)				
a EXHIBITS	1,675,848.	1,675,848.		
b IMAX FILMS	455,193.	455,193.		
c PROGRAMS & ACTIVITIES	352,284.	316,119.	2,366.	33,799.
d MEMBERSHIP DEVELOPMENT	105,104.			105,104.
e All other expenses	82,799.	82,799.		
25 Total functional expenses. Add lines 1 through 24e	11,426,927.	9,277,964.	1,591,223.	557,740.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,375,617.	1	13,500,776.
	2 Savings and temporary cash investments	215,792.	2	61,377.
	3 Pledges and grants receivable, net	1,680,699.	3	1,324,754.
	4 Accounts receivable, net	151,540.	4	105,662.
	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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	280,121.	8	262,563.
	9 Prepaid expenses and deferred charges	43,574.	9	110,382.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,726,673.		
	b Less: accumulated depreciation	10b 26,837,707.	10c	23,888,966.
	11 Investments - publicly traded securities	1,715,563.	11	4,178,930.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	1,073,787.	15	1,072,144.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,798,121.	16	44,505,554.	
Liabilities	17 Accounts payable and accrued expenses	1,085,228.	17	1,846,888.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,500.	25	72,500.
	26 Total liabilities. Add lines 17 through 25	1,122,728.	26	1,919,388.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,006,513.	27	25,657,816.
	28 Temporarily restricted net assets	12,263,479.	28	16,522,949.
	29 Permanently restricted net assets	405,401.	29	405,401.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,675,393.	33	42,586,166.	
34 Total liabilities and net assets/fund balances	35,798,121.	34	44,505,554.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,483,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,426,927.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,056,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,675,393.
5	Net unrealized gains (losses) on investments	5	-145,693.
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	42,586,166.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (72.27%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (79.67%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) - 15 - %. Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 - 16 - %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) - 17 - %. Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 - 18 - %.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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.		
3b	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.		
3c	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.		
4b	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.		
4c	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).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	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.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization: FERNBANK, INC; Employer identification number: 58-6028607

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II containing questions 1-9 about conservation easements, including a sub-table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 8/17/06).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III containing questions 1a-1b and 2a-2b regarding reporting of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] Loan or exchange programs
e [] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII []

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 7.6500 %
c Temporarily restricted endowment 92.3500 %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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 (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM CONTRACTS PAYABLE	72,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	72,500.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	19,490,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-145,693.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	152,943.	
	e Add lines 2a through 2d	2e	7,250.	
3	Subtract line 2e from line 1		3	19,483,393.
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.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,483,393.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	11,579,870.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	152,943.	
	e Add lines 2a through 2d	2e	152,943.	
3	Subtract line 2e from line 1		3	11,426,927.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a 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	11,426,927.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

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 OVER ALL 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.

Part XIII Supplemental Information (continued)

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 \$152,943 IS DUE TO FUNDRAISING EXPENSES.

SCHEDULE D, PART XII, QUESTION 2D

THE \$152,943 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 UNCERTAIN TAX POSITIONS AS OF

Part XIII Supplemental Information (continued)

DECEMBER 31, 2015. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2012.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization
FERNBANK, INC

Employer identification number
58-6028607

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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))
		LOST OASIS	TIMELESS	(total number)		
		(event type)		(event type)		
Revenue	1	Gross receipts	189,910.	492,653.		682,563.
	2	Less: Contributions	141,150.	441,738.		582,888.
	3	Gross income (line 1 minus line 2)	48,760.	50,915.		99,675.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	4,345.	34,515.		38,860.
	7	Food and beverages	17,761.	39,471.		57,232.
	8	Entertainment	12,235.	19,880.		32,115.
	9	Other direct expenses	7,824.	16,911.		24,735.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-53,267.

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

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))
		Yes	%	Yes	%	Yes	%	
Revenue	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
	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)							

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 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: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 ▶ \$ -----.
- c 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

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FERNBANK, INC

Part I General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other 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
1 REDUCED ADMISSION	14,748.		94,025.	FMV	REDUCED ADMISSION
2					
3					
4					
5					
6					
7					

Part IV Supplemental information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional 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.

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FERNBANK, INC

Employer identification number
58-6028607

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

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 on 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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN NEUGENT PRESIDENT & CEO	(i) 255,000.	(ii) 0.	(iii) 0.	5,100.	1,926.	262,026.	0.
2 ANELI NUGTEREN EXEC VP & COO	(i) 157,416.	(ii) 0.	(iii) 0.	3,380.	18,103.	178,899.	0.
3 CATHERINE NOWELL SR. VP & CFO	(i) 163,680.	(ii) 0.	(iii) 0.	3,393.	12,551.	179,624.	0.
4 JENNIFER GRANT-WARNER SR. VP & CPO	(i) 159,472.	(ii) 0.	(iii) 0.	3,300.	6,729.	169,501.	0.
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

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

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **FERNBANK, INC** Employer identification number: **58-6028607**

Part I 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	21	327,038	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
FERNBANK, INC

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number
58-6028607

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. 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

Name of the organization
FERNBANK, INC

Employer identification number
58-6028607

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,

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
---	--

ETHICS POLICY, COLLECTIONS POLICY, PRIVACY POLICY, GIFT POLICY, INVESTMENT POLICY, ENDOWMENT POLICY, CONFLICT OF INTEREST POLICY, WHISTLE BLOWER POLICY, DOCUMENT RETENTION 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 2015, FERNBANK MUSEUM PRESENTED FOUR SPECIAL EXHIBITIONS, THE POWER OF POISON, BRAIN: THE INSIDE STORY, SEARCHING FOR THE QUEEN OF SHEBA AND WOMEN OF VISION. ADDITIONALLY, THE MUSEUM HOSTED MORE THAN A HALF-DOZEN FILMS IN ITS IMAX THEATRE, INCLUDING THE NEW FILMS GALAPAGOS: NATURE'S WONDERLAND, HUMPBACK WHALES, MYSTERIES OF THE UNSEEN WORLD, JEAN-MICHEL COUSTEAU'S SECRET OCEAN, ROBOTS AND WONDERS OF THE ARCTIC. IN 2015, FERNBANK PRESENTED ITS SIXTH ANNUAL WINTER WONDERLAND: CELEBRATIONS & TRADITIONS FROM AROUND THE WORLD, A FESTIVE HOLIDAY EXHIBIT 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

Name of the organization
FERNBANK, INC

Employer identification number
58-6028607

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 AT ALL STAGES OF LIFE INCLUDING ADULTS, FAMILIES, CHILDREN AND SCHOOL CHILDREN. IN 2015, FERNBANK 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, EXHIBITS AND FILMS ARE DESIGNED TO MEET OR EXCEED STATE AND NATIONAL STANDARDS, ENHANCING THE CLASSROOM EXPERIENCE AND PARTNERING WITH TEACHERS TO BRING SCIENCE TO LIFE THROUGH HANDS-ON EXPERIENCES WITH STUDENTS. ADDITIONALLY, THE MUSEUM PRESENTED TWO SIGNATURE ENVIRONMENTAL PROGRAMS, URBANWATCH AND CITY SCIENTISTS, SERVING SCHOOLS WITH A FOCUS ON STUDENTS FROM UNDERSERVED, LOW INCOME 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 1 SCHOOLS. THIS HIGHLY INTERACTIVE PROGRAM INTRODUCES UNDERSERVED STUDENTS TO REGIONAL ECOLOGY, GEOLOGY AND NATURAL HISTORY THEMES, PROVIDING THEM WITH MEANINGFUL CHALLENGES IN EDUCATION AND PROVIDING THEM WITH A FOUNDATION TO PERFORM WELL IN SCIENCE. FERNBANK ALSO REACHES UNDERSERVED PRESCHOOL AND PRE-K STUDENTS THROUGH THE GROW UP GREAT PROGRAM THAT PROVIDES

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
---	--

COMPREHENSIVE STEAM EDUCATION, INCLUDING CUSTOMIZED FIELD TRIP OPPORTUNITIES, IN-CLASSROOM EXPERIENCES AND SCIENCE RESOURCE KITS FOR THE TEACHERS. FOR FAMILIES AND CHILDREN, THE MUSEUM OFFERS EXCELLENT EXPERIMENTS, TADPOLE TALES, LIVE ANIMAL ENCOUNTERS, FAMILY EXPLORATION DAYS, GUIDED FOREST WALKS AND MORE. THESE PROGRAMS PROVIDE VISITORS WITH NEW EXPERIENCES WITH EACH VISIT, ALLOWING THEM TO DELVE DEEPER INTO THEMES PRESENTED THROUGHOUT THE MUSEUM AT AGE-APPROPRIATE LEVELS.

FORM 990, PART III, QUESTION 4C

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 TO LEVERAGE THE ENTIRE CAMPUS IN FERNBANK'S MISSION TO FOSTER A DEEPER CONNECTION TO THE NATURAL WORLD.

IN 2015, THE MUSEUM CONTINUED ITS WORK TO BRING THE PLANS IDENTIFIED THROUGH ITS CAMPUS AND FOREST STEWARDSHIP PLANS TO FRUITION. FUNDRAISING EFFORTS CONTINUED FOR SUPPORT OF THE RESTORATION OF FERNBANK FOREST AND INTRODUCTION OF NEW GUEST EXPERIENCES ELSEWHERE ON THE CAMPUS. UNDER THE GUIDANCE OF A NEW MUSEUM ECOLOGIST, RESTORATION EFFORTS INSIDE FERNBANK FOREST BEGAN WITH THE STRATEGIC REMOVAL OF NON-NATIVE INVASIVE SPECIES AS PART OF THE EFFORT TO RESTORE A HEALTHY BALANCE TO THE FOREST ECOSYSTEM. ADJACENT TO THE MUSEUM BUILDING, CONSTRUCTION BEGAN FOR NEW PATHS, ELEVATED WALKWAY, TREE PODS, EXHIBITS AND A PAVILION IN LATE SUMMER 2015. THESE PLANS AND NEW EXPERIENCES WILL INFORM LONGER TERM INITIATIVES AT THE MUSEUM.

Name of the organization
FERNBANK, INC

Employer identification number
58-6028607

ATTACHMENT 1FORM 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 OF ALL AGES AND COGNITIVE LEVELS.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THINKWELL DESIGN & PRODUCTION 2710 MEDIA CENTER DRIVE LOS ANGELES, CA 90065	EXHIBIT DESIGN & CON	421,328.

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
<u>ATTACHMENT 2 (CONT'D)</u>	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST @ 79TH STREET NEW YORK, NY 10024	TEMP EXHIBIT RENTAL	481,409.
SYSCO PO BOX 490379 COLLEGE PARK, GA 30349	FOOD SERVICE	300,901.
SYLVATICA STUDIO 999 PEACHTREE ST. SUITE 790 ATLANTA, GA 30309	LANDSCAPE DESIGN & A	576,289.
THE FIELD MUSEUM 1400 SOUTH LAKE SHORE DR CHICAGO, IL 60605	TEMPORARY EXHIBIT	210,000.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	30,120.			30,120.
TOTALS	<u>30,120.</u>			<u>30,120.</u>

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LOST OASIS EVENT	141,150.
TIMELESS EVENT	441,738.
TOTAL	<u>582,888.</u>

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
---	--

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LOST OASIS EVENT	48,760.	42,165.	6,595.
TIMELESS EVENT	50,915.	110,778.	-59,863.
TOTALS	<u>99,675.</u>	<u>152,943.</u>	<u>-53,268.</u>

ATTACHMENT 6

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	2,230,428.
INVENTORY AT BEGINNING OF YEAR	280,121.
PURCHASES	664,530.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>944,651.</u>
MINUS ENDING INVENTORY	262,563.
COST OF GOODS SOLD	<u>682,088.</u>

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	98,405.
PREPAID POSTAGE	510.
DEPOSITS	11,467.
TOTALS	<u>110,382.</u>

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
---	--

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
STOCKS	4,178,930.	FMV
TOTALS	<u>4,178,930.</u>	

Underpayment of Estimated Tax by Corporations

2015

▶ Attach to the corporation's tax return.
 ▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name FERNBANK, INC	Employer identification number 58-6028607
------------------------------	---

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 I Required Annual Payment

1 Total tax (see instructions)	1	
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method.	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.	3	
4 Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/>	The corporation is using the annualized income installment method.
8	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF 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			
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
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 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.