

Return of Organization Exempt From Income Tax

2014

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 2014 calendar year, or tax year beginning **2014**, and ending **2014**

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	
	767 CLIFTON ROAD, NE		G Gross receipts \$ 14,441,342.
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	
F Name and address of principal officer: CATHERINE A. NOWELL 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. (see instructions)	
J Website: WWW.FERNBANKMUSEUM.ORG		H(c) Group exemption number ▶	
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	37.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	161.
	6 Total number of volunteers (estimate if necessary)	6	300.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	850,789.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-195,238.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,819,355.	8,711,041.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,393,037.	3,497,901.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,977.	13,042.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,540,157.	1,459,996.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,758,526.	13,681,980.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	91,927.	78,362.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,057,286.	4,173,566.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 512,530.	6,612.	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,975,807.	6,618,739.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,131,632.	10,870,667.
19 Revenue less expenses. Subtract line 18 from line 12	5,626,894.	2,811,313.	
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)	32,771,171.	35,798,121.
	22 Net assets or fund balances. Subtract line 21 from line 20	904,878.	1,122,728.
		31,866,293.	34,675,393.

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	Signature of officer <i>Catherine A. Nowell</i>	Date 11/3/2015
	Type or print name and title Catherine A. Nowell	

Paid Preparer Use Only	Print/Type preparer's name MARC AZAR	Preparer's signature <i>Marc Azar</i>	Date 10/26/15	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** (2014)

Part III Statement of Program Service Accomplishments

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

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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] 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: 713990) (Expenses \$ 7,020,500. including grants of \$ 78,362.) (Revenue \$ 3,420,266.)

EXHIBITIONS AND FILMS SEE SCHEDULE O FOR DESCRIPTION.

4b (Code: 611600) (Expenses \$ 1,015,024. including grants of \$) (Revenue \$ 57,671.)

EDUCATIONAL PROGRAMS SEE SCHEDULE O FOR DESCRIPTION.

4c (Code: 611600) (Expenses \$ 873,786. including grants of \$) (Revenue \$)

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 8,909,310.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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 line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 (37), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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. X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the 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) GEORGE T. DEVLIN BOARD MEMBER	1.00 0	X					0	0	0	
(7) CAROL G. DOTY BOARD MEMBER	1.00 0	X					0	0	0	
(8) RYAN SMITH DUNLAP BOARD MEMBER	1.00 0	X					0	0	0	
(9) TERESA FINLEY BOARD MEMBER	1.00 0	X					0	0	0	
(10) DARRELL A. FITZGERALD BOARD MEMBER	1.00 0	X					0	0	0	
(11) RICK FRAZIER BOARD MEMBER	1.00 0	X					0	0	0	
(12) BURCH A. HANSON BOARD MEMBER	1.00 0	X					0	0	0	
(13) DEBORAH HODGE HARRISON BOARD MEMBER	1.00 0	X					0	0	0	
(14) MATTHEW G. HEIMERMANN 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) DOROTHY S. HINES BOARD MEMBER	1.00 0	X					0	0	0	
(16) W. RON HINSON BOARD MEMBER	1.00 0	X					0	0	0	
(17) CATHERINE MITCHELL JAXON BOARD MEMBER	1.00 0	X					0	0	0	
(18) LINDSEY M. JOHNSON BOARD MEMBER	1.00 0	X					0	0	0	
(19) WAB P. KADABA BOARD MEMBER	1.00 0	X					0	0	0	
(20) CARA ISDELL LEE BOARD MEMBER	1.00 0	X					0	0	0	
(21) BERTRAM L. LEVY BOARD MEMBER	1.00 0	X					0	0	0	
(22) KEVIN A. MAXIM BOARD MEMBER	1.00 0	X					0	0	0	
(23) ASHLEY H. MILLER BOARD MEMBER	1.00 0	X					0	0	0	
(24) RANDOLPH A. MOORE BOARD MEMBER	1.00 0	X					0	0	0	
(25) SANDRA S. MORELLI 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							804,121.	0	60,095.	
d Total (add lines 1b and 1c)							804,121.	0	60,095.	

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
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 **▶** 11

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) W. HAMPTON MORRIS BOARD MEMBER	1.00 0	X					0	0	0	
27) CARRIE S. PARKER BOARD MEMBER	1.00 0	X					0	0	0	
28) DREW ATKINSON PUTT BOARD MEMBER	1.00 0	X					0	0	0	
29) SEAN RICHARDS BOARD MEMBER	1.00 0	X					0	0	0	
30) JOSEPH B. SCHULTZ BOARD MEMBER	1.00 0	X					0	0	0	
31) REBECCA S. SHEPHERD BOARD MEMBER	1.00 0	X					0	0	0	
32) CARYL G. SMITH BOARD MEMBER	1.00 0	X					0	0	0	
33) SCOTT C. SMITH BOARD MEMBER	1.00 0	X					0	0	0	
34) AMANDA TUCKER BOARD MEMBER	1.00 0	X					0	0	0	
35) CYNTHIA WIDNER WALL BOARD MEMBER	1.00 0	X					0	0	0	
36) WILLIAM L. WARREN 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

	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			
(37) JOHN B. ZELLARS, JR. BOARD MEMBER	1.00 0	X					0	0	0	
(38) SUSAN NEUGENT PRESIDENT & CEO	55.00 0			X			250,000.	0	5,000.	
(39) ANELI NUGTEREN EXEC VP & COO	50.00 0			X			155,623.	0	17,930.	
(40) CATHERINE NOWELL SR. VP & CFO	50.00 0			X			157,463.	0	12,852.	
(41) JENNIFER GRANT-WARNER SR. VP & CPO	50.00 0			X			137,369.	0	8,359.	
(42) DANA HARVEY VP & CTO	50.00 0			X			103,666.	0	15,954.	
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	1,090,904.				
	c Fundraising events	1c	693,306.				
	d Related organizations	1d					
	e Government grants (contributions),	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,926,831.				
	g Noncash contributions included in lines 1a-1f: \$		201,849.				
	h Total. Add lines 1a-1f			8,711,041.			
	Program Service Revenue				Business Code		
2a MUSEUM ADMISSIONS			611600	2,092,079.	2,092,079.		
b IMAX ADMISSIONS			713990	1,348,151.	1,328,187.	19,964.	
c EDUCATIONAL INCOME			611600	57,671.	57,671.		
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				3,497,901.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3			13,042.			13,042.
	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				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including \$ 693,306. of contributions reported on line 1c). See Part IV, line 18	a	61,700.				
	b Less: direct expenses	b	145,677.				
c Net income or (loss) from fundraising events. ATTACH 5			-83,977.			-83,977.	
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	2,135,983.					
b Less: cost of goods sold	b	613,685.					
c Net income or (loss) from sales of inventory			1,522,298.	691,473.	830,825.		
Miscellaneous Revenue			Business Code				
11a OTHER REVENUE		900099	21,675.	21,675.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			21,675.				
12 Total revenue. See instructions			13,681,980.	4,191,085.	850,789.	-70,935.	

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	78,362.	78,362.		
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	870,365.	362,601.	507,764.	
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	2,650,300.	1,940,184.	402,073.	308,043.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,672.	30,883.	11,942.	6,847.
9 Other employee benefits	298,819.	200,013.	69,556.	29,250.
10 Payroll taxes	304,410.	199,389.	76,478.	28,543.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	44,500.		44,500.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	1,584.	1,584.		
g 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	731,093.	731,093.		
13 Office expenses	264,126.	31,517.	223,994.	8,615.
14 Information technology	98,893.		98,893.	
15 Royalties	0			
16 Occupancy	1,032,601.	1,032,601.		
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	1,923,783.	1,911,723.	12,060.	
23 Insurance	144,846.	144,846.		
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 -----	1,231,020.	1,231,020.		
b IMAX FILMS -----	540,829.	540,829.		
c PROGRAMS & ACTIVITIES -----	420,050.	384,238.	1,567.	34,245.
d MEMBERSHIP DEVELOPMENT -----	96,987.			96,987.
e All other expenses -----	88,427.	88,427.		
25 Total functional expenses. Add lines 1 through 24e	10,870,667.	8,909,310.	1,448,827.	512,530.
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	4,069,963.	1	10,375,617.
	2 Savings and temporary cash investments	89,700.	2	215,792.
	3 Pledges and grants receivable, net	5,431,059.	3	1,680,699.
	4 Accounts receivable, net	92,874.	4	151,540.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	246,993.	8	280,121.
	9 Prepaid expenses and deferred charges	48,875.	9	43,574.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,248,822.		
	b Less: accumulated depreciation	10b 24,987,394.	21,359,611.	10c 20,261,428.
	11 Investments - publicly traded securities	ATCH 8 356,666.	11	1,715,563.
	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	1,075,430.	15	1,073,787.
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,771,171.	16	35,798,121.	
Liabilities	17 Accounts payable and accrued expenses	904,878.	17	1,085,228.
	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	0	25	37,500.
	26 Total liabilities. Add lines 17 through 25	904,878.	26	1,122,728.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,830,852.	27	22,006,513.
	28 Temporarily restricted net assets	3,589,075.	28	12,263,479.
	29 Permanently restricted net assets	5,446,366.	29	405,401.
	Organizations that do not follow SFAS 117 (ASC 958), check here <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	31,866,293.	33	34,675,393.
	34 Total liabilities and net assets/fund balances	32,771,171.	34	35,798,121.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,681,980.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,870,667.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,811,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,866,293.
5	Net unrealized gains (losses) on investments	5	-2,213.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,675,393.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

2014

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.)
- 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 or IRC section (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						

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

Schedule A (Form 990 or 990-EZ) 2014

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

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,407,752.	3,411,805.	4,675,222.	10,819,355.	8,711,041.	35,025,175.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	7,407,752.	3,411,805.	4,675,222.	10,819,355.	8,711,041.	35,025,175.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						7,072,859.
6 Public support. Subtract line 5 from line 4.						27,952,316.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	7,407,752.	3,411,805.	4,675,222.	10,819,355.	8,711,041.	35,025,175.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,577.	13,086.	11,429.	10,010.	13,042.	58,144.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						35,083,319.
12 Gross receipts from related activities, etc. (see instructions)					12	23,123,284.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	79.67%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	76.25%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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 (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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, 2014, 2013. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2013 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2014, 2013. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2014. 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 - 2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (<i>see instructions</i>).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

FERNBANK, INC

58-6028607

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

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 Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d 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 No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,446,366.	389,432.	381,265.	317,930.	314,550.
b Contributions		5,050,027.		55,374.	
c Net investment earnings, gains, and losses	-7,191.	6,907.	8,167.	7,961.	3,380.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,595.				
g End of year balance	5,437,580.	5,446,366.	389,432.	381,265.	317,930.

- 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 7.4555 %
 - c Temporarily restricted endowment 92.5445 %
- The percentages in 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		782,166.		782,166.
b Buildings		645,956.	596,326.	49,629.
c Leasehold improvements		39,980,711.	21,585,367.	18,395,344.
d Equipment		3,839,989.	2,805,700.	1,034,289.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,261,428.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) 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" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(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" to 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	37,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,500.

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 XIII Supplemental Information (continued)

SCHEDULE D, PART III, QUESTION 4

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

SCHEDULE D, PART V, QUESTION 4

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

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 \$145,677 IS DUE TO FUNDRAISING EXPENSES.

SCHEDULE D, PART XII, QUESTION 2D

THE \$145,677 IS DUE TO FUNDRAISING EXPENSES.

SCHEDULE D, PART X, QUESTION 2

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

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

Part XIII Supplemental Information *(continued)*

UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2014.

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, 2011.

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

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

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

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))
		Yes	No	Yes	No	Yes	No	
Revenue	1 Gross revenue							
Direct Expenses	2 Cash prizes							
	3 Noncash prizes							
	4 Rent/facility costs							
	5 Other direct expenses							
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	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**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FERNBANK, INC

Employer identification number

58-6028607

Part I General Information on Grants and Assistance

- 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
- 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" to 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 ▶

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

Schedule I (Form 990) (2014)

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	12,258.		78,362.	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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FERNBANK, INC

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

2014

**Open to Public
Inspection**

Employer identification number

58-6028607

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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** **4a** **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** **4b** **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** **4c** **4c**
- 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 in 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** **5a** **5a**
- b** Any related organization? **5b** **5b** **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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** **6a** **6a**
- b** Any related organization? **6b** **6b** **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** **7** **7**

8 Were any amounts reported in 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** **8** **8**

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** **9** **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN NEUGENT PRESIDENT & CEO	(i)	250,000.	0	0	5,000.	1,888.	256,888.	0
	(ii)	0	0	0	0	0	0	0
2 ANELI NUGTEREN EXEC VP & COO	(i)	155,623.	0	0	3,313.	15,808.	174,744.	0
	(ii)	0	0	0	0	0	0	0
3 CATHERINE NOWELL SR. VP & CFO	(i)	157,463.	0	0	3,232.	10,825.	171,520.	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, QUESTION 4B

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

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

MAKING CONTRIBUTIONS ON HER BEHALF.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**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	13 .	201,849 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the 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.		

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

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

2014

**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. THE
REVIEW WAS CONDUCTED BY THE FINANCE COMMITTEE. A COMPLETE COPY OF THE
FORM 990 WAS MADE AVAILABLE ON THE MUSEUM'S WEB SITE AND A LINK WAS
PROVIDED TO EACH BOARD TRUSTEE.

PART VI, SECTION B, QUESTION 12C

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

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
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DETERMINATION. IF THE BOARD COMMITTEE DETERMINES A CONFLICT OF INTEREST DOES EXIST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

PART VI, SECTION B, QUESTION 15A

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

PART VI, SECTION B, QUESTION 15B

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

PART VI, SECTION C, QUESTION 19

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

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
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CURRENT FORM 990 ARE AVAILABLE ON-LINE THROUGH THE MUSEUM'S WEB SITE.

FORM 990, PART III, QUESTION 4A

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

FORM 990, PART III, QUESTION 4B

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

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
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FILMS ARE DESIGNED TO MEET OR EXCEED STATE AND NATIONAL STANDARDS, ENHANCING THE CURRICULUM AND PARTNERING WITH TEACHERS TO BRING SCIENCE TO LIFE THROUGH HANDS-ON EXPERIENCES. ADDITIONALLY, THE MUSEUM PRESENTED TWO SIGNATURE ENVIRONMENTAL PROGRAMS, URBANWATCH ATLANTA AND CITY SCIENTISTS, SERVING SCHOOLS WITH A FOCUS ON STUDENTS FROM UNDERSERVED POPULATIONS. FERNBANK'S URBANWATCH PROGRAM CONNECTS MIDDLE AND HIGH SCHOOL STUDENTS WITH NATURE AND BIODIVERSITY THROUGH AN IMMERSIVE ECOLOGY EXPERIENCE IN FERNBANK FOREST AND ACROSS THE MUSEUM CAMPUS. THE PROGRAM FOCUSES ON THE IMPORTANCE OF NATIVE PLANT SPECIES, BIODIVERSITY AND HEALTHY ECOSYSTEMS PROVIDING TITLE 1 STUDENTS THE OPPORTUNITY TO ACTIVELY PARTICIPATE IN A RESTORATION PROJECT ON THE MUSEUM CAMPUS. CITY SCIENTISTS, AN AFTER-SCHOOL PROGRAM, SERVES 300 3RD, 4TH AND 5TH GRADERS ATTENDING ATLANTA'S TITLE I SCHOOLS. THIS HIGHLY INTERACTIVE PROGRAM INTRODUCES UNDERSERVED STUDENTS TO REGIONAL ECOLOGY, GEOLOGY AND NATURAL HISTORY THEMES, PROVIDING THEM WITH MEANINGFUL CHALLENGES IN EDUCATION AND THE ENHANCED FOUNDATION TO PERFORM WELL IN SCIENCE. FOR FAMILIES AND CHILDREN, THE MUSEUM OFFERS EXCELLENT EXPERIMENTS, TADPOLE TALES, LIVE ANIMAL ENCOUNTERS, FAMILY EXPLORATION DAYS, FERNBANK FOREST GUIDED TOURS AND MORE. THESE PROGRAMS PROVIDE VISITORS WITH NEW EXPERIENCES EVERY TIME THEY VISIT, ALLOWING THEM TO DELVE DEEPER INTO THEMES PRESENTED THROUGHOUT THE MUSEUM AT AGE-APPROPRIATE LEVELS.

FORM 990, PART III, QUESTION 4C

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

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
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CAMPUS IN FERNBANK'S MISSION TO FOSTER A DEEPER CONNECTION TO THE NATURAL WORLD. IN 2014, THE MUSEUM BEGAN WORK TO BRING THE PLANS IDENTIFIED THROUGH ITS CAMPUS AND FOREST STEWARDSHIP PLANS TO FRUITION WITH NECESSARY PREPARATIONS FOR FUTURE DESIGN AND IMPLEMENTATION PHASES. FUNDRAISING EFFORTS CONTINUED FOR SUPPORT OF THE RESTORATION OF FERNBANK FOREST AND TO INTRODUCE NEW GUEST EXPERIENCES ELSEWHERE ON THE CAMPUS. THESE PLANS WILL INFORM LONGER TERM INITIATIVES AT THE MUSEUM.

ATTACHMENT 1

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

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

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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	452,446.
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST @ 79TH STREET NEW YORK, NY 10024	TEMP EXHIBIT RENTAL	450,000.
SYSCO PO BOX 490379 COLLEGE PARK, GA 30349	FOOD SERVICE	247,533.
SYLVATICA STUDIO 999 PEACHTREE ST. SUITE 790 ATLANTA, GA 30309	LANDSCAPE DESIGN & A	243,803.
IMAX CORPORATION 2525 SPEAKMAN DRIVE L5K 1B1 SHERIDAN PARK ONTARIO CANADA	FILM RENTALS	188,856.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST INCOME	13,042.			13,042.
TOTALS	<u>13,042.</u>			<u>13,042.</u>

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
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ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LOST OASIS EVENT	156,686.
TIMELESS EVENT	536,620.
TOTAL	<u>693,306.</u>

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	21,300.	40,224.	-18,924.
TIMELESS EVENT	40,400.	105,453.	-65,053.
TOTALS	<u>61,700.</u>	<u>145,677.</u>	<u>-83,977.</u>

ATTACHMENT 6

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

GROSS SALES LESS RETURNS AND ALLOWANCES	2,135,983.
INVENTORY AT BEGINNING OF YEAR	246,993.
PURCHASES	646,813.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>893,806.</u>
MINUS ENDING INVENTORY	280,121.
COST OF GOODS SOLD	<u>613,685.</u>

Name of the organization FERNBANK, INC	Employer identification number 58-6028607
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ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	33,337.
PREPAID POSTAGE	212.
DEPOSITS	10,025.
TOTALS	<u>43,574.</u>

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
STOCKS	1,715,563.	FMV
TOTALS	<u>1,715,563.</u>	

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2014 or other tax year beginning _____, 2014, and ending _____, 20_____.

2014

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	FERNBANK, INC Number, street, and room or suite no. If a P.O. box, see instructions. 767 CLIFTON ROAD, NE City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30307-1221	58-6028607
C Book value of all assets at end of year 35,798,121.	F Group exemption number (See instructions.) ▶	E Unrelated business activity codes (See instructions.) 722320 722410
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶ DINING SERVICES AND SPECIAL EVENTS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ CATHERINE NOWELL Telephone number ▶ 404-929-6344

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	986,389.			
b Less returns and allowances				
c Balance ▶		1c 986,389.		
2 Cost of goods sold (Schedule A, line 7)		2 135,600.		
3 Gross profit. Subtract line 2 from line 1c		3 850,789.		850,789.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 850,789.		850,789.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14 90,041.
15 Salaries and wages		15 456,830.
16 Repairs and maintenance		16 28,752.
17 Bad debts		17
18 Interest (attach schedule)		18
19 Taxes and licenses		19 7,615.
20 Charitable contributions (See instructions for limitation rules)		20
21 Depreciation (attach Form 4562)	21 178,759.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 178,759.
23 Depletion		23
24 Contributions to deferred compensation plans		24
25 Employee benefit programs		25
26 Excess exempt expenses (Schedule I)		26
27 Excess readership costs (Schedule J)		27
28 Other deductions (attach schedule)	ATTACHMENT 1	28 284,030.
29 Total deductions. Add lines 14 through 28		29 1,046,027.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 -195,238.
31 Net operating loss deduction (limited to the amount on line 30)		31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 -195,238.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 -195,238.

Part III Tax Computation

Table with 3 columns: Description, Amount, and Line Number. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Line Number. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Questions include: 1. At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2. During the tax year, did the organization receive a distribution from... 3. Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation COST

Table with 3 columns: Description, Amount, and Line Number. Rows include Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, Inventory at end of year, Cost of goods sold, and Do the rules of section 263A...

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section. Includes fields for Signature of officer, Date, Title, Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, and Phone no.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes instructions for adding columns 5 and 10, and 6 and 11.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals , Part II (lines 1-5) ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 2			%
(2)			%
(3)			%
(4)			%
Total . Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

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

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

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

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

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

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

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

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

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

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
WILLIAM L. WARREN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
JOHN B. ZELLARS, JR. 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
TOTAL COMPENSATION			<u>0</u>

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

SIGNATURE...

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

FILING...

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

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



Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

Exempt Organization Unrelated Business Income Tax Return (Under Georgia Code Section 48-7-25)						20 <u>14</u>		
For the taxable year beginning <u>01/01</u> , 20 <u>14</u> and ending <u>12/31</u> , 20 <u>14</u>								
Name of Organization			Name of Fiduciary			Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)		
Fernbank, Inc								
Number and Street			Number and Street					
767 Clifton Road, NE						58-6028607		
City or Town			City or Town			NAICS Code	Date of current exemption letter.	IRS code section for which you are exempt.
Atlanta								Sec. 501
State	Zip Code		State	Zip Code				(C) (3)
GA	30307-1221							
						SCHEDULE 1		
1. Unrelated business taxable income from Federal Form 990-T (attach copy)	▶	1.						-195,238.
2. Additions	▶	2.						
3. Total (add line 1 and line 2)	▶	3.						-195,238.
4. Subtractions	▶	4.						
5. Georgia unrelated business taxable income (line 3 less line 4)	▶	5.						-195,238.
COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX						SCHEDULE 2		
1. Line 5, above, multiplied by 6%	▶	1.						
2. Less: Credits and Payments	▶	2.						
3. Withholding Credits (G2-A, G2-LP and/or G2-RP)	▶	3.						
4. Balance of tax due OR overpayment	▶	4.						
5. Interest due (see instructions)	▶	5.						
6. Underestimated tax penalty	▶	6.						
7. Other penalties due (see instructions)	▶	7.						
8. Balance of tax, interest and penalties due with return	▶	8.						
9. If line 4 is an overpayment, amount to be credited on 20 <u>15</u>								
Estimated Tax ▶ _____								
Refunded ▶ _____								

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

 Signature of Officer

 Signature of Individual or Firm Preparing Return

 Title

P00746804
 Employee ID or Social Security Number

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning _____, 2014, and ending _____, 20_____.

2014

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	FERNBANK, INC Number, street, and room or suite no. If a P.O. box, see instructions. 767 CLIFTON ROAD, NE City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30307-1221	58-6028607
C Book value of all assets at end of year 35,798,121.	F Group exemption number (See instructions.) ▶	E Unrelated business activity codes (See instructions.) 722320 722410
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶ DINING SERVICES AND SPECIAL EVENTS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ CATHERINE NOWELL Telephone number ▶ 404-929-6344

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	986,389.			
b Less returns and allowances				
c Balance ▶		1c 986,389.		
2 Cost of goods sold (Schedule A, line 7)		2 135,600.		
3 Gross profit. Subtract line 2 from line 1c		3 850,789.		850,789.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 850,789.		850,789.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14 90,041.
15 Salaries and wages		15 456,830.
16 Repairs and maintenance		16 28,752.
17 Bad debts		17
18 Interest (attach schedule)		18
19 Taxes and licenses		19 7,615.
20 Charitable contributions (See instructions for limitation rules)		20
21 Depreciation (attach Form 4562)	21 178,759.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 178,759.
23 Depletion		23
24 Contributions to deferred compensation plans		24
25 Employee benefit programs		25
26 Excess exempt expenses (Schedule I)		26
27 Excess readership costs (Schedule J)		27
28 Other deductions (attach schedule)	ATTACHMENT 1	28 284,030.
29 Total deductions. Add lines 14 through 28		29 1,046,027.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 -195,238.
31 Net operating loss deduction (limited to the amount on line 30)		31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 -195,238.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 -195,238.

Part III Tax Computation

Table with 3 columns: Description, Amount, and Line Number. Rows include: 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Line Number. Rows include: 40 Foreign tax credit, 41 Subtract line 40e from line 39, 42 Other taxes, 43 Total tax, 44 Payments, 45 Total payments, 46 Estimated tax penalty, 47 Tax due, 48 Overpayment, 49 Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include: 1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2 During the tax year, did the organization receive a distribution from... 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation COST

Table with 3 columns: Description, Amount, and Line Number. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section. Includes fields for Signature of officer, Date, Title, Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, and Phone no.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes instructions for adding columns 5 and 10, and 6 and 11.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 2			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

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

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

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

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

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

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

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

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

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

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
WILLIAM L. WARREN 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
JOHN B. ZELLARS, JR. 767 CLIFTON ROAD, NE ATLANTA, GA 30307-1221	BOARD MEMBER	0	0
TOTAL COMPENSATION			<u>0</u>