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Form 990

For the 2013 calendar year, or tax year beginning

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2013, and ending

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.

OMB No 1545-0047 2013

Open to Public Inspection

C Name of organization PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC D Employer Identification Number Check if applicable Address change 26-3834679 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return P.O. BOX 72734 (770) 998-6955 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return MARIETTA 30007-2734 G Gross receipts \$ Name and address of principal officer H(a) Is this a group return for subordinates? Application pending X No Yes RANDALL J. DILLARD 2151 FOX HOUND PKWY MARIETTA Are all subordinates included?
If 'No,' attach a list (see instructions) No GA 30062 Tax-exempt status X 501(c)(3) 527 501(c) (insert no) 4947(a)(1) or Website: ► H(c) Group exemption number Form of organization X Corporation Association Other P 2008 M State of legal domicile GA Summary Briefly describe the organization's mission or most significant activities: Provide scholarship funds to college students who demonstrate financial need & promote the Primitive Baptist Governance religious faith & maintain high ethical & moral foundations. Funds are paid directly to colleges & may be used for any college related expense If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ► Number of voting members of the governing body (Part VI, line 1a) **Activities &** Number of independent voting members of the governing body (Part VI, line 1b) . 8 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . 5 0 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 . . 0. **b** Net unrelated business taxable income from Form 990-T, line 34 . **Current Year** Contributions and grants (Part VIII, line 1h) 30,634 31,450. Revenue 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,881 44,426. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 60,515 75,876. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 20,820 16,055. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation employee denefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part-IX, column (A), line 11 b Total fundraising expenses (Part X column (D), line 250 Other expenses (Part IX, column (A), lines 11a-11d, 115 17 1,903. 1,886. Total expenses. Add lines 13-17 (must-equal-Part IX Journal (A), line 25) 22,706. 17,958. Revenue less expenses Subtract ine 18 from line 12 37,809. 57,918. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . 446,456 504,374. Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 446,456 504,374 Part II Signature Block Under penalties of penjury, 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 RANDALL J. DILLARD SECT-TREASURER Type or print name and title E. GENE DILLARD 08/02/14 self-employed Paid P01259046 **Preparer** GENE DILLARD ACCOUNTING Firm's name Use Only 678 VICKERY ROAD 58-2147652 MEANSVILLE 30256 (706)647-9859 Yes

Form 990 (2013)

		BAPTIST SCHOLARS		INC.	26-3834679	Page 2
Par		gram Service Acco	•			[]
			te to any line in this Part	<u> </u>	<u> </u>	<u> </u>
1	Briefly describe the organization		•			
	Provide scholarshi					. – – – – – –
	students_who_demor		ar need & brown	ote the Primi	tive Baptist	·
	See Foili 950, Fage 2, Fait i	ii, cine i (continuea)			·	·
_ <u>_</u>	Did the organization undertake	e any significant program	services during the year	r which were not listed	on the prior	
_	Form 990 or 990-EZ?					es X No
	If 'Yes,' describe these new se				لــا	
3	Did the organization cease con	nducting, or make signific	cant changes in how it co	onducts, any program	services? Y	es X No
	If 'Yes,' describe these change	es on Schedule O.				
4	Describe the organization's pro- Section 501(c)(3) and 501(c)(4)	ogram service accomplis	shments for each of its th	ree largest program se	ervices, as measured by expe	nses
	others, the total expenses, and	d revenue, if any, for eac	th program service report	ted.	amount of grants and anocat	.uns tu
		<u></u>				
4 a	(Code) (Expens	es \$ 17,95	8. including grants of	\$	0.)(Revenue \$	31,450.)
	SCHOLARSHIPS FOR S	STUDENTS AS EXP	LAINED IN PART	III, ITEM 1		
						.
						
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	(Code.) (Expens		including grants of	\$) (Revenue \$	····
71	/(Code) (Expens		including grants or	Y	/ (Nevenue	'
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4 c	(Code:) (Expens	ses \$	including grants of	\$) (Revenue \$)
					- 	
					- 	- – – – – – -
					- 	- – – – – – -
						· -
						-
4 0	Other program services. (Des					
	(Expenses \$	including g) (Reve	enue \$)
	Total program service expe	nses 🟲	17,958.			
BAA			TEEA0102 07/02/13		F	orm 990 (2013)

PartilV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 3 X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . Х 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b X Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b 15 Х Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Х 17 18 Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, complete Schedule G, Part III. X 19 Χ 20 20 b

Part IV. Checklist of Required Schedules (continued) Yes No Х 21 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* Х 23 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25h Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 31 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 35a 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2 36 Х Х 37

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Form 990 (2013)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Rart V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . 1 c 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a x financial account in a foreign country (such as a bank account, secunties account, or other financial account)? . . . 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... Χ 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . . 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? . . 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. . b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13 c 14a Did the organization receive any payments for indoor tanning services during the tax year? Х

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . .

14 a

Form 990 (2013)

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. Section A. Governing Body and Management Yes No (1) M 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Яh Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Х 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Georgia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 2181 FOX HOUND PKWY MARIETTA 30062 _ _ (770) 998-6955

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<u>``.</u>		Directors. Trustees. Key Employees. Hig		
Form 990 (2013)	PRIMITIVE BAPTIST	SCHOLARSHIP FOUNDATION, INC.	26-3834679	Page

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

- 1 a 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 employees.'
- 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

(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee Key employee		(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) JIMMY M. CHAPMAN CHAIRMAN	_5.00			х				0.	0.	0.	
(2) HARRY N. PARK VICE CHAIRMAN	_5.00			х				0.	0.	0.	
(3) RANDALL J. DILLARD SECT-TREAS	_5.00			х				0.	0.	0.	
_(4)_KATHY TDILLARD ASST_SECT-TREAS	_5.00			Х				0.	0.	0.	
	_5.00	Х						0.	0.	0.	
(6) ROSE MARY GEE DIRECTOR	_5.00	х						0.	0.	0.	
	_ 5.00	Х						0.	0.	0.	
(8) TANYA VANN DIRECTOR	_5.00	Х						0.	0.	0.	
(9) ELDER MIKE NEWMAN DIRECTOR	_5.00	Х						0.	0.	0.	
(10) LOUISE ALEXANDER DIRECTOR	_5.00	Х						0.	0.	0.	
(11)											
(12)											
(13)											
(14)								-			

The drive in all Section A. Officers, Directors, Trus	(B)	l))		cs,	arit	i riighest con	ipensated Linp	loyees (continued)
(A) Name and title	Average hours per week	offi	, unle cer ar	Pos heck ss pe	ition more rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)	-									
(18)										
(19)										
(20)									_	
<u>(21)</u>										
(22)										
(23)										:
(24)										
(25)										
1 b Sub-total							-	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	0.	0.	0.
2 Total number of individuals (including but not limited from the organization							ive			
nom the organization			•					<u></u> ,		Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind										. 3 X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater the such individual	an \$150,	000?	If 'Y	'es'	com	olete	Sch	nedule J for		
 5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If Yes, 'co. 	mpensat	on fr	om a	any	unre	lated	org	anızatıon or individ	iual	4 X
Section B. Independent Contractors	inpicte C	crica	uic (0 101	300	n per	3011			., 0 , 1
 Complete this table for your five highest compensate compensation from the organization. Report compen 	d indepe sation fo	nden r the	t cor cale	ntrac nda	ctors r yea	that ar end	rec	eived more than \$1 with or within the	100,000 of organization's tax ye	ar
(A) Name and business addres	ss				·			(B) Description of		(C) Compensation
Total number of independent contractors (including by	ut not lin	nited	to th	nose	liste	d ab	ove) who received mo	re than	
\$100,000 of compensation from the organization	•									

	Check if Schedule O contains a response or note to any li	ne in this Part VIII .			[
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
FTS, GRANTS R AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d			* :	<i>~</i> 、
RIBUTIONS, GI OTHER SIMILA	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 31,450.		3. 49		
AND	g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	31,450.		<u> </u>	
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Business Code 2 a b c d	· · · · · · · · · · · · · · · · · · ·	The state of the s		
PROGRAM S	f All other program service revenue g Total. Add lines 2a-2f			* * * * * * * * * * * * * * * * * * * *	
	 3 Investment income (including dividends, interest and other similar amounts)	11/1201	0.	0.	44,426.
	6 a Gross rents b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
OFF	b Less direct expenses b c Net income or (loss) from fundraising events ▶	31331323222			
	9 a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b				
	c Net income or (loss) from gaming activities		*		
	c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11 a		*	***	36.88
	b c d All other revenue				
	e Total. Add lines 11a-11d	75,876.	0.	0.	44,426.

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con		ther organizations must	complete column (A)	
00011	Check if Schedule O contains a res	sponse or note to any lin	ne in this Part IX	· · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	16,055.	16,055.		
	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16		,	,	
	Benefits paid to or for members				
Ü	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				-
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	***			
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
С	Accounting [444.	0.	444.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .		3 5 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	** * ** ** ** ** ** * * * * * * * * *	
f	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
	Advertising and promotion				
	Office expenses	229.	229.	0.	0.
	Information technology				
	Royalties				· ··
16	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	Payments to affiliates				
	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e		., .		
	expenses on Schedule O.)		, ,	****	<u> </u>
_	STIPENDS	1,200.	600.	600.	
	CORP_REGISTRATION	30.	0.	30.	0.
C			 		
d					
	All other expenses	17 050	16.00:	1 07:	
∠ 5	Total functional expenses Add lines 1 through 24e	17,958.	16,884.	1,074.	0.
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 if following SOP 98-2 (ASC 958-720)				
	30-2 (430 330-120)	i e	I	Ī	

Retained earnings, endowment, accumulated income, or other funds.

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 35,104 48,597. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 7 8 Prepaid expenses and deferred charges 9 **b** Less: accumulated depreciation 10 b 10 c Investments - publicly traded securities 11 11 352 455,777 411 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 . . . 15 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 16 446,456 504.374 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 26 0 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 446,456 27 504,374 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 BALAN

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504,374. Form 990 (2013)

504,374

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446,456

446,456

Form 990 (2013) PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC.	26-3	83467	9	Page 12
PartXI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				<u>.</u> []
1 Total revenue (must equal Part VIII, column (A), line 12)	[1	7	75,876.
2 Total expenses (must equal Part IX, column (A), line 25)	٠. [2	1	17,958.
3 Revenue less expenses Subtract line 2 from line 1	[3		57,918.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4		16,456.
5 Net unrealized gains (losses) on investments	[5		
6 Donated services and use of facilities	[6		
7 Investment expenses		7		
8 Pnor period adjustments	[8		
9 Other changes in net assets or fund balances (explain in Schedule O)		9		
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10)4,374.
RartXIII Financial Statements and Reporting	<u> </u>	10		14,314.
Check if Schedule O contains a response or note to any line in this Part XII				
			1011	Yes No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other				3.3
If the organization changed its method of accounting from a pпот year or checked 'Other,' explain in Schedule O.				
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	l on a		P	
Separate basis X Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?			2 b	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	е		· ·	
basis, consolidated basis, or both:				\$7.h.v
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 review, or compilation of its financial statements and selection of an independent accountant?	e audıt,		2 c	х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle		3 a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	dit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>.</u> .	3 b	
BAA			Form	990 (2013)

TEEA0112 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC. 26-3834679 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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.) x 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. Ç Type III - Functionally integrated d Type III - Non-functionally integrated Tvpe I Tvpe II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) (ii) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (vi) is the organization in column (i) (vii) Amount of monetary (I) Name of supported (v) Did you notify the organization in column (I) of your support? support your governing document? organized in the (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) Total Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			5	. 8 8 6- 3	` .	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	· ·					
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second, t	hird, fourth, or fifth	ı tax year as a sectı	on 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 201						<u>%</u>
	Public support percentage from 20					,	%%
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported organ	x on line 13, and the contraction	he line 14 ıs 33-1/3	% or more, check the	his box
ŀ	33-1/3% support test — 2012. If t and stop here. The organization of	he organization dic qualifies as a publi	d not check a box o cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/3	3% or more, check	this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part IV how	
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes t. The organization	st, check this box a i qualifies as a pub	and stop here. Exp olicly supported org	lain in Part IV how anization	the ▶ □
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns ▶ ∐
BAA					Sch	edule A (Form 990	or 990-E7) 2013

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.)

Sect	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include						
	any 'unusùal grants.')	29,551.	38,925.	27,615.	30,634.	31,450	. 158,175.
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
2	Gross receipts from activities						
3	that are not an unrelated trade						
	or business under section 513.				_		
4	Tax revenues levied for the			· · ·		-	
	organization's benefit and either paid to or expended on						
	its behalf					•	
5	The value of services or facilities furnished by a				-		
	governmental unit to the					•	
	organization without charge						
6	Total. Add lines 1 through 5	29,551.	38,925.	27,615.	30,634.	31,450	. 158,175.
7 a	Amounts included on lines 1,		·				
	2, and 3 received from disqualified persons						
h	Amounts included on lines 2					. .	
b	and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year		i				
С	Add lines 7a and 7b						
8	Public support (Subtract line					\#.	N .
	7c from line 6.)	·		\ *\$	·****		158,175.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	29,551.	38,925.	27,615.	30,634.	31,450	. 158,175.
10 a	Gross income from interest,			·	·	•	
	dividends, payments received						
	on securities loans, rents, royalties and income from	1					
	similar sources	J					
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business					•	
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12)	29,551.	38,925.	27,615.	30,634.		. 158,175.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	- □
Sec	tion C. Computation of Pu	`			· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 201			column (ft)	·	15	100.00 %
16	Public support percentage from 20	• • • • • • • • • • • • • • • • • • • •	•				+ = = = = = = = = = = = = = = = = = = =
	tion D. Computation of Inv					10	1 100.00 %
17	Investment income percentage for				<u></u>	17	
18	Investment income percentage for	•		•	•		
	33-1/3% support tests — 2013. If						
	is not more than 33-1/3%, check t	his box and stop he	ere. The organizat	ion qualifies as a p	oublicly supported	organization	► 🗓
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	f the organization di	d not check a box	on line 14 or line	19a, and line 16 is	more than 33-1/3	3%, and
20	Private foundation. If the organiz					_	
				,,			· · · · L

Schedule A	(Form 990 of 990-E2) 2013 PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC. 26-3834679	Page 4
Part IV	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).	
		· – – – -
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		· – – – -

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

2013

Open to Public Inspection ·

26-3834679 PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC Part 15 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) . . . Aggregate grants from (duning year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No 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. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **-**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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. b 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 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:

Partilia Organizations Maintaining Colle	ections of Art,	Historical	Treasures, or	Other Similar Ass	ets (continu	ied)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records,	check any of	the following that a	are a significant use of its	collection	
a Public exhibition	d 🗌	Loan or exch	nange programs			
b Scholarly research	e	Other				
c Preservation for future generations						
4 Provide a description of the organization's collect Part XIII.	tions and explain h	now they furth	er the organization	n's exempt purpose in		
5 During the year, did the organization solicit or re- to be sold to raise funds rather than to be maintain	ined as part of the	organization	's collection?		Yes [No
Escrow and Custodial Arrangen line 9, or reported an amount on F	orm 990, Part	X, line 21.	ganization ansv	vered 'Yes' to Form	990, Part IV	·,
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?		· · · · · · ·			Yes	No
b If 'Yes,' explain the arrangement in Part XIII and	complete the follo	wing table.			Amount	
c Beginning balance					Amount	
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an amount on Form					Yes	No
b If 'Yes,' explain the arrangement in Part XIII. Che				L	-]'''
Part V Endowment Funds. Complete if	the organizatio	n answere	d 'Yes' to Form	990, Part IV, line 10		
(a) Current		rior year	(c) Two years back		(e) Four year	s back
1 a Beginning of year balance	1					
b Contributions						
c Net investment earnings gains						
c Net investment earnings, gains, and losses					<u> </u>	
e Other expenditures for facilities					 	
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the current	year end balance	(line 1g, colur	mn (a)) held as.			
a Board designated or quasi-endowment ▶	وہ ا					
b Permanent endowment ►	i					
c Temporarily restricted endowment ►	 용					
The percentages in lines 2a, 2b, and 2c should e	equal 100%					
3 a Are there endowment funds not in the possession organization by:	n of the organizati	on that are he	eld and administere	ed for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related organizations list	ed as required on	Schedule R?			. 3b	
4 Describe in Part XIII the intended uses of the org	ganızation's endow	ment funds.				
Part:VI Land, Buildings, and Equipmen Complete if the organization answ		orm 990. F	Part IV. line 11a	ı. See Form 990. Pa	art X. line 10	_
Description of property	(a) Cost or other t	pasis (b)	Cost or other pasis (other)	(c) Accumulated depreciation	(d) Book va	
1a Land		<u>'</u>		Sepreciation (
b Buildings				monorin on Christ was not at 1 2 aug 1 3		
c Leasehold improvements						
d Equipment						
e Other		<u> </u>		· · · -		
Total. Add lines 1a through 1e. (Column (d) must equ		X. column (B)	, line 10(c).)			
BAA	,-	,			lule D (Form 99	0) 2013

Schedule D (Form 990) 2013 PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC.

26-3834679

Page 2

Schedule D (Form 990) 2013 PRIMITIVE BAPTIST SCH	HOLARSHIP FOUND	ATION, INC.	26-3834679	Page 3
Part VII Investments — Other Securities. Complete if the organization answered 'Y			Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ition Cost or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	- 			
(A)				
(B)		<u> </u>		
(C)				
(D) (E)				
(F)				
<u>(G)</u>	-	-		
(H)				
(I)				
Total (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶				
Part VIII Investments - Program Related. Complete if the organization answered 'Y	es' to Form 990, F	Part IV, line 11c. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value		on Cost or end-of-year mark	
(1)				-
(2)		_		
(3)				
(4)				
(5)				
(6)	 .	 		
(7) (8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶				
Part IX Other Assets.				· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered 'Y		Part IV, line 11d. See		
(a) Des	cription		(b) Book	k value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)		<u></u>		
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B), lin	ne 15.)			
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	rm 990 Part IV line 1	1e or 11f See Form 990	Part X line 25	
(a) Description of liability	(b) Book value			· ×
(1) Federal income taxes (2)			;*	ž
(3)	- · · · · · · · · · · · · · · · · · · ·			
(4)	~	* ,	**	*
(5)				
(6)				, ;
(7)				· I
(8)				!
(10)				·
(11)				,
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	>		*	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes.		ancial statements that reports the	e organization's liability for uncerta	 iin
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has				🔲
BAA	TEEA3303 10/02/13		Schedule D (Form	1 990) 2013

	6-38346/9 Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	₹,
a Net unrealized gains on investments	_ _
b Donated services and use of facilities	_ 13
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	* 1
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	_[
b Other (Describe in Part XIII.)	- () () () () () () () () () (
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	/ * ,
b Prior year adjustments	- · · · *
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	* *
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition	
line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.
	
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	-
BAA	Schedule D (Form 990) 2013
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Schedule D (Form 990) 2013 Rant XIII Supplemental	PRIMITIVE BAPTIST	SCHOLARSHIP	FOUNDATION,	INC.	26-3834679	Page 5
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		ؾٛ	Grants and Oth	and Other Assistance to Organizations.	o Organization	ú		OMB No 1545-0047
(Form 990)		Gowple	Governments, an	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	1 the United Sta	ites or 22.	. — <u></u>	2013
Department of the Treasury Internal Revenue Service		► Information about		Attach to Form 990. Schedule I (Form 990) and its instructions is at www.irs.gov/form990.). uctions is at <i>www.irs.</i> g	ov/form990.		Open to Public Inspection
Name of the organization							Employer identification number	ation number
PRIMITIVE BAPTIST Part General Inform	IST SCHOLARSHIP formation on Grant	IVE BAPTIST SCHOLARSHIP FOUNDATION, II General Information on Grants and Assistance	I, INC.				26-3834679	6
1 Does the organizative selection criteria.	tion maintain records a used to award the	to substantiate the amgrants or assistance?	nount of the grants o	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?	s' eligibility for the grant	s or assistance, and		X Yes
	d Other Assistan Part IV, line 21 fc	nce to Governme or any recipient that	nts and Organiat received more	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answer 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	ed States.	Complete if the organization answered 'Yes' to plicated if additional space is needed.	on answered 'Ye is needed.	s' to
1 (a) Name and address of organization or government	ess of organization mment	(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)								
Ţ 0								
(8)								
i i	r of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	izations listed in the	line 1 table				
3 Enter total number of other organizations listed in the line 1 table	r of other organization eduction Act Notice	Enter total number of other organizations listed in the line i table. For Paperwork Reduction Act Notice, see the Instructions for	s for Form 990.		TEEA3901 07/12/13	07/12/13	Schedu	Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance Ranks and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 26-3834679 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Pent (V 2 ဖ

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Schedule I (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer Identification number
PRIMITIVE BAPTIST SCHOLARSHIP FOUNDATION, INC.	26-3834679
Pt VI, Line 11b Organization meets 2-3 times each year to look o	
Pt_VI,_Line 11bfinancial situation_and_to_award_scholarships	
	
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

religious faith & maintain high ethical & moral foundations. Funds are paid directly to colleges & may be used for any college related expense.

	Α	D	F
1	Appl Name	College	Amt
2	Atkins, Austin Lee	Central Alabama Com Col	\$400
3	Bailey, John Tyler	University of Alabama	\$400
4	Bowers, Brian Wade	Georgia Southern Univ.	\$600
5	Bowers, Michael David	University of West Georgia	\$500
6	Burd, Tristan Jarek	Gordon College	\$335
7	Calloway, Jodi Morgan	Mercer University	\$500
8	Cantrell, Sarah Elizabeth	Motlow Com. College	\$335
9	Daniel, Walter Hines	Armstrong Atlantic S. U.	\$600
10	Deal, Krystin "Charlie" Taylot	Georgia Southern Univ.	\$600
11	Dees, Hannah Olivia	University of Georgia	\$400
12	Dillard, Brooke Nicole	University of Georgia	\$600
13	Durrence, Taylor Alexandria	Valdosta State Univ.	\$600
14	Etheridge, Megan Nicole	Gordon State College	\$500
15	Farr, Jessica Michelle	Gordon College	\$700
16	Gay, Heather Delaney	Georgia Southern Univ.	\$600
17	Geller, Justin Allen	East Georgia College	\$600
18	Helms, Jordan Michelle	Moberly Com College	\$600
19	Horne, Jessica Brooke	University of Georgia	\$400
20	Howard, Hannah Lynn	ABAC	\$600
21	Lanier, Stanley Rhett	University of Georgia	\$600
22	Lee, Rebeka Karol	East Georgia College	\$600
23	Lummus, Charles Albert	University of Georgia	\$600
24	Mallaji, Sophia Barron	Auburn University	\$600
25	Martin, Morgan Gayle	Georgia Southern University	\$500
26	McNeely, Emily Ashton	Georgia Southern Univ.	\$600
27	Moye, "Cassi" Ann	University of Georgia	\$600
28	Newman, Ross Michael	Ogeechee Technical Col.	\$700
29	Patterson, Blake Lane	Georgia Southern University	\$500
30	Paulk, "Clay"ton Howell	ABAC	\$500
31	Paulk, "Clint"on LeDon	University of Georgia	\$600
32	Rapillard, Matthew Paul	University of Georgia	\$500
33	Rich, Joseph Daniel	Georgia Southern University	\$500
34	Rountree, Anna Marie	East Georgia State College	\$500
35	Settles, Trent Allen	East TN State University	\$335
36	Stowers, Nathaniel David	North Ga College & State U.	\$600
	Williams, Jessica Lee	Gordon College	\$335

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