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SCANNED MAY 28 2014

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2013

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

f,

		dai year 2013 Or tax year beginning				, and	enunig				
	ne of fou						A Employe	r identification numbe	er		
		Blessing, Inc.	-		10		┦	45 540007	•		
		street (or P O box number if mail is not delivered to street address)			l Ro	oom/suite	B Tolorber	45-518607			
	or town	Skinner Dr State			ZIP code	Ste D	- relepnone	e number (see instructi	ons)		
	st Poir				31833			(877) 276-77	1 0.3		
_						notal sada	-				
FOI	Foreign country name Foreign province/state/county			Foreign postal code			C If exemption application is pending, check here ► X				
~	G Check all that apply.				of a former nublic about			n organizations, shook	horo 🛌		
G					er publi	conanty	D 1. Foreign organizations, check here ►				
							1	n organizations meetin	· —		
	☐ Address change ☐ Name chan H Check type of organization: ☒ Section 501(c)(3) exempt process.						4	here and attach computed foundation status was to the computer of the computer			
Н						-I - A		07(b)(1)(A), check here			
<u>Ц</u>	_	n 4947(a)(1) nonexempt charitable trust					4		· <u></u> -		
I		arket value of all assets at J Accounting method:	X	Ca	ash 🛄	Accrual	F If the four	ndation is in a 60-monti	h termination		
		year (from Part II, col. (c),						tion 507(b)(1)(B), chec			
		6) ▶ \$ 260,162 (Part I, ∞lumn (d) must b	e on c	ash	n basis.)	···					
Pa	art I	Analysis of Revenue and Expenses (The total of	(a)	Rev	venue and	/Es at	ot invince	(a) Administration of	(d) Disbursements		
		amounts in columns (b), (c), and (d) may not necessarily		хрег	nses per	(B) NE	et investment ncome	(c) Adjusted net income	for chantable purposes		
		equal the amounts in column (a) (see instructions).)		bo	ooks				(cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)			248,00	00	,		₩., ·		
	2	Check ▶☐ if the foundation is not required to attach Sch B	13			۶۹		<u> </u>	2. §		
	3	Interest on savings and temporary cash investments									
	4	Dividends and interest from securities									
	5a	Gross rents							,		
	b	Net rental income or (loss)	-					,			
a	6a	Net gain or (loss) from sale of assets not on line 10		П	DE	TARIA	/ED	aria.	*		
Revenue	b	Gross sales price for all assets on line 6a	= '-		111	٠ψ٠,١٧٧	LU	264.2	1 1		
	7	Capital gain net income (from Part IV, line 2)					SC	<u>*</u>			
	8	Net short-term capital gain		Ιğ	MA	Y I 9	2014]	*		
	9	Income modifications		Γ			SS.				
	10a	Gross sales less returns and allowances									
	b	Less Cost of goods sold	,		U 6	FIEIA	, UT	,			
	С	Gross profit or (loss) (attach schedule)			=			7	÷ .		
	11	Other income (attach schedule)							* ^ .		
	12	Total. Add lines 1 through 11			248,00	00	0	(
	13	Compensation of officers, directors, trustees, etc									
enses	14	Other employee salaries and wages			-						
Su	15	Pension plans, employee benefits									
	16a	Legal fees (attach schedule)			3	30			30		
ШX	b	Accounting fees (attach schedule)		_	5,33			***	5,338		
ě	C	Other professional fees (attach schedule)		-	3,50				3,000		
ij	17	Interest			7,22	21			7,221		
ř	18	Taxes (attach schedule) (see instructions)			73				734		
Operating and Administrative Exp	19	Depreciation (attach schedule) and depletion						_	1 7 7		
Ē	20	Occupancy							 		
B	21	Travel, conferences, and meetings						-			
7	22	Printing and publications									
au	23	Other expenses (attach schedule)		-	Ç	96		. -	96		
ğ	24	Total operating and administrative expenses.	 -						1 30		
Ĕ		Add lines 13 through 23			13,41	19	0	·	13,419		
era	25	Contributions, gifts, grants paid	_		151,20				151,206		
کّ	26	Total expenses and disbursements. Add lines 24 and 25	\vdash								
۲		Subtract line 26 from line 12:	 		164,62		0		164,625		
	27				02.27	·		*			
	a	Excess of revenue over expenses and disbursements	-		83,37	5					
	þ	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)	<u> </u>			+	0	-			
	С							1			

45-5186076 Form 990-PF (2013) Hands of Blessing, Inc. Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II Balance Sheets should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 1 -292 20,284 20,284 2 Accounts receivable 3 Less: allowance for doubtful accounts Pledges receivable 4 Less: allowance for doubtful accounts 5 Receivables due from officers, directors, trustees, and other 6 disqualified persons (attach schedule) (see instructions) . . . Other notes and loans receivable (attach schedule) 7 Less: allowance for doubtful accounts 8 Inventones for sale or use Prepaid expenses and deferred charges 10a Investments—U S. and state government obligations (attach schedule) Investments—corporate stock (attach schedule) b Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment basis 11 Less: accumulated depreciation (attach schedule) 12 Investments—mortgage loans 13 Investments—other (attach schedule) . 14 Land, buildings, and equipment basis

229,678 Less: accumulated depreciation (attach schedule) 229.678 229.678 229.678 Other assets (describe ► Construction in Progress) 10.200 10.200 15 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) 229,386 260.162 260.162 17 18 Liabilities 19 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) 150.868 21 98.269 Other liabilities (describe 22 Total liabilities (add lines 17 through 22) 150,868 98,269 Foundations that follow SFAS 117, check here or Fund Balances and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 26 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 78,518 161,893 29 Retained earnings, accumulated income, endowment, or other funds 30 78,518 Total net assets or fund balances (see instructions). 161,893 Net. 31 Total liabilities and net assets/fund balances (see 229,386 260,162 Part III **Analysis of Changes in Net Assets or Fund Balances** 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with 78,518 1 2 83,375 3 Other increases not included in line 2 (itemize) 3 4 161.893 5 Decreases not included in line 2 (itemize) 5

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

161.893

6

Part	V Capital Gains an	d Losses for Tax on Investn	nent Income				
	(a) List and describe t 2-story brick wareh	the kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation		ate acquired o., day, yr)	(d) Date sold (mo., day, yr)	
1a							
b							
<u> </u>							
d	<u>-</u>						
<u>e</u>	-						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(f) Depreciation allowed (g) Cost or (or allowable) plus expe				
<u>a</u>							
<u> </u>							
c d							·
<u>u</u>					-		
	Complete only for assets si	howing gain in column (h) and owned	by the foundation	on 12/31/69			
		(j) Adjusted basis	•	s of col (i)		col (k), but not	(h) gain minus less than -0-) or
	(i) F M V. as of 12/31/69	as of 12/31/69	over col	(j), if any		Losses (fi	rom col (h))
<u>a</u> b							
C		-					
d							
2	Capital gain net income or	r (net canital inee)	also enter in Par , enter -0- in Par	·	2		0
3	Net short-term capital gair	n or (loss) as defined in sections 1	•	ti, mier 7	-		
		, line 8, column (c) (see instruction		er-0- in 1			
				· · · · · · · · · · · · · · · · · · ·	3		0
Part	V Qualification Und	der Section 4940(e) for Redu	iced Tax on N	let Investment	Incon	ne	
Wast		ve this part blank. section 4942 tax on the distributal qualify under section 4940(e). Do			e period	1?	☐ Yes ☒ No
1		ount in each column for each year;			g any e	entries	
	(a) Base penod years	(b) Adjusted qualifying distributions		(c) of noncharitable-use as		Disi	(d) tribution ratio
Cal	endar year (or tax year beginning in					(col (b)	divided by col (c))
	2012 2011	33/	7,860	110	3,185		2.858738 0.000000
	2010		<u> </u>		+		0.000000
	2009		ŀ		$\neg \uparrow$		0.000000
	2008			·			0.000000
	<u> </u>		<u> </u>				
2 3	Total of line 1, column (d) Average distribution ratio	for the 5-year base period—divide			· -	2	2.858738
•	_	dation has been in existence if less		• •	.	3	2.858738
4	Enter the net value of non	charitable-use assets for 2013 fro	m Part X, line 5		.	4	164,507
5	Multiply line 4 by line 3 .				.	5	470,282
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. -	6	0
7	Add lines 5 and 6				.	7	470,282

Form 990-PF (2013)

art_	Excise Tax Based on investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see inst	ruction	is)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b		1			
_	here ▶ ☐ and enter 1% of Part I, line 27b		-		1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col. (b).		······································		1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		0	
3	Add lines 1 and 2	3		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		0	
6	Credits/Payments:				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a			^ }	
b	Exempt foreign organizations—tax withheld at source			(m)	***
C	Tax paid with application for extension of time to file (Form 8868) 6c				<u> </u>
d	Backup withholding erroneously withheld				ļ <i>-</i> -
7	Total credits and payments. Add lines 6a through 6d	7		0	-
8 9	Enter any penalty for underpayment of estimated tax. Check here	8 9		0	├
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0	+
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax Refunded	11		0	+
	VII-A Statements Regarding Activities		_		1
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	ls	4		
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?	<i>.</i>	1c	<u> </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		· .	· •	
	(1) On the foundation ►\$ (2) On foundation managers. ►\$		_	i i	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	sed			
2	on foundation managers. \$			· **	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2	\vdash	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar	tiolog	İ		i
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	42	 	$\frac{\hat{x}}{x}$
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	Ť
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or			3	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions the	at			
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				1 3
	GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene		-	 -,-	ļ
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)?	•	<u> </u>	 	ļ
	"Yes," complete Part XIV	11	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	neir	-	\vdash	 ^
. •	names and addresses		. 10		x
					• • •

45-5186076

Page 4

11 . At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	е						
meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		Х		
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqua	alified						
person had advisory privileges? If "Yes," attach statement (see instructions)			12		Х		
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	ation? .		13	Х			
Website address ► N/A							
14 The books are in care of ▶ John Feehan Telephone n	o. 🕨 <u>(7</u>	706) 645	5-302	4			
Located at ► 1791 OG Skinner Dr, Ste D West Point GA ZIP+4 ► 31833							
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check her	e			. 1	▶ □		
and enter the amount of tax-exempt interest received or accrued during the year	. ▶ <u>15</u>	5					
16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other	authority	/ .		Yes	No		
over a bank, securities, or other financial account in a foreign country?			16		X		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the	name o	f		,~~	- 1		
the foreign country							
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required							
File Form 4720 If any item is checked in the "Yes" column, unless an exception applies.				Yes	No		
1a During the year did the foundation (either directly or indirectly):							
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?] Yes [X No	•	ğ.,	À		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_			•			
disqualified person?	= =	X No					
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				:	50		
	Yes [X No					
(5) Transfer any income or assets to a disqualified person (or make any of either available for	J., 6	l					
- · · · · · · · · · · · · · · · · · · ·	Yes [XI No	**	3.	**		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					4		
foundation agreed to make a grant to or to employ the official for a period after	7 F	l		(: 6 %		
		X No		« (A)	**** !		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described		- 1		*			
Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instruction		l	1b	N/A			
Organizations relying on a current notice regarding disaster assistance check here		▶□ [¥ -	1		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts							
were not corrected before the first day of the tax year beginning in 2013?		·	1c	1 %3	X		
Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a p	rivate			, S.			
operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				ì	1		
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?] Yes [XI No		. 4.	٠,٧		
	l ies [ا ۱۳۰ <u>ا</u>					
If "Yes," list the years 20, 20, 20, 20	12/2/21						
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494)	,	、			*		
all years listed, answer "No" and attach statement—see instructions.)				N/A			
		·	2b	IWA	 		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	11616.		ļ	*4	47		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			l				
] Yes [XI No I	l				
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation					77		
disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved							
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the				y,			
of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	-				7		
foundation had excess business holdings in 2013.)			3b	N/A	 		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose		ł	4a	147	×		
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		· I					
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2		<u>. </u>	4b		X		

Part	VII-B Statements Regarding	Activities t	for W	hich Form	4720 N	lay Be Ro	quire	d (contin	ued)			
5a ,	During the year did the foundation pay (1) Carry on propaganda, or otherwise				section	4945(e))?		Yes	X No			
	(2) Influence the outcome of any spec directly or indirectly, any voter regi	stration drive	?					=	⊠ No			
	(3) Provide a grant to an individual for			•	•			☐ Yes	X No	•	1	
	(4) Provide a grant to an organization section 509(a)(1), (2), or (3), or sec							☐ Yes	X No	:		
	(5) Provide for any purpose other than purposes, or for the prevention of of							☐ Yes	X No	·		
b	If any answer is "Yes" to 5a(1)–(5), did	•	, , ,						l in			
	Regulations section 53.4945 or in a cu			-					· · _	5b	N/A	
c	Organizations relying on a current noti If the answer is "Yes" to question 5a(4 because it maintained expenditure res), does the fo	undati	on claim exer				_	▶ □No			
	If "Yes," attach the statement required	by Regulation	ns sec	tion 53.4945-	-5(d).							
6a	Did the foundation, during the year, reon a personal benefit contract?	•	ads, directly or indirectly, to pay premiums					-	~~ ;			
b	Did the foundation, during the year, part "Yes" to 6b, file Form 8870.	y premiums,	directly	y or indirectly	, on a p	ersonal ber	nefit cor	ntract? .		6b		X
7a	At any time during the tax year, was the fo							☐ Yes	⊠ No			jā.
	If "Yes," did the foundation receive any VIII Information About Office						-		id Ea	7b	N/A	
rait	and Contractors	ers, Directo	, ii	usices, FU	unuan	IOII WIAIIA	yers, r	nginy Pa	alu Ell	ihioye	c s,	
1	List all officers, directors, trustees,	foundation n	nanage	ers and their	compe	ensation (s	ee insti	uctions).				
	(a) Name and address		hou	e, and average rs per week red to position	`´(Hfı	mpensation not paid, nter -0-)	emplo	Contributions byee benefit perred compe	plans	(e) Expe other a	nse acc	
See A	ttached Statement			.00		0						
				.00		0						
				.00		0						
				.00		0						
2	Compensation of five highest-paid e "NONE."	employees (o	ther ti	nan those inc	cluded	on line 1—	see ins		·	ne, ente	er	
	(a) Name and address of each employee paid mo	re than \$50,000		(b) Title, and a hours per w devoted to po	/eek	(c) Comper	sation	(d) Contribution of the complex of t	benefit leferred	(e) Expe other a	nse acc illowanc	
NONE												
					-							
											_	
			-									
Total	number of other employees hald over \$	50,000										

Form **990-PF** (2013)

Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	NE .	
		
Tota	If number of others receiving over \$50,000 for professional services	
	art IX-A Summary of Direct Charitable Activities	
	Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	None	
2		
3		
Ū	······	
	······································	
4		
	rt IX-B Summary of Program-Related Investments (see instructions)	
	Architect and survey fees incurred relating to future community center.	Amount
1	Architect and survey rees incurred relating to luture community center.	
	······································	10,200
2		10,200
Al	other program-related investments. See instructions	
3		
Tot	Add lines 1 through 2	40.000
100	II. Add lines 1 through 3	10,200

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ın foundat	ons,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	25,403
C	Fair market value of all other assets (see instructions)	1c	239,878
d	Total (add lines 1a, b, and c)	1d	265,281
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	98,269
3	Subtract line 2 from line 1d	3	167,012
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	ınstructions)	4	2,505
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	164,507
6	Minimum investment return. Enter 5% of line 5	6	8,225
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 1	8,225
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,225
4	Recoveries of amounts treated as qualifying distributions	4	-1
5	Add lines 3 and 4	5	8,225
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	8,225
Part	XII Qualifying Distributions (see instructions)	<u> </u>	
		T	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	164,625
b	Program-related investments—total from Part IX-B	1b	10,200
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	7-:
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	174,825
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	174,825
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	ther the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 9	90-PF (2013) Hands of Blessing, Inc.			45-5	5186076 Page 9
Part	XIII Undistributed Income (see instructions)			
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
	line 7				8,225
2	Undistributed income, if any, as of the end of 2013:				4
а	Enter amount for 2012 only			0	
b	Total for prior years: 20, 20, 20				·
3	Excess distributions carryover, if any, to 2013				
а	From 2008				
b	From 2009		•		· Pr
С	From 2010		•		
d	From 2011				
е	From 2012		_	1	
f	Total of lines 3a through e	331,951	,	2.0	f.,
4	Qualifying distributions for 2013 from Part XII,	•			
	line 4: ▶ \$ 174,825				
а	Applied to 2012, but not more than line 2a .		·		3
b	Applied to undistributed income of prior years			*G* _ **	*
	(Election required—see instructions)	*			
С	Treated as distributions out of corpus (Election				
	required—see instructions)		×, ¾ů	ž. *.,,	%
d	Applied to 2013 distributable amount	£	Z,	** ,	8,225
e	Remaining amount distributed out of corpus	166,600	*		
5	Excess distributions carryover applied to 2013.				
	(If an amount appears in column (d), the same	*		~ "~	
	amount must be shown in column (a).)	73,5		٠.	, t
6	Enter the net total of each column as	š.			
	Indicated below:		38 ⁶		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	498,551			i i i
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed	* .		2	ري. ميرو ميرو
	income for which a notice of deficiency has			*	,
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				·······
đ	Subtract line 6c from line 6b. Taxable	•		- 14	** ** -
	amount—see instructions			*,	
e	Undistributed income for 2012. Subtract line				
	4a from line 2a. Taxable amount—see		*		
	instructions	1	, \$, \$	0	` <u></u>
f	Undistributed income for 2013. Subtract lines		,		
	4d and 5 from line 1. This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus			,	*
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not			*	, in the second of the second
_	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2014.		1		
	Subtract lines 7 and 8 from line 6a	498,551			
10	Analysis of line 9		,		
a					
þ	Excess from 2010				,
C	Excess from 2011		*	, ·	* 46
d	Excess from 2012		**************************************	* ,	
е	Excess from 2013		<u> </u>	l	L

Hands of Blessing, Inc.

Part .	XIV Private Operating Foundat	ions (see instru	ctions and Part	<u>VII-A, question 9</u>	l)	N/A
	If the foundation has received a ruling o					
	foundation, and the ruling is effective for	2013, enter the d	late of the ruling .	🕨		
b	Check box to indicate whether the found				ction 4942(J)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for		(,	1,7=-		0
ь	each year listed					0
			 	 		
С	Qualifying distributions from Part XII, line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
_	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter					<u>'</u>
	(1) Value of all assets			<u>L</u>		0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					0
	Part X, line 6 for each year listed		· · · · · · · · · · · · · · · · · · ·			<u> </u>
C	"Support" alternative test—enter		į			
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from	_				
	an exempt organization		1		,	0
	(4) Gross investment income		 			0
Part		(Complete th	is part only if th	e foundation h	ad \$5,000 or mo	
- Circ	any time during the year—					
	Information Regarding Foundation M					
',	List any managers of the foundation wh		d more than 2% of	the total contribution	one received by the	foundation
а	before the close of any tax year (but on					louridation
	• • • •	y ii diey nave con	albatea more atan	Ψο,υυο). (σσε σευ	aon oor (a)(2).)	
	nomas	400/				
b	List any managers of the foundation who will ownership of a partnership or other entities.			•		n of the
Not a	oplicable					
2	Information Regarding Contribution,	Grant, Gift, Loan	, Scholarship, etc	., Programs:		
	Check here ▶ ☐ if the foundation on	ly makes contπbu	tions to preselecte	d charitable organi	izations and does no	ot accept
	unsolicited requests for funds. If the fou	ndation makes gif	ts, grants, etc. (see	e instructions) to in	dividuals or organiz	ations
	under other conditions, complete items	2a, b, c, and d				
a	The name, address, and telephone nun	ber or e-mail add	ress of the person	to whom application	ons should be addre	ssed:
_	The Hame, address, and totophone han					
MV T	nomas 1791 OG Skinner Dr, Ste D West	Point, GA 31833	(877) 276-7783 m\	/thomas@crosstel.	com	
b	The form in which applications should be	e submitted and i	nformation and ma	terials they should	ınclude:	
Reau	ests can be submitted via regular mail or	email.				
	Any submission deadlines:					
None	,					
	Any restrictions or limitations on awards	such as by geog	raphical areas ch	antable fields kind	s of institutions or o	other
u	factors:	, such as by year	, apriliour arcas, or		e en monatione, of t	ra 191
None	,					
140116						

Part XV Supplementary Information (continued)

3 . Grants and Contributions Paid During the Year or Approved for Future Payment										
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution							
a Paid during the year										
Alabama Rural Ministry	N/A	PC	Assistance to indigent families	3,000						
PO Box 2890										
Auburn, AL 36831										
Benny Hinn Ministries	N/A	PC	Assistance to indigent families	2,000						
PO Box 162000	•									
Irving, TX 75016										
Blessed Alphonsa Church	N/A	PC	Assistance to indigent families	5,000						
4561 Rosebud Rd			:							
Loganville, GA 30052										
Campaign Life Coalition	N/A	PC	Assistance to indigent families	5,000						
104 Bond St, Ste 300										
Toronto M5B1X9 Canada										
Christ the King Church	N/A	PC	Assistance to indigent families	2,500						
Kannamkulangara										
Thrissur 680007 India	A1/A									
Congregation of Sisters of St Martha	N/A	PC	Assistance to indigent families	4,000						
Kannadi PO Palakkad 678701 India										
Cross Catholic Outreach	N/A	PC	Appletones to indicate formillos	2.000						
	I IN/A	PC	Assistance to indigent families	2,000						
2700 N Military Trail, Ste 240 Boca Raton, FL 33427										
Daivasabdam	N/A	PC	Help spread the Gospel	2,000						
Kannamkulangara	17/0		l leip spread the Gospei	2,000						
Thrissur 680001 India	,									
Deepika Educational & Charitable Trust	N/A	PC	Assistance to indigent families	2,000						
Rastra Deepika Ltd	1 1 1	'	/ wolder to marger termines	2,000						
Kottayam 686001 India										
Delhi Catholic Archdiocese	N/A	PC	Assistance to indigent families	2,000						
1 Ashok Place				_,						
New Delhi 11001 India			!							
Diocese of Bongaigaon	N/A	PC	Assistance to indigent families	5,000						
PO Box 10]	-,						
Bongaigaon 783380 India										
Total See Attached Statement			▶ 3a	151,206						
b Approved for future payment										
Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>	▶ 3b	0						

rai	LAV	Analysis of income-Producing Ad		-!!	_	on 512 513 or 514	
Ente	er gro	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	011 012, 010, 01 014	(0)
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Pro	gram service revenue:					
	а .						
	Ь.						
	C.						
	ď.						
	е.	<u></u>					
	f .						
	g	Fees and contracts from government agencies					
2	Mer	nbership dues and assessments					
3	Inte	est on savings and temporary cash investments .					
4	Dıvi	dends and interest from securities					
5	Net	rental income or (loss) from real estate:					*
	а	Debt-financed property					
	b	Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7		er investment income					
8	Gair	or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
••	b						
	C						
					1		
	c d					_	
12	d .		× 6	0	14 %	0	
	d e Sub	total. Add columns (b), (d), and (e)			y 14 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0	
13	d e Sub Tot	total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e)				0	0
13 (See	d e Sub Tot	ntotal. Add columns (b), (d), and (e)	s.)				
13 (See Par	d e Sub Tot wor	ototal. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations I-B Relationship of Activities to the A	s.) Accomplishm	ent of Exempt	Purposes	13	0
13 See Par Lin	d e Sub Tot	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ototal. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations I-B Relationship of Activities to the A	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0
13 See Par Lin	d e Sub Tot e wor rt XV	ntotal. Add columns (b), (d), and (e)	s.) Accomplishment is reported in contractions	ent of Exempt	Purposes (VI-A contributed	13	0

Form 99	0-PF ((2013) Hands of	Blessing, Inc.				45-5186076	Pag	e 13
Part	XVII			sfers To and Transacti	ons and Re	lationships With No	oncharitable		
a b	Did in secongary (1) (2) (2) (3) (4) (5) (6) (5) Sha If the	Exempt Organization of ection 501(c) of the anizations? Insfers from the report of the ection 501(c) of the enizations? Insfers from the report of the exemption of facilities, ere transactions: Sales of assets to Purchases of assets to Purchases of assets to Purchases of assets to Purchases of asset Reimbursement and Loans or loan gual Performance of see answer to any of the ection of facilities, ever answer to any of the ection of	ganizations directly or indirectly endirectly or indirectly ended to the control of the control	ngage in any of the following ection 501(c)(3) organization a noncharitable exempt organization ble exempt organization assets	g with any others) or in section anization of:	er organization describe on 527, relating to politic	1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c	Yes	X X X X X X X X X X X X X X X X X X X
				ent, show in column (d) the val					
(a) Line	по	(b) Amount involved	(c) Name of nonc	chantable exempt organization	(d) Descr	ption of transfers, transactions	s, and sharing errar	ngement	s
								_	
			 			 	 		
	\dashv								
	\dashv								
					<u> </u>		 		
	一十	-		·			-		
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	Ī	* ******							
		-							
	des	cribed in section 5	ctly or indirectly affilia 01(c) of the Code (ot following schedule	ted with, or related to, one of ther than section 501(c)(3))	or more tax-ex or in section 5	empt organizations 27?	🔲 Yes	X No)
		(a) Name of organ	ization	(b) Type of organization	on	(c) Description	of relationship		
									
		<u> </u>							
		··-·-							
	Und	er penalties of penury. I dec	are that I have examined this re	eturn, including accompanying schedules at	d statements, and to	the best of my knowledge and belief	f rts true		
Sign Here	соп			(yer) is based on all information of which price 3 2018		edge Dirche	May the IRS discuss with the preparer sho (see instructions)?	wn below	
		gnature of officer or trus		Date Title			(ma manannara), [N	ראי ות	740
Paid		Print/Type preparer	s name	Prepare 8 signature	//DTD	Date Check	☐ if PTIN		
Prepa	arei	Charles H. Edwa		Charles H Roward	ts the	5/6/2014 self-em		1934	
Use (I Firm's name	Edwards and Assoc			Firm's EiN ▶	83-0342405		
	J. 11)	Firm's address	2320 Moores Mill Ro	d., Ste. 300, Aubum, AL 368	30	Phone no	(334) 826-77	56	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer Identification number

45-5186076

OMB No 1545-0047

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

Hands of Blessing, Inc.	45-5186076	
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor Complete Parts I and II.	
Special Rules		
sections 509(a)(1	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and	
the year, total cor	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
the year, contributotal to more than year for an exclusiapplies to this org	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during cons for use exclusively for religious, charitable, etc., purposes, but these contributions did not \$1,000. If this box is checked, enter here the total contributions that were received during the vely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule nization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more	
	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organizationEmployer identification numberHands of Blessing, Inc.45-5186076

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Crosstel, Inc 1791 OG Skinner Dr West Point GA 31833 Foreign State or Province Foreign Country:	\$ 214,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Crosstelex, Inc 1791 OG Skinner Dr West Point GA 31833 Foreign State or Province Foreign Country	\$ 34,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country.	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions)

Name of organization
Hands of Blessing, Inc.

Employer Identification number
45-5186076

Part II	Noncash Property (see instructions). Use duplicate of	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of or				Employer identification number 45-5186076
Part III	lessing, Inc. Exclusively religious, charitable, etc., Inc. total more than \$1,000 for the year. Comp. For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	elete columns (a) the total of <i>exclu</i> (Enter this infor) through (e) and the usively religious, chai mation once. See ins	01(c)(7), (8), or (10) organizations of following line entry. ritable, etc.,
(a) No. from Part I	(b) Purpose of gift		Jse of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	IP + 4	nsfer of gift Relation	ship of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) l	Jse of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		nsfer of gift	aship of transferor to transferee
	For Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) t	Jse of gift	(d) Description of how gift is held
		(e) Tra	insfer of gift	
	Transferee's name, address, and Z	IP + 4	Relation	nship of transferor to transferee
	For Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ansfer of gift Relation	nship of transferor to transferee
	For Prov. Country			

State

Foundation Status

PC

Zip Code

33802

Foreign Country

Amount

2,000

City

N/A

Lakeland Relationship

Purpose of grant/contribution

Assistance to indigent families

36863

Amount

6,000

Foundation Status

Lanett

N/A

Relationship

Purpose of grant/contribution

Assistance to indigent families

Mar Andrews Thazhath Street Archdiocese of Thrissur Zip Code City State Foreign Country 680005 **Thrissur** India Relationship Foundation Status PC Purpose of grant/contribution Amount Assistance to indigent families 1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Mar Jacob Thoomkuzhy Street Archdiocese of Thrissur State Zip Code Foreign Country City Thrissur 680005 India Foundation Status Relationship PC N/A Purpose of grant/contribution **Amount** Assistance to indigent families 1,000 Name Mar Pachomios Charitable Society Street Meempara PO City State Zip Code Foreign Country Kochi 682308 India Relationship Foundation Status PC Purpose of grant/contribution **Amount** Assistance to indigent families 4,000 Name Mar Raphael Thattil Street Archdiocese of Thrissur City State Zip Code **Foreign Country** 680005 Thrissur India Relationship **Foundation Status** PC N/A Purpose of grant/contribution Amount Assistance to indigent families 1,000 Name Martha Sisters - Kannadi Street Kannadi PO City State Zip Code Foreign Country Palakkad 678701 India Relationship **Foundation Status** Purpose of grant/contribution Amount Assistance to indigent families 1,000 Name Martha Sisters - Mannampetta Street Mannampetta City State Zip Code **Foreign Country Thrissur** 680325 India Relationship **Foundation Status** lрс Purpose of grant/contribution Amount Assistance to indigent families 1,000 Name Martha Sisters - Ponnukkara Street Ponnukkara City State Zip Code Foreign Country **Thrissur** 680014 India Relationship **Foundation Status** N/A PC Purpose of grant/contribution Amount Assistance to indigent families 1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Moms Cerullo Ministries Street 3545 Aero Court Zip Code City State Foreign Country 92186 San Diego CA Foundation Status Relationship lРС N/A Purpose of grant/contribution Amount Assistance to indigent families 1,000 Name Nirmalagiri Novitiate House Mukkadavu, Nellipally PO State Zip Code Foreign Country City 691305 India Punakur Relationship **Foundation Status** PC N/A Purpose of grant/contribution Amount Assistance to indigent families 1,000 Name Pavanatma Provincial House Street Kallettumkara PO City State Zip Code **Foreign Country Thrissur** 680683 India Relationship **Foundation Status** N/A **IPC** Purpose of grant/contribution **Amount** 4,000 Assistance to indigent families Poor Clares of Perpetual Adoration Street 4108 Euclid Ave City State Zip Code **Foreign Country** Cleveland OH 44103 Relationship **Foundation Status** Purpose of grant/contribution Amount Assistance to indigent families 4,000 Name Prison Fellowship Street PO Box 1550 City State Zip Code **Foreign Country** 22116 Memfield VA Relationship Foundation Status PC Purpose of grant/contribution Amount Assistance to indigent families 2,500 Name Rev Mariusz K Fulks Street St Anne Church State Zip Code Foreign Country City 31907 Columbus GA **Foundation Status** Relationship N/A Purpose of grant/contribution Amount Assistance to indigent families 1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Rev Msgr Francis Alappat Street Kannankulangara City State Zip Code Foreign Country Thrissur India Foundation Status Relationship N/A Purpose of grant/contribution **Amount** Assistance to indigent families 1,000 Name Rosa Mystica Center 2403 Genessee St Zip Code City State Foreign Country NY 13051 Utica Relationship Foundation Status PC N/A Purpose of grant/contribution **Amount** Assistance to indigent families 5,000 Name Sisters of the Destitute Street City State Zip Code Foreign Country 680683 Aluva India Relationship **Foundation Status** PC N/A Purpose of grant/contribution Amount Assistance to indigent families 2,000 Name Sound Choices Pregnancy Clinic Street 1316 Wynton Ct Zip Code City State **Foreign Country** Columbus 31906 Relationship Foundation Status Purpose of grant/contribution Amount Assistance to indigent families 1,000 Name St Alphonsa Church Street 4561 Rosebud Rd State City Zip Code **Foreign Country** Loganville GA 30052 Relationship **Foundation Status** PC Purpose of grant/contribution Amount Assistance to indigent families 2,000 Name St Anne Church Street 2000 Kay Circle City State Zip Code **Foreign Country** 31907 Columbus GA Relationship **Foundation Status** N/A Purpose of grant/contribution Amount Assistance to indigent families 5,706

Foundation Status

Amount

5,000

PC

Relationship

Purpose of grant/contribution

Assistance to indigent families

N/A

Part I, Line 16a (990-PF) - Legal Fees

	30	0	0	30
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
 Description	Books	Income	Income	(Cash Basis Only)
1 Jacob Biel, Attomey-at-Law	30			30

Part I, Line 16b (990-PF) - Accounting Fees

		5,338	0	0	5,338
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Edwards & Associates, LLC	1,200		<u> </u>	1,200
2	Payroll, Inc.	4,138			4,138

Part I, Line 18 (990-PF) - Taxes

_		734	0	. 0	734
Γ		Revenue			Disbursements
1		and Expenses	Net Investment	Adjusted	for Charitable
L	Description	per Books	Income	Net Income	Purposes
	1 Property Tax	734			734

Part I, Line 23 (990-PF) - Other Expenses

		96	0	0	96
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Bank Fees	96			96

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

	229,678	0	0	229,678	229,678	229,678
		Accumulated	Accumulated			•
	Cost or	Depreciation	Depreciation	Book Value	Book Value	FMV
Asset Description	Other Basis	Beg. of Year	End of Year	Beg. of Year	End of Year	End of Year
Land	229,678			229,678	229,678	229,678

Part II, Line 15 (990-PF) - Other Assets

		n	10,200	10,200
		Book Value	Book Value	FMV End
	Asset Description	Beg of Year	End of Year	of Year
-	Construction in Progress	0	10,200	10,200

Payable
r Notes I
s and Othe
- Mortgage
(990-PF)
II, Line 21

			180,000	150,868	98,269								229,678	
				Balance	Balance								Fair Market	
		Check X	Ongmal	on O	One	Security	Date of	Maturity	Repayment	Interest	Purpose of		Value of	
Name of Lender	产	if Business	Amount	Beg of Year	End of Year	Provided	Note	See	Terms	Sat	Loan	Description	Consideration	Relationship
1 Philip Mark Manning			180,000	150,868	98,269 Land	يع	9/5/2012	72025/6	Worthly	200%	Purchase	Purchase of Land	229,678 None	None

irt VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

				:	l					^)	1
	Name	Check "X"	Street	Ş	State	Zip Code	Foreign Country	置	Avg Hrs Per Week	Compensation	Benefits	Expense Account
_	MV Thomas	+	1791 OG Skinner Dr		₩	31833		Trustee	2 00			
_												
9	Geetha Thomas		1791 OG Skinner Dr	West Point (<u>₹</u>	31833		Trustee	0.00			
7												
ĮĮ.	Frenny Thomas Anthony		1791 OG Skinner Dr	West Point (<u>&</u>	31833		Trustee	000			
د.												
<u>-</u>	Jenny Thomas		1791 OG Skinner Dr	West Point	ĕ Y5	31833		Trustee	0.00			
4												
S	Stephanie Thomas		1791 OG Skinner Dr	West Point	₹ 5	31833		Trustee	000			
16				***************************************		-						

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