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

2014

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► 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

Fo	or cal	enda	year 2014, or tax year beginning	ng	, 2014	, and ending		,	· · · · · · · · · · · · · · · · · · ·
	- -		. W. D. G. F. G. F. F. W. W. G.			[	Α	Employer identification nui	mber
MICHAEL AND BECKY COLEMAN CHRISTIAN					[-	<u> </u>	20-0511848		
FAMILY FOUNDATION, INCORPORATED 2005 HIGHWAY 82 WEST					ŀ	В	Telephone number (see inst	tructions)	
6	005   DFF	יוויר) חדר	D, MS 38930			-		002-405-4025	
0	T(LL)	.,,,,	D, MS 30330			-	С	If exemption application is	pending, check here
G	Check all that apply Initial return Initial return of a former public charity						D	1 Foreign organizations show	alu bara 🕨 🗆
	Final return Amended return						U	1 Foreign organizations, che	ix riere
			Address chan	ge	Name change			2 Foreign organizations mee	ting the 85% test, check
Н	Che	ck ty	oe of organization X Sec	tion 50	1(c)(3) exempt private f	oundation		here and attach computation	on •
	Γ	Sec	ction 4947(a)(1) nonexempt cha			_	E	If private foundation status	
T	Fair	market	value of all assets at end of year	J Acc	counting method X C	ash Accrual		under section 507(b)(1)(A)	), check here
	(fror	n Part	II, column (c), line 16)		Other (specify)	<u> </u>	F	If the foundation is in a 60	-month termination —
	▶ \$			(Part I	, column (d) must be oi	n cash basis )		under section 507(b)(1)(B)	), check here
P	art		nalysis of Revenue and	•	(a) Revenue and	(b) Net investment	t	(c) Adjusted net	(d) Disbursements
		E	<b>(penses</b> (The total of amounts lumns (b), (c), and (d) may not	n n	expenses per books	income		income	for charitable
		sa	rily equal the amounts in colum	n (a)					purposes (cash basis only)
_			ee instructions) )						(000
		1	Contributions, gifts, grants, etc, received (attach sche		700,000.	1.00		TO SERVICE MARKET	
		2	Ck ►if the foundn is not required to attac	h Sch B	1 6 · 1 4 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·		,• <sup>47</sup>	THE PARTY OF THE PROPERTY OF T	
-		3	Interest on savings and temporary cash investments		23,042.	23,042	2 .	23,042.	
		4	Dividends and interest from securities		23,012.	23,311	- <u>-</u> -	23,012.	7 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
			Gross rents.		·				Action to depend to
i		D	Net rental income or (loss)		ritte de la	1 1 1 1 1 1	′₫		Acada Acada F
)	R		Net gain or (loss) from sale of assets not on line 10					Control 11	
2	E	_	Gross sales price for all assets on line 6a			** **** * * **************************	- ~¥	14 16 4 40 41 41	
:	Ē	7	Capital gain net income (from Part IV, line	e 2)	4.58 2.58 3746			15 化甘水素质	在 整建 基本
	N U	_	Net short-term capital gain Income modifications		\$250 N. A. V. V. V.		. *		24 X 74 X
_	Ě		Gross sales less			~ ** ** ** ** ** ** ** **	<u> </u>		
)			returns and allowances				9 ile		
;		b	Less Cost of goods sold		k	~ → } <sub>3,7</sub>	4		
Ē		С	Gross profit or (loss) (attach schedule)				-		10 - C-440 / 25 / 25 / 25 / 25 / 25 / 25 / 25 / 2
<u>כ</u>		11	Other income (attach schedule)					-	
2									[44] [Art [8] [Art ] [1] vid
<b>J</b> _			Total. Add lines 1 through 11		723,042.	23,042	<u>2.</u>	23,042.	THE SECTION TO THE SECTION OF THE SE
			Compensation of officers, directors, truste Other employee salaries and wages	es, etc.	0.		-		
			Pension plans, employee benefits			<del></del>			
			Legal fees (attach schedule)					7	·
	A		Accounting fees (attach sch)				~		
	M		Other prof fees (attach sch)			· MA	V	2 1 2015	
Q	N -	17	Interest				<u>.                                    </u>	<del>* * 7012                                   </del>	
P E R	S T R	18	Taxes (attach schedule)(see instrs)			<del></del>			
A	Α		Depreciation (attach						, ,,,,
j	T		sch) and depletion					• ,	
N G	E		Occupancy Travel, conferences, and meetings			<del></del>			
A			Printing and publications						
A N D	X		Other expenses (attach schedule)			<del></del>		<del></del>	<del></del>
	E N		See Stateme	<u>nt 1</u>	184.	184	4.	184.	<del></del>
	S E		Total operating and administrative		104	3.0	,	104	
	S		expenses. Add lines 13 through 23 Contributions, gifts, grants paid Stmt	2	184. 98,950.	184	4.	184.	00 050
	i		Total expenses and disbursements.	-	70, 950.				98,950.
			Add lines 24 and 25		99,134.	184	4.	184.	98,950.
			Subtract line 26 from line 12					-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Excess of revenue over expenses and disbursements		623,908.				'
			Net investment income (if negative, enter	۸۵.	023, 908.	22,858	R		
			Adjusted net income (if negative, enter -0			22,030	٠.	22,858.	· · · · · · · · · · · · · · · · · · ·
				*	i l			,,	

Par	+ 11	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		nd of yea		
			(See instructions )	(a) Book Value	(b) Book Value	(c) F	aır Market \	Value
`	1	Cash — non-interest	•					
	2	Savings and tempora	ary cash investments	2,238,798.	2,862,70	05.		
	3	Accounts receivable	•	المنتخب وأناب والمستعدد				
		Less allowance for o	doubtful accounts					
	4	Pledges receivable	·	1/27-9550250	<u> </u>			
	١ ـ	Less allowance for o	doubtful accounts >					
	5	Grants receivable						
	6	Receivables due from office disqualified persons (attac	ers, directors, trustees, and other th schedule) (see instructions)					
	7	Other notes and loans rece					· · · · · · · · · · · · · · · · · · ·	
A		Less allowance for o			**************************************	·		
S	8	Inventories for sale of		-		<del> </del>		
A S S E T	9	Prepaid expenses ar	nd deferred charges.					
Š	10 a	Investments – US a obligations (attach so	and state government chedule)					
	l t	Investments — corporate s		3,603.	3,60	04.		
		: Investments — corporate t	oonds (attach schedule).	-,				
	11	Investments – land, equipment basis	buildings, and	<b>化学员为</b>				, , , , ,
		Less: accumulated depreci (attach schedule).	ation					velocin all
	12	Investments - morto	gage loans					
	13	Investments - other	(attach schedule)					
	14	Land, buildings, and	equipment basis		THE STATE OF			
		Less accumulated deprect (attach schedule)	ation •					
		Other assets (describ		·				
	16	see the instructions	completed by all filers — Also, see page 1, item I)	2,242,401.	2,866,30	19.		0.
L	17	Accounts payable an		2,212,101,	2,000,0	1,45		7.71 Y
A	18	Grants payable						
B	19	Deferred revenue					k () (Plant 'Yî	
Ľ	20	Loans from officers, direct	ors, trustees, & other disqualified persons					277
Ī	21	Mortgages and other notes	payable (attach schedule)					3,44
T	22	Other liabilities (desc	cribe►)					L.S
E S	23	Total liabilities (add	lines 17 through 22)	0.		0.		
	-		low SFAS 117, check here		<u></u>	<del></del>		,
	ŀ		24 through 26 and lines 30 and 31.			79		٠ . ا
N F	24	Unrestricted		2,242,401.	2,866,30	. خياً . 99	ė i	:
N F E U T N	25	Temporarily restricte	d				X .	
ח	26	Permanently restricted	ed					, ,
A B A L A		Foundations that do and complete lines 2	not follow SFAS 117, check here Page 117, check her			.3 5		
Ę۲	27	Capital stock, trust p	rincipal, or current funds					1
2 N	28	•	or land, bldg, and equipment fund				\$	1
οE	29		lated income, endowment, or other funds	_			<	and deferman
RS	30	Total net assets or fi	und balances (see instructions)	2,242,401.	2,866,30	9.		ļ
	31	Total liabilities and r (see instructions)	net assets/fund balances	2,242,401.	2,866,30	19		
Par	<u> </u> 	<u> </u>	ges in Net Assets or Fund Balanc		2,000,30	<del>, , , , , , , , , , , , , , , , , , , </del>		
	•		ilances at beginning of year - Part II, coli		gree with			<del></del>
'	end-	of-year figure reported	l on prior year's return)	anni (a), inie 30 (must a	gree with	1	2,242,4	101.
2	Enter	amount from Part I,	line 27a			2	623,9	
3	Other a	increases not included in lin	ne 2 (Itemize)			3		
4	Add I	ines 1, 2, and 3	<b> </b>			4	2,866,3	309.
		ises not included in line 2 (i				5		
6	Total	net assets or fund ba	lances at end of year (line 4 minus line 5	) – Part II, column (b), I	line 30	6	2,866,3	
BAA			TEEA0302L	12/10/14		Fo	rm <b>990-PF</b> (2	2014)

(a) List and	describe the kind(s) of property sold (varehouse, or common stock, 200 share	e g . real estate.	(b) How acc P — Purch D — Dona	ase (mont	Date acquired th, day, year)	(d) Date sold (month, day, year)
1a N/A			D — Dona	lion		
b						
С			<del>                                     </del>			
d						
е						
(e) Gross sales price	e (f) Depreciation allowed (or allowable)	(g) Cost or other to plus expense of s			<b>h)</b> Gain or plus (f) m	
a						
b						
С				_		
d						
е						
	ets showing gain in column (h) and ow				I) Gains (Col	
(i) Fair Market Value as of 12/31/69	e (j) Adjusted basis as of 12/31/69	(k) Excess of colum over column (j), if				(), but not less rom column (h))
a						
<u>b</u>						
С						
<u>d</u>						
<u>e</u>					,	
2 Capital gain net incom	ne or (net capital loss) — If gain If (loss	, also enter in Part I, line 7 s), enter -0- in Part I, line 7	}- [	2		
3 Net short-term capital	gain or (loss) as defined in sections 13	222(5) and (6):				
If gain, also enter in F in Part I, line 8	art I, line 8, column (c) (see instruction	ns) If (loss), enter -0-	}-	3		
Part V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Invest	ment Inco	me		
If 'Yes,' the foundation does	or the section 4942 tax on the distributa not qualify under section 4940(e) Do mount in each column for each year, see	not complete this part		7	Yes	X No
(a)	(b)	(c)	1,7 0.11.100		(d)	
Base periód years Calendar year (or tax y beginning in)	ear Adjusted qualifying distribution		ssets	_	Distribution	ı ratıo by column (c))
2013	90,63	16. 1,7	43,342.			0.051978
2012	88,9	58. 1,7	90,195.			0.049692
2011	91,90	03. 1,8	23,946.			0.050387
2010	98,0	78. 1,8	31,094.			0.053563
2009	103,9	75. 1,9	63,097.		·	0.052965
2 Total of line 1, column	ı (d)			2		0.258585
3 Average distribution ra number of years the formula	itio for the 5-year base period – divide oundation has been in existence if less	e the total on line 2 by 5, or by than 5 years	the	3		0.051717
4 Enter the net value of	noncharitable-use assets for 2014 from	m Part X, line 5		4		L,900,523.
5 Multiply line 4 by line	3			5		98,289.
6 Enter 1% of net invest	ment income (1% of Part I, line 27b)			6		229.
<ul><li>6 Enter 1% of net invest</li><li>7 Add lines 5 and 6</li></ul>	ment income (1% of Part I, line 27b)		-	7		229. 98,518.
<ul><li>7 Add lines 5 and 6</li><li>8 Enter qualifying distrib</li></ul>	ment income (1% of Part I, line 27b) utions from Part XII, line 4 eater than line 7, check the box in Part V		_	7 8		

		•					
	990-PF (2014) MICHAEL AND BECKY COLEMAN CHRISTIAN		<u>-0511</u>			F	age 4
Part	<u> </u>		e instru	ıctions	<u>)                                    </u>		
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on						
	Date of ruling or determination letter (attach copy of letter if necessary – se	e instrs)					
	Domestic foundations that meet the section 4940(e) requirements in Part V,		1				<u> 229.</u>
	check here. ► X and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, c	olumn (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			 			
	foundations only Others enter -0-)		2				<u>0.</u>
_	Add lines 1 and 2		3				<u> 229.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				229.
	Credits/Payments			` .	į	· (4. )	
	2014 estimated tax pmts and 2013 overpayment credited to 2014		_ : \		~_~		3
	Exempt foreign organizations — tax withheld at source 6 b				, C.		
C	Tax paid with application for extension of time to file (Form 8868)			1.5	(e+ %		
d	Backup withholding erroneously withheld 6 d			·	ÿ	<u> </u>	
7	Total credits and payments Add lines 6a through 6d		7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 🔲 if Form 2220 is a	attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>►</b> 9			- 2	229.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<b>10</b>				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	Refunded	<b>11</b>				
Part	VII;A Statements Regarding Activities						
1 a	During the tax year, did the foundation attempt to influence any national, state, or local participate or intervene in any political campaign?	legislation or did it		: **	1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pu (see Instructions for the definition)?	rposes			1 b		х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any or distributed by the foundation in connection with the activities	materials published		2325	14		
С	Did the foundation file Form 1120-POL for this year?			-	1 c	**********	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year			00	10,30,61	3.00
	(1) On the foundation \$\ 0. (2) On foundation managers	· *\$		<u> </u>	î jû		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditur foundation managers  • \$ ()	e tax imposed on			چ		77.5
	foundation managers  S  O  O  D  D	the IPS?		-	- م	b 2	37
	If 'Yes,' attach a detailed description of the activities	ille ins		-	2		X
	in res, attach a detailed description of the activities						1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing inst	rument, articles		-	-	<u> </u>	
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed co			-	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the	year <sup>,</sup>		-	4 a		X
	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?			-	4 b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			 	5		X
	If 'Yes,' attach the statement required by General Instruction T				£.	*	1 1
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	deither					
•	By language in the governing instrument, or			i			.
•	By state legislation that effectively amends the governing instrument so that no mandatory d with the state law remain in the governing instrument?	irections that conflict			6		X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (			L	7	<u>X</u>	
8 a	Enter the states to which the foundation reports or with which it is registered (see instru	ictions).		_		ч	
_	MS			_			
	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			_		···	
(	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8ь	<u>X</u>	
9	ls the foundation claiming status as a private operating foundation within the meaning of for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part )	of section 4942(j)(3) (	or 4942(	(J)(5) -	9	·- ·	- 🕶

10

Form 990-PF (2014)

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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<u> Pai</u>	VII-A Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the 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 disqualified 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 application?  Website address  N/A	13	Х	
14	The books are in care of MICHAEL W. COLEMAN Telephone no			
				<b></b> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here		. – – –	
15		IN / E		
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If 'Yes,' enter the name of the foreign country		*	
Pai	tiVII-Big 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.	1.12	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	LEC 10	27 8.30	2000
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
		La	T	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	4.5	<b>E</b>	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	T.		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			* * * * * * * * * * * * * * * * * * *
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes  X No	i	ecti <sub>s</sub>	
ł	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	/ <u>A</u>
	Organizations relying on a current notice regarding disaster assistance check here	4017 \$	14 K	÷ , ¶
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1 c	»	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$ )		9i.	
ā	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?  Yes X No			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20			
ŀ	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see instructions.)	2 b	i N	/A
(	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	_	4	1
	► 20 , 20 , 20 , 20		,	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No	~ + <u>2</u>	* * . ;	,
ŀ	of 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)	 3b	N,	/A_
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		<u>X</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4 b		X
BAA	F	orm <b>99</b>	0-PF (	2014)

	Statements Regarding Activit		<u>1 4720 May Be Req</u>	uired (continu	ed)	<b></b>		
_	the year did the foundation pay or incu	•						
<b>' (1)</b> Car	ry on propaganda, or otherwise attemp	ot to influence legislatio	on (section 4945(e))?	Yes	<b>X</b>	No		
on,	uence the outcome of any specific pub directly or indirectly, any voter registra	ation drive?	•	Yes		No		
<b>(3)</b> Pro	vide a grant to an individual for travel,	study, or other similar	purposes?	Yes	X	No	1	1
(4) Pro in s	vide a grant to an organization other tl ection 4945(d)(4)(A)? (see instructions	han a charitable, etc, oi s)	rganization described	Yes	X	No .		·
<b>(5)</b> Pro edu	vide for any purpose other than religio cational purposes, or for the preventio	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes	<b>X</b>	No	•	* :
describ	nswer is 'Yes' to 5a(1)-(5), did <b>any</b> of ed in Regulations section 53 4945 or in structions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	otions e		5 t	- 3,4:	/A
Organiz	ations relying on a current notice rega	ırdıng disaster assistand	ce check here		<b>-</b>	,	5	-(")," -2," !
tax bec	nswer is 'Yes' to question 5a(4), does a ause it maintained expenditure respon I attach the statement required by Regi	sibility for the grant?	·	N/A [] Yes	s [	No		
6 a Did the on a pe	foundation, during the year, receive air receive air receive air	ny funds, directly or ind	irectly, to pay premium	s Yes	<b>X</b>	No		
<b>b</b> Did the	foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	ш	61	3	X
If 'Yes'	to 6b, file Form 8870					1	2 2 3 3 4	
					X		\$ ( <u>.</u> )	
	did the foundation receive any procee					/A 71	-	
Part*VIII;	Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly P	aid E	mployee	<del>?</del> S,	
1 List all	officers, directors, trustees, foundatio	n managers and their o	compensation (see inst	tructions).				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee bei plans and defe compensatio	nefit erred	(e) Expen	ise acc allowar	
	W. COLEMAN, MD	President	0.		0.			0.
	GHWAY 82 WEST DD, MS 38930	0						
	COLEMAN GHWAY 82 WEST DD, MS 38930	Vice Preside 0	0.		0.			0.
BECKY W 2005 HI	COLEMAN GHWAY 82 WEST DD, MS 38930	Secretary 0	0.		0.			0.
2 Comper	nsation of five highest-paid employees (of	ther than those included	on line 1 – see instruction	ns). If none, enter '	NONE.	,		
(a) Nam	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions employee ber plans and defe compensatio	nefit erred	(e) Expen	ise acci allowar	ount, nces
None				- Componidatio				
ı otal number	of other employees paid over \$50,000	)			•			0

# Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments See instructions Total. Add lines 1 through 3

BAA

Form 990-PF (2014)

see instructions.)	n eigir it	Juliuations,
1` Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	1 a	3,605.
b Average of monthly cash balances	1 b	1,925,860.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	1,929,465.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	NX	
(attach detailed explanation) 1 e 0.		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	1,929,465.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	28,942.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,900,523.
6 Minimum investment return. Enter 5% of line 5	6	95,026.
Part:XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ting for	
and certain foreign organizations check here ► and do not complete this part.)	J	
1 Minimum investment return from Part X, line 6	1	95,026.
2a Tax on investment income for 2014 from Part VI, line 5 229.	100	<u>.</u>
b Income tax for 2014 (This does not include the tax from Part VI)  2 b		
c Add lines 2a and 2b	2 c	229.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	94,797.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4 .	5	94,797.
6 Deduction from distributable amount (see instructions)	6	<u> </u>
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	94,797.
Part XII Qualifying Distributions (see Instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	98,950.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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)	3 a	- 10
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	98,950.
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	229.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	98,721.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ındatıon	
ANA		Form <b>990-PF</b> (2014)

Part XIII Undistributed Income (see instructions)

•	<b>(a)</b> Corpus	(b) Years prior to 2013	(c) 2013	<b>(d)</b> 2014
Distributable amount for 2014 from Part XI, line 7				94,797.
2 Undistributed income, if any, as of the end of 2014.				54,757.
a Enter amount for 2013 only	ŧ	,	0.	
<b>b</b> Total for prior years 20 , 20 , 20	3	0.		
3 Excess distributions carryover, if any, to 2014	7 ×			,
a From 2009	* * * * * * * * * * * * * * * * * * * *			
<b>b</b> From 2010	,*, , ,	-		*
<b>c</b> From 2011	* ,		\$ ,	
<b>d</b> From 2012		,	, , , , , , , , , , , , , , , , , , ,	, ,
e From 2013 2,817.		3 3	, , , ,	,
f Total of lines 3a through e	2,817.			* * *
4 Qualifying distributions for 2014 from Part				À
XII, line 4 * \$ 98,950.		M. St. E		,
a Applied to 2013, but not more than line 2a	11.5		0.	* ,,
<b>b</b> Applied to undistributed income of prior years			<b>^</b> %	2, -
(Election required – see instructions).		0.	· · · · · · · · · · · · · · · · · ·	
c Treated as distributions out of corpus			•	****
(Election required – see instructions)	0.		**************************************	^~, /, <sup>~</sup> *
d Applied to 2014 distributable amount	- 2		E 7.	94,797.
e Remaining amount distributed out of corpus	4,153.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a) )				divide the state of
		· , · ,		
6 Enter the net total of each column as			, , , , ,	
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,970.		•	
	0,970.			· * 4
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed		0.		
income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable			<del></del>	
amount — see instructions		0.	* • ** ;	
e Undistributed income for 2013. Subtract line 4a from	*	₹, ,	,	* >
line 2a Taxable amount — see instructions	**	<b>\$</b>	0.	*
(		**. ** * *	,	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be		* * * * *	. **	
distributed in 2015		· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by		*	·	
section 170(b)(1)(F) or 4942(g)(3) (Election		à	*	
may be required — see instructions)	0.			<u> </u>
8 Excess distributions carryover from 2009 not	-			,
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	6 070			
10 Analysis of line 9	6,970.			*
a Excess from 2010				
b Excess from 2011				
c Excess from 2012	•			
d Excess from 2013 2,817.				
e Excess from 2014 4, 153.				
	<u> </u>	L		

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part/XV Supplementary Information (continued)							
3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen		<del>,                                      </del>			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	substantial contributor	recipient	-				
a Paid during the year							
		•					
		i					
Total	1	<b>.</b>	► 3a				
<b>b</b> Approved for future payment							
		!					
Total			► 3b	1			

Part XVI-A	<b>Analysis</b>	of Income-	Producing	<b>Activities</b>
------------	-----------------	------------	-----------	-------------------

	ss amounts unless otherwise indicated	<del></del>	ed business income	Excluded	d by section 512, 513, or 514	(0)
,		(a) Business	<b>(b)</b> Amount	(c) Exclu-	<b>(d)</b> Amount	(e) Related or exempt function income
1 Prog	gram service revenue	code		sion		(See instructions )
a		_		ļ		
b	·			ļ	<u> </u>	
٦				<del> </del>		<del></del>
		<del> </del>				<u></u>
f				···		
g Fee	s and contracts from government agencies					
2 Men	nbership dues and assessments					
	est on savings and temporary cash investments					23,042.
	dends and interest from securities	500 mark to the 200 miles	-LEW7s interest was belt like a respect to see	2.0000 6		
	rental income or (loss) from real estate	C. SP. CA	医海绵切透镜 4等 8	N.Eac		
	t-financed property debt-financed property	-		-		
	ental income or (loss) from personal property			<del> </del>		
	er investment income			-		
	or (loss) from sales of assets other than inventory			-		
9 Net	income or (loss) from special events					-
<b>10</b> Gros	ss profit or (loss) from sales of inventory					
<b>11</b> Othe	er revenue	<b>斯特斯</b>	學學學學	MARKET S	<b>於為學學·實際等</b>	
.a 						
b						
g		1				
e						
12 Sub	total Add columns (b), (d), and (e)	00° 100° 100		100		23,042.
13 Tota	II. Add line 12, columns (b), (d), and (e)		·	19.000	13	23,042.
(See work	sheet in line 13 instructions to verify calculate	ons )				
Part XV	I-B Relationship of Activities to the	Accompl	ishment of Exemp	t Purpo	oses	
Line No. ▼	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep	orted in column (e) of F	Part XVI-	A contributed important such purposes) (See ii	ly to the
3	INCOME IS DISTRBUTED TO CHAR					
	INCOME IS DISTRIBUTED TO CHA	(11115				
			·		_	
-						
				_	· · · ·	····
		<del> </del>	<del></del>			

# Part XVII: Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						Ten Yearin
descril relation a Transf (1) Ca (2) Ot b Other (1) Sa (2) Pu (3) Re (4) Re (5) Lo (6) Pe c Sharin d If the a	ped in section 501(c) g to political organiza ers from the reporting ash her assets transactions ales of assets to a nor archases of assets from the facilities, equipmental of facilities, equipmental or loan guaranteer formance of services and of facilities, equipmental of the abods, other assets, or se	of the Code (other trions?  g foundation to a number triable exemply ment, or other assements es or membership of the trions, mailing lists, above is 'Yes,' controles given by the	exempt organization	panizations) or in section in a section of section of the section	lways show the fair i	1
		<del>, · · · · · · · · · · · · · · · · · · ·</del>			<del></del>	
(a) Line no.	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(a) Description of tr	ansfers, transactions, and	snaring arrangements
N/A						
			· · · · · · · · · · · · · · · · · · ·			
	···-					
	· · · · · · · · · · · · · · · · · · ·					
						· · · · · · · · · · · · · · · · · · ·
		<del> </del>	······································	<del></del>		
		<del> </del>		,		
	<del></del>	<del> </del>	• • •	<del> </del>	<del></del>	·
		<u> </u>				
descri	bed in section 501(c)	of the Code (other	th, or related to, one or more than section 501(c)(3)) or	tax-exempt organizations in section 527?	;	Yes X No
	,' complete the follow		ANT.		(-) D1 ( - 1	-1
	(a) Name of organizat	ion	(b) Type of organization	on	(c) Description of rel	ationship
N/A						
	<del> </del>					
Unde	r penalties of perjury, I decla	re that I have examined	this return, including accompanying taxpayer) is based on all information	schedules and statements, and	to the best of my knowledg	e and belief, it is true,
Sign	ct, and complete Declaration	or preparer (other than	taxpayer) is based on all information	ir or willon preparer rias any Kno	meage	May the IRS discuss
Here	1 1 1 () (	(2000)	15-14	15		this return with the
l <u>—</u>	whereand I	Varior. Ly	ran 3717.	President		preparer shown below (see instructions)?
Sig	nature of officer or trustee		Date	Title	·	X Yes No
	Print/Type preparer's na	me	Preparer s signature	Date	Check	PTIN
Paid	ROBERT A HEA	ARN	ROBERT A HEAR	what the	self-employed	P00354835
Preparer	Firm's name	Fred T. Neel			Firm's EIN - 4531	22402
Use Only	_	105 W. Presi				
JJC Only	_		S 38930		Phone no (662	) 453-7112
BAA		sacciiwood, N	5 50550	<del> </del>	1, 1010 10 _ (002	
DAM						Form <b>990-PF</b> (2014)

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2014

Name of the organization MICHAEL AND BECKY		Employer Identification number
FAMILY FOUNDATION	, INCORPORATED	20-0511848
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 pr	avate foundation
	吕 …	Tvate Touridation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	neral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule and a	Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor Complete	t, or 990-PF that received, during the year, contributions to te Parts I and II. See instructions for determining a contrib	otaling \$5,000 or more (in money or outor's total contributions
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), to received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% su that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 ne year, total contributions of the greater of (1) \$5,000 or of D-EZ, line 1 Complete Parts I and II	pport test of the regulations B, 16a, or 16b, and that (2) 2% of the amount on (i)
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, children or animals. Complete Parts I, II, and III	d from any one contributor, literary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	f(c)(7), (8), or (10) filing Form 990 or 990-EZ that received religious, charitable, etc., purposes, but no such contribute total contributions that were received during the year form of the parts unless the <b>General Rule</b> applies to this orgale, etc., contributions totaling \$5,000 or more during the year.	utions totaled more than r an <i>exclusively</i> religious, ganization bec <u>a</u> use
990 PF), but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file S e 2, of its Form 990, or check the box on line H of its For e filing requirements of Schedule B (Form 990, 990-EZ, or	n 990-EZ or on its Form 990-PF.
BAA For Paperwork Reduction Act Notice, see or 990-PF.	e the Instructions for Form 990, 990EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of Part 1

Name of organization
MICHAEL AND BECKY COLEMAN CHRISTIAN

Employer identification number

20-0511848

Part   Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed
Continuators (see instructions)	Ose duplicate copies of Fart Fit additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR.& MRS. MICHAEL W. COLEMAN 2005 HIGHWAY 82 WEST GREENWOOD, MS 38930	\$700,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )

Page

1 to

1 of Part II

Name of organization

Employer identification number

MICHAEL AND BECKY COLEMAN CHRISTIAN

20-0511848

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
	·	  \$ 	
(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

Page

Name of organization MICHAEL AND BECKY COLEMAN CHRISTIAN

MICHAEL AND BECKY CO		20-0511848
Part III Exclusively relig	gious, charitable, etc., contributions to organizations descri	bed in section 501(c)(7), (8)

	or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year.	ompleting Part III, enter the total	of exclusive	ely religious, charitable, etc ,	
	Use duplicate copies of Part III if additional	space is needed	c manachor	s) * \$N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, addres	ss, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		/a\			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
		·			

20	1	4

### **Federal Statements**

### MICHAEL AND BECKY COLEMAN CHRISTIAN **FAMILY FOUNDATION, INCORPORATED**

Page 1

20-0511848

10,000.

53,950.

5,000.

2,500.

7,500.

Statement 1 Form 990-PF, Part I, Line 23 Other Expenses

		(a)	(b) Net	(c)	(d)
		Expenses	Investment	Adjusted	Charitable
		<u>per Books</u>	Income_	<u>Net Income</u>	<u>Purposes</u>
EXCISE TAX		\$ 184.	\$ 184.	\$ 184.	
	Total	\$ 184.	\$ 184.	\$ 184.	\$ 0.

Statement 2 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Cash Grants and Allocations

Class of Activity: Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name: Donee's Address:

MEDICAL MISSIONS

HEALTH TALENTS INTERATIONAL

P O BOX 59871

BIRMINGHAM, AL 35259

PUBLIC CHARITY

MISSION ACTIVITIES W PRESIDENT CHURCH OF CHRIST

1002 W PRESIDENT AVE GREENWOOD, MS 38935

PUBLIC CHARITY

UNIVERSITY LIPSCOMB UNIVERSITY 3901 GRANNY WHITE PIKE

NASHVILLE, MS 37204

MISSION ACTIVITIES MDCC CHRISTIAN CENTER 411 OLIVE STREET MOORHEAD, MS 38761

PUBLIC CHARITY

MISSION ACTIVITIES CAMPUS VIEW CHURCH OF CHRIST

1360 South Lumpkin Street ATHENS, GA 30605

MISSION ACTIVITIES

WORLD EVANGELISM PO BOX 72

2014

### **Federal Statements**

Page 2

4 1 1

MICHAEL AND BECKY COLEMAN CHRISTIAN **FAMILY FOUNDATION, INCORPORATED** 

20-0511848

Statement 2 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

WINONA, MS 38967

Relationship of Donee: Organizational Status of Donee:

Amount Given:

\$ 5,000.

Class of Activity:

Donee's Name: Donee's Address: MEDICAL MISSIONS

HEALING HANDS INTERNATIONAL

455 MCNALLY DRIVE NASHVILLE, TN 37211

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

PUBLIC CHARITY

10,000.

Class of Activity:

Donee's Name: Donee's Address:

MISSION ACTIVITIES AMAZIMA MINISTRIES

PO BOX 682521 FRANKLIN, TN 37068

Relationship of Donee:

Organizational Status of Donee: PUBLIC CHARITY

Amount Given:

5,000.

98,950. Total \$