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## Return of Private Foundation

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

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► Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2014 or tax year beginning

, and ending

Name of foundation

HJS FOUNDATION, INC.

Number and street (or P O box number if mail is not delivered to street address)

205 HUMBLE AVENUE, A-11

A Employer identification number

20-5271947

B Telephone number

(706) 863-1245

City or town, state or province, country, and ZIP or foreign postal code

FORT VALLEY, GA 31030

G Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name changeH Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundationI Fair market value of all assets at end of year J Accounting method:  Cash  Accrual  
(from Part II, col. (c), line 16)  Other (specify) \$ 35,150. (Part I, column (d) must be on cash basis)C If exemption application is pending, check here ► D 1 Foreign organizations, check here ► 2 Foreign organizations meeting the 85% test, check here and attach computation ► E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► 

| Part I Analysis of Revenue and Expenses<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) |             | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|-------------|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received   |             | 5,000.                             |                           |                         |   |
| 2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B   |             |                                    |                           |                         |   |
| 3 Interest on savings and temporary cash investments   |             | 55.                                | 55.                       |                         | STATEMENT 1   |
| 4 Dividends and interest from securities   |             |                                    |                           |                         |   |
| 5a Gross rents   |             |                                    |                           |                         |   |
| b Net rental income or (loss)  |             |                                    |                           |                         |   |
| 6a Net gain or (loss) from sale of assets not on line 10   |             |                                    |                           |                         |   |
| b Gross sales price for all assets on line 6a  |             |                                    |                           |                         |   |
| 7 Capital gain net income (from Part IV, line 2)   |             |                                    | 0.                        |                         |   |
| 8 Net short-term capital gain  |             |                                    |                           |                         |   |
| 9 Income modifications   |             |                                    |                           |                         |   |
| Gross sales less returns and allowances  |             |                                    |                           |                         |   |
| 10a Less Cost of goods sold  |             |                                    |                           |                         |   |
| c Gross profit or (loss)   |             |                                    |                           |                         |   |
| 11 Other income  |             |                                    |                           |                         |   |
| 12 Total. Add lines 1 through 11   |             | 5,055.                             | 55.                       | 0.                      |   |
| 13 Compensation of officers, directors, trustees, etc  |             | 0.                                 | 0.                        | 0.                      | 0.  |
| 14 Other employee salaries and wages   |             |                                    |                           |                         |   |
| 15 Pension plans, employee benefits  | RECEIVED    |                                    |                           |                         |   |
| 16a Legal fees   |             |                                    |                           |                         |   |
| b Accounting fees  | STMT 2      | 625.                               | 0.                        | 0.                      | 625.  |
| c Other professional fees  | MAR 03 2015 |                                    |                           |                         |   |
| 17 Interest  |             |                                    |                           |                         |   |
| 18 Taxes   | STMT 3      | 1.                                 | 1.                        | 0.                      | 0.  |
| 19 Depreciation and depletion  | OCDEN, UT   |                                    |                           |                         |   |
| 20 Occupancy   |             |                                    |                           |                         |   |
| 21 Travel, conferences, and meetings   |             |                                    |                           |                         |   |
| 22 Printing and publications   |             |                                    |                           |                         |   |
| 23 Other expenses  | STMT 4      | 30.                                | 0.                        | 0.                      | 30.   |
| 24 Total operating and administrative expenses Add lines 13 through 23   |             | 656.                               | 1.                        | 0.                      | 655.  |
| 25 Contributions, gifts, grants paid   |             | 16,100.                            |                           |                         | 16,100.   |
| 26 Total expenses and disbursements Add lines 24 and 25  |             | 16,756.                            | 1.                        | 0.                      | 16,755.   |
| 27 Subtract line 26 from line 12:  |             | -11,701.                           |                           |                         |   |
| a Excess of revenue over expenses and disbursements  |             |                                    |                           |                         |   |
| b Net investment income (if negative, enter -0-)   |             |                                    | 54.                       |                         |   |
| c Adjusted net income (if negative, enter -0-)   |             |                                    |                           | 0.                      |   |

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| Assets                      | Part II Balance Sheets  | Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year     | End of year    |
|-----------------------------|---|---|-----------------------|----------------|
|                             |   |   | (a) Book Value        | (b) Book Value |
|                             |   |   | (c) Fair Market Value |                |
| 1                           | Cash - non-interest-bearing   |   | 41,851.               | 30,150.        |
| 2                           | Savings and temporary cash investments  |   |                       | 30,150.        |
| 3                           | Accounts receivable ►   |   |                       |                |
|                             | Less: allowance for doubtful accounts ►   |   |                       |                |
| 4                           | Pledges receivable ►  |   |                       |                |
|                             | Less: allowance for doubtful accounts ►   |   |                       |                |
| 5                           | Grants receivable   |   |                       |                |
| 6                           | Receivables due from officers, directors, trustees, and other disqualified persons            |   |                       |                |
| 7                           | Other notes and loans receivable ► 5,000.   | 5,000.  |                       |                |
|                             | Less: allowance for doubtful accounts ► 0.  | 0.  | 5,000.                | 5,000.         |
| 8                           | Inventories for sale or use   |   |                       |                |
| 9                           | Prepaid expenses and deferred charges   |   |                       |                |
| 10a                         | Investments - U.S. and state government obligations   |   |                       |                |
| b                           | Investments - corporate stock   |   |                       |                |
| c                           | Investments - corporate bonds   |   |                       |                |
| 11                          | Investments - land, buildings, and equipment basis ►  | ►   |                       |                |
|                             | Less accumulated depreciation ►   | ►   |                       |                |
| 12                          | Investments - mortgage loans  |   |                       |                |
| 13                          | Investments - other   |   |                       |                |
| 14                          | Land, buildings, and equipment; basis ►   |   |                       |                |
|                             | Less accumulated depreciation ►   | ►   |                       |                |
| 15                          | Other assets (describe ► )  |   |                       |                |
| 16                          | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) |   | 46,851.               | 35,150.        |
| 17                          | Accounts payable and accrued expenses   |   |                       |                |
| 18                          | Grants payable  |   |                       |                |
| 19                          | Deferred revenue  |   |                       |                |
| 20                          | Loans from officers, directors, trustees, and other disqualified persons                      |   |                       |                |
| 21                          | Mortgages and other notes payable   |   |                       |                |
| 22                          | Other liabilities (describe ► )   |   |                       |                |
| 23                          | Total liabilities (add lines 17 through 22) ►   |   | 0.                    | 0.             |
| Liabilities                 | Foundations that follow SFAS 117, check here ► <input type="checkbox"/>                       |   |                       |                |
|                             | and complete lines 24 through 26 and lines 30 and 31  |   |                       |                |
|                             |   |   |                       |                |
| 24                          | Unrestricted  |   |                       |                |
| 25                          | Temporarily restricted  |   |                       |                |
| 26                          | Permanently restricted  |   |                       |                |
| Net Assets or Fund Balances | Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>     |   |                       |                |
|                             | and complete lines 27 through 31.   |   |                       |                |
|                             |   |   |                       |                |
| 27                          | Capital stock, trust principal, or current funds  |   | 0.                    | 0.             |
| 28                          | Paid-in or capital surplus, or land, bldg., and equipment fund                                |   | 0.                    | 0.             |
| 29                          | Retained earnings, accumulated income, endowment, or other funds                              |   | 46,851.               | 35,150.        |
| 30                          | Total net assets or fund balances   |   | 46,851.               | 35,150.        |
| 31                          | Total liabilities and net assets/fund balances  |   | 46,851.               | 35,150.        |

## 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<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 46,851.  |
| 2 | Enter amount from Part I, line 27a  | 2 | -11,701. |
| 3 | Other increases not included in line 2 (itemize) ►  | 3 | 0.       |
| 4 | Add lines 1, 2, and 3   | 4 | 35,150.  |
| 5 | Decreases not included in line 2 (itemize) ►  | 5 | 0.       |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30   | 6 | 35,150.  |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)  |   |   | (b) How acquired<br>P - Purchase<br>D - Donation  | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|---|---|---|---|--------------------------------------|----------------------------------|
| 1a  |   |   |   |                                      |                                  |
| b   | NONE  |   |   |                                      |                                  |
| c   |   |   |   |                                      |                                  |
| d   |   |   |   |                                      |                                  |
| e   |   |   |   |                                      |                                  |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)  | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)  |                                      |                                  |
| a   |   |   |   |                                      |                                  |
| b   |   |   |   |                                      |                                  |
| c   |   |   |   |                                      |                                  |
| d   |   |   |   |                                      |                                  |
| e   |   |   |   |                                      |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69   |   |   | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |                                      |                                  |
| (i) F.M.V. as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col. (i)<br>over col. (j), if any |   |                                      |                                  |
| a   |   |   |   |                                      |                                  |
| b   |   |   |   |                                      |                                  |
| c   |   |   |   |                                      |                                  |
| d   |   |   |   |                                      |                                  |
| e   |   |   |   |                                      |                                  |
| 2 Capital gain net income or (net capital loss)   | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } |   | 2   |                                      |                                  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8. |   |   | 3   |                                      |                                  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|--|--|---|
| 2013   | 24,300.                                  | 38,385.                                      | .633060   |
| 2012   | 17,277.                                  | 29,252.                                      | .590626   |
| 2011   | 28,169.                                  | 37,784.                                      | .745527   |
| 2010   | 45,618.                                  | 55,223.                                      | .826069   |
| 2009   | 32,631.                                  | 73,116.                                      | .446291   |

2 Total of line 1, column (d)

2 3.241573

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 .648315

4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5

4 35,460.

5 Multiply line 4 by line 3

5 22,989.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 1.

7 Add lines 5 and 6

7 22,990.

8 Enter qualifying distributions from Part XII, line 4

8 16,755.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|   |   |                      |
|---|---|----------------------|
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.                    | 1 .                  |
| Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |   |                      |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> 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, col. (b).                          |                      |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  |                      |
| 3   | Add lines 1 and 2   |                      |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                       |                      |
| 5   | <b>Tax based on investment income</b> Subtract line 4 from line 3. If zero or less, enter -0-   |                      |
| 6   | Credits/Payments:   |                      |
| a   | 2014 estimated tax payments and 2013 overpayment credited to 2014   | 6a<br>6b<br>6c<br>6d |
| b   | Exempt foreign organizations - tax withheld at source   |                      |
| c   | Tax paid with application for extension of time to file (Form 8868)   |                      |
| d   | Backup withholding erroneously withheld   |                      |
| 7   | Total credits and payments. Add lines 6a through 6d   | 7 .                  |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                          | 8 .                  |
| 9   | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed  | ► 9 .                |
| 10  | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | ► 10 .               |
| 11  | Enter the amount of line 10 to be: <b>Credited to 2015 estimated tax</b> ► <b>Refunded</b> ► 11 .   |                      |

**Part VII-A Statements Regarding Activities**

|    |   |                |                          |                                     |
|----|---|----------------|--------------------------|-------------------------------------|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  | 1a<br>1b<br>1c | <b>Yes</b>               | <b>No</b>                           |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1c | Did the foundation file Form 1120-POL for this year?  |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .  |                |                          |                                     |
| e  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 .  |                |                          |                                     |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If "Yes," attach a detailed description of the activities</i>   | 2 .            |                          | <input checked="" type="checkbox"/> |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>   | 3 .            |                          | <input checked="" type="checkbox"/> |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a .           |                          | <input checked="" type="checkbox"/> |
| b  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?   | 4b .           |                          |                                     |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If "Yes," attach the statement required by General Instruction T</i>   | 5 .            |                          | <input checked="" type="checkbox"/> |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?                | N/A            | 6 .                      | <input checked="" type="checkbox"/> |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>  | 7 .            |                          | <input checked="" type="checkbox"/> |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ► <b>GA</b>  |                |                          |                                     |
| b  | 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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>  | 8b .           |                          | <input checked="" type="checkbox"/> |
| 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>   | 9 .            |                          | <input checked="" type="checkbox"/> |
| 10 | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>   | STMT 5         | 10 .                     | <input checked="" type="checkbox"/> |

**Part VII-A Statements Regarding Activities (continued)**

|  |    |   |
|--|----|---|
| 11   | 11 | X |
| 12   | 12 | X |
| 13   | 13 | X |
| Website address ► <b>NONE</b>  |    |   |
| 14 The books are in care of ► <b>SARAH JERNIGAN</b> Telephone no. ► <b>478-988-4029</b>  |    |   |
| Located at ► <b>205 HUMBLE AVENUE A-11, FORT VALLEY, GA</b> ZIP+4 ► <b>31030</b>   |    |   |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ► <input type="checkbox"/>  |    |   |
| and enter the amount of tax-exempt interest received or accrued during the year  |    |   |
| 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? ► <input type="checkbox"/> 15 <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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 ►  |    |   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

|  | <b>Yes</b>                            | <b>No</b>                                |
|--|---------------------------------------|--|
| 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?   | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> X No |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?   | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> X No |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> X No |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> X No |
| (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)?  | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> 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.)   | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> X No |
| b 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)?  | <b>N/A</b> ► <input type="checkbox"/> |  |
| Organizations relying on a current notice regarding disaster assistance check here   |                                       |  |
| c 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?  | 1c 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(l)(5)):   |                                       |  |
| a 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?  | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> X No |
| If "Yes," list the years ► _____, _____, _____, _____  |                                       |  |
| b 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.)  | 2b N/A                                |  |
| c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► _____, _____, _____, _____  |                                       |  |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  | <input type="checkbox"/> Yes          | <input checked="" type="checkbox"/> X No |
| b If "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                                |  |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a X                                  |  |
| b 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?  | 4b X                                  |  |

## Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A ►

5b

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

Yes  No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

6b

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

## Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address  | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| B.E. SIMMONS<br>402 OBEDIENCE AVE.<br>FORT VALLEY, GA 31030   | PRESIDENT<br>0.00   | 0.  | 0.  | 0.                                    |
| SCOTT HAGAN<br>402 OBEDIENCE AVE.<br>FORT VALLEY, GA 31030    | SECRETARY<br>0.00   | 0.  | 0.  | 0.                                    |
| SARAH JERNIGAN<br>402 OBEDIENCE AVE.<br>FORT VALLEY, GA 31030 | TREASURER<br>0.00   | 0.  | 0.  | 0.                                    |
| ED HAGAN<br>402 OBEDIENCE AVE.<br>FORT VALLEY, GA 31030       | VICE PRESIDENT<br>0.00                                    | 0.  | 0.  | 0.                                    |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

Total number of other employees paid over \$50,000

►

0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services



0

**Part IX-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

|   |     |  |
|---|-----|--|
| 1 | N/A |  |
| 2 |     |  |
| 3 |     |  |
| 4 |     |  |

**Part IX-B** **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

|                              |     |    |
|------------------------------|-----|----|
| 1                            | N/A |    |
| 2                            |     |    |
| 3                            |     |    |
| Total. Add lines 1 through 3 |     | 0. |

Form 990-PF (2014)

**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions)

|   |   |    |         |
|---|---|----|---------|
| 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   | 1a | 0.      |
| b | Average of monthly cash balances  | 1b | 36,000. |
| c | Fair market value of all other assets   | 1c |         |
| d | Total (add lines 1a, b, and c)  | 1d | 36,000. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1e | 0.      |
| 2 | Acquisition indebtedness applicable to line 1 assets  | 2  | 0.      |
| 3 | Subtract line 2 from line 1d  | 3  | 36,000. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4  | 540.    |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5  | 35,460. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5  | 6  | 1,773.  |

**Part XI****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  | 1,773. |
| 2a | Tax on investment income for 2014 from Part VI, line 5  | 2a | 1.     |
| b  | Income tax for 2014. (This does not include the tax from Part VI.)  | 2b |        |
| c  | Add lines 2a and 2b   | 2c | 1.     |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | 3  | 1,772. |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4  | 0.     |
| 5  | Add lines 3 and 4   | 5  | 1,772. |
| 6  | Deduction from distributable amount (see instructions)  | 6  | 0.     |
| 7  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 1,772. |

**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   | 1a | 16,755. |
| b | Program-related investments - total from Part IX-B  | 1b | 0.      |
| 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 |         |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                 | 4  | 16,755. |
| 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 | 5  | 0.      |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4   | 6  | 16,755. |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7   |               |                            |             | 1,772.      |
| 2 Undistributed income, if any, as of the end of 2014  |               |                            | 0.          |             |
| a Enter amount for 2013 only   |               |                            |             |             |
| b Total for prior years:   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2014:   |               |                            |             |             |
| a From 2009  | 28,987.       |                            |             |             |
| b From 2010  | 42,863.       |                            |             |             |
| c From 2011  | 26,282.       |                            |             |             |
| d From 2012  | 15,816.       |                            |             |             |
| e From 2013  | 22,383.       |                            |             |             |
| f Total of lines 3a through e  | 136,331.      |                            |             |             |
| 4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 16,755.  |               |                            | 0.          |             |
| a Applied to 2013, but not more than line 2a   |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required - see instructions)  |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)  | 0.            |                            |             |             |
| d Applied to 2014 distributable amount   |               |                            |             | 1,772.      |
| e Remaining amount distributed out of corpus   | 14,983.       |                            |             |             |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))   | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:   | 151,314.      |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  |               |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b   |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed 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 amount - see instructions   |               | 0.                         |             |             |
| e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.          |             |
| f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015  |               |                            |             | 0.          |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)       | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7   | 28,987.       |                            |             |             |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  | 122,327.      |                            |             |             |
| 10 Analysis of line 9:   |               |                            |             |             |
| a Excess from 2010   | 42,863.       |                            |             |             |
| b Excess from 2011   | 26,282.       |                            |             |             |
| c Excess from 2012   | 15,816.       |                            |             |             |
| d Excess from 2013   | 22,383.       |                            |             |             |
| e Excess from 2014   | 14,983.       |                            |             |             |



## 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 any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount       |
| <b>a Paid during the year</b>  |   |                                |                                  |              |
| CSHC BENEVOLENCE FUND<br>P. O. BOX 1465<br>PERRY, GA 31069                     | NONE  | EXEMPT                         | RELIGIOUS CONTRIBUTION           | 16,100.      |
|  |   |                                |                                  |              |
|  |   |                                |                                  |              |
|  |   |                                |                                  |              |
|  |   |                                |                                  |              |
| <b>Total</b>   |   |                                |                                  | ► 3a 16,100. |
| <b>b Approved for future payment</b>   |   |                                |                                  |              |
| NONE   |   |                                |                                  |              |
|  |   |                                |                                  |              |
|  |   |                                |                                  |              |
|  |   |                                |                                  |              |
| <b>Total</b>   |   |                                |                                  | ► 3b 0.      |

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.                 |  | Unrelated business income |               | (e)<br>Related or exempt<br>function income |
|---|--|---------------------------|---------------|---|
|   |  | (a)<br>Business<br>code   | (b)<br>Amount |   |
| 1 Program service revenue:                                      |  |                           |               |   |
| a   |  |                           |               |   |
| b   |  |                           |               |   |
| c   |  |                           |               |   |
| d   |  |                           |               |   |
| e   |  |                           |               |   |
| f   |  |                           |               |   |
| g Fees and contracts from government agencies                   |  |                           |               |   |
| 2 Membership dues and assessments                               |  |                           |               |   |
| 3 Interest on savings and temporary cash investments            |  |                           |               |   |
| 4 Dividends and interest from securities                        |  |                           |               |   |
| 5 Net rental income or (loss) from real estate:                 |  |                           |               |   |
| a Debt-financed property  |  |                           |               |   |
| b Not debt-financed property                                    |  |                           |               |   |
| 6 Net rental income or (loss) from personal property            |  |                           |               |   |
| 7 Other investment income                                       |  |                           |               |   |
| 8 Gain or (loss) from sales of assets other than inventory      |  |                           |               |   |
| 9 Net income or (loss) from special events                      |  |                           |               |   |
| 10 Gross profit or (loss) from sales of inventory               |  |                           |               |   |
| 11 Other revenue:   |  |                           |               |   |
| a   |  |                           |               |   |
| b   |  |                           |               |   |
| c   |  |                           |               |   |
| d   |  |                           |               |   |
| e   |  |                           |               |   |
| 12 Subtotal. Add columns (b), (d), and (e)                      |  |                           | 0.            | 55.   |
| 13 Total Add line 12, columns (b), (d), and (e)                 |  |                           | 13            | 55.   |
| (See worksheet in line 13 instructions to verify calculations.) |  |                           |               |   |

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting foundation to a noncharitable exempt organization of:**

(1) Cash

- (2) Other assets**
- b Other transactions:**
  - (1) Sales of assets to a noncharitable exempt organization**
  - (2) Purchases of assets from a noncharitable exempt organization**
  - (3) Rental of facilities, equipment, or other assets**
  - (4) Reimbursement arrangements**
  - (5) Loans or loan guarantees**
  - (6) Performance of services or membership or fundraising solicitations**

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
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**Sign  
Here**

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

Signature of officer or trustee

Date

► **TREASURER**

May the IRS discuss this  
return with the preparer  
shown below (see instr.)?

|  |  |   |                        |   |           |
|--|--|---|------------------------|---|-----------|
| <b>Paid<br/>Preparer<br/>Use Only</b>                              | Print/Type preparer's name                       | Preparer's signature  | Date                   | Check <input type="checkbox"/> if self-employed | PTIN      |
|  | <u>RICK L. EVANS</u>                             |  | 02/18/15               |   | P00011384 |
|  | Firm's name ► SEROTTA MADDOCKS EVANS & CO., CPAS |   |                        | Firm's EIN ► 58-1107697                         |           |
| Firm's address ► 701 GREENE STREET, SUITE 200<br>AUGUSTA, GA 30901 |  |   | Phone no. 706-722-5337 |   |           |

**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, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990) .

OMB No 1545-0047

**2014**

Name of the organization

**HJS FOUNDATION, INC.**

Employer identification number

**20-5271947**

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 organizationForm 990-PF  501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

HJS FOUNDATION, INC.

Employer identification number

20-5271947

## Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | B.E. SIMONS<br>P.O. BOX 1261<br>EVANS, GA 308091261 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |

Name of organization

HJS FOUNDATION, INC.

Employer identification number

20-5271947

**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       | _____                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$ _____                                       | _____                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$ _____                                       | _____                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$ _____                                       | _____                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$ _____                                       | _____                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$ _____                                       | _____                |

**Name of organization**

**Employer identification number**

## HJS FOUNDATION, INC.

20-5271947

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held   |  |   |  |  |
|---------------------|---------------------|-----------------|---|--|---|--|--|
|                     |                     |                 | <p style="text-align: center;"><b>(e) Transfer of gift</b></p> <table border="0"> <tr> <td data-bbox="257 587 791 613"><b>Transferee's name, address, and ZIP + 4</b></td> <td data-bbox="791 587 1365 613"><b>Relationship of transferor to transferee</b></td> </tr> <tr> <td data-bbox="257 613 791 720" style="height: 65px;"></td> <td data-bbox="791 613 1365 720" style="height: 65px;"></td> </tr> </table>         | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   |  |   |  |  |
|                     |                     |                 |   |  |   |  |  |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held   |  |   |  |  |
|                     |                     |                 | <p style="text-align: center;"><b>(e) Transfer of gift</b></p> <table border="0"> <tr> <td data-bbox="257 986 791 1011"><b>Transferee's name, address, and ZIP + 4</b></td> <td data-bbox="791 986 1365 1011"><b>Relationship of transferor to transferee</b></td> </tr> <tr> <td data-bbox="257 1011 791 1118" style="height: 65px;"></td> <td data-bbox="791 1011 1365 1118" style="height: 65px;"></td> </tr> </table>   | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   |  |   |  |  |
|                     |                     |                 |   |  |   |  |  |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held   |  |   |  |  |
|                     |                     |                 | <p style="text-align: center;"><b>(e) Transfer of gift</b></p> <table border="0"> <tr> <td data-bbox="257 1384 791 1409"><b>Transferee's name, address, and ZIP + 4</b></td> <td data-bbox="791 1384 1365 1409"><b>Relationship of transferor to transferee</b></td> </tr> <tr> <td data-bbox="257 1409 791 1517" style="height: 65px;"></td> <td data-bbox="791 1409 1365 1517" style="height: 65px;"></td> </tr> </table> | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   |  |   |  |  |
|                     |                     |                 |   |  |   |  |  |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held   |  |   |  |  |
|                     |                     |                 | <p style="text-align: center;"><b>(e) Transfer of gift</b></p> <table border="0"> <tr> <td data-bbox="257 1780 791 1805"><b>Transferee's name, address, and ZIP + 4</b></td> <td data-bbox="791 1780 1365 1805"><b>Relationship of transferor to transferee</b></td> </tr> <tr> <td data-bbox="257 1805 791 1913" style="height: 65px;"></td> <td data-bbox="791 1805 1365 1913" style="height: 65px;"></td> </tr> </table> | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   | <b>Transferee's name, address, and ZIP + 4</b> | <b>Relationship of transferor to transferee</b> |  |  |
|                     |                     |                 |   |  |   |  |  |
|                     |                     |                 |   |  |   |  |  |

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE                  | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| BANK INTEREST           | 55.                         | 55.                             | 55.                           |
| TOTAL TO PART I, LINE 3 | 55.                         | 55.                             | 55.                           |

## FORM 990-PF ACCOUNTING FEES STATEMENT 2

| DESCRIPTION                          | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| SEROTTA MADDOCKS EVANS & CO<br>CPA'S | 625.                         | 0.                                | 0.                            | 625.                          |
| TO FORM 990-PF, PG 1, LN 16B         | 625.                         | 0.                                | 0.                            | 625.                          |

## FORM 990-PF TAXES STATEMENT 3

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| US TREASURY                 | 1.                           | 1.                                | 0.                            | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 1.                           | 1.                                | 0.                            | 0.                            |

## FORM 990-PF OTHER EXPENSES STATEMENT 4

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| MISCELLANEOUS               | 30.                          | 0.                                | 0.                            | 30.                           |
| TO FORM 990-PF, PG 1, LN 23 | 30.                          | 0.                                | 0.                            | 30.                           |

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 5

## NAME OF CONTRIBUTOR

## ADDRESS

ED HAGAN

402 OBEDIENCE AVENUE  
FORT VALLEY, GA 31030

SCOTT HAGAN

402 OBEDIENCE AVENUE  
FORT VALLEY, GA 31030

B.E. &amp; MINNIE SIMMONS

402 OBEDIENCE AVENUE  
FORT VALLEY, GA 31030

SARAH JERNIGAN

205 HUMBLE AVENUE, A-11  
FORT VALLEY, GA 31030

FORM 990-PF

PART XV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 6

## NAME OF MANAGER

B.E. SIMMONS

SCOTT HAGAN

SARAH JERNIGAN

ED HAGAN