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

OMB No 1545-0052

Open to Public Inspection

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.

For	calend	ar year 2014 or tax year beginning , a	ind ending				
Nar	ne of four	ndation			A Emplo	yer identification number	
н	OME	R VINSON FOUNDATION			63-	-0942828	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite		none number (see instructions)
_P	O I	BOX 360					
•	•	state or province, country, and ZIP or foreign postal code			C If exen	nption application is pending,	check here
	ED I		·····		_		
GC	heck a		n of a former public ch	arity		reign organizations, check he	_
		Final return Amended			I .	reign organizations meeting th % test, check here and attach	
		Address change Name cha			-	,	
		ype of organization X Section 501(c)(3) exempt private				ate foundation status was term n 507(b)(1)(A), check here	inated under
			e private foundation				· 🗀
		ket value of all assets at J Accounting method	X Cash Acc	ruai		oundation is in a 60-month tea section 507(b)(1)(B), check h	- 1 i
	10 of ye 16) 1	ear (from Part II, col. (c), Uher (specify) \$ 1,161,185 (Part I, column (d) must	ho on each hoose \			550.15.1 (5)(1)(2), 4.15.1.1.1.	
	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and		1		(d) Disbursements
	2111	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inco		(c) Adjusted net income	for charitable purposes
	1	the amounts in column (a) (see instructions))	books	1100			(cash basis only)
(T)	1	Contributions, gifts, grants, etc , received (attach schedule)	32,000			·····	····
2019	2	Check ▶ ☐ if the foundation is not required to attach Sch 8					
	3	Interest on savings and temporary cash investments	0.5 1.51		10 040	26 454	
<u>න</u>	4	Dividends and interest from securities	26,474		18,248	26,474	
2	5a	Gross rents					
₹	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Stmt 1	26,313				
E	6a		20,313				
	b				26,287		
芝	8	Capital gain net income (from Part IV, line 2) Net short-term capital gain	······································		20,20,	0	
*	9	Income modifications					
CCANNESO MAN	10a	Gross sales less returns and allowances					
Ø.) b	Less Cost of goods sold	<u> </u>				
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total, Add lines 1 through 11	84,787		44,535	26,474	
S	13	Compensation of officers, directors, trustees, etc	0				
cpenses	14	Other employee salaries and wages				·	
ĕ	15	Pension plans, employee benefits					
	11	Legal fees (attach schedus) See Stmt 2	48				
ē	55 553	Accounting fees (hitech scredule) Stmt 3	475				
Ę	11 1	Other professional fees (attackschedule)					
str	17 5	Taxes Tatted Taxes (Taxes Taxes Tatted Taxes Tatted Taxes Tatted Taxes Taxes Taxes (Taxes Taxes					
Ë	18	Depreciation (attach schedule) and depletion		-			
Ę	20	Occupancy					
ĕ	21	Travel, conferences, and meetings			-		
Operating and Administrative E	22	Printing and publications	62				
g a	23	Other expenses (att sch) Stmt 4	6,591				
tin	24	Total operating and administrative expenses.					
e Ta		Add lines 13 through 23	7,176		0	0	
ğ	25	Contributions, gifts, grants paid	19,945				19,945
_	26	Total expenses and disbursements. Add lines 24 and 25	27,121		0	0	19,945
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	57,666		<u> </u>		
	b	Net investment income (if negative, enter -0-)		ļ	44,535		
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>		26,474	

For Paperwork Reduction Act Notice, see instructions.

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t	Part fl	Balance Sheets Attached schedules and amounts in the description column should be for end-of-warr amounts only. (See instructions.)	Beginning of year	End of y	rear
	art H	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	7,116	15,295	15,295
	2	Savings and temporary cash investments			
	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 (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att schedule)			
1		Less allowance for doubtful accounts ▶ 0			
छ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) See Statement 5	81,000	81,000	
- 1	14	Land, buildings, and equipment basis ▶ 264,900			
l		Less accumulated depreciation (attach sch.) > Stmt 6	215,400	264,900	215,400
	15	Other assets (describe ► See Statement 7)	825,716	825,703	930,490
	16	Total assets (to be completed by all filers – see the			
- 1		instructions. Also, see page 1, item l)	1,129,232	1,186,898	1,161,185
П	17	Accounts payable and accrued expenses			
-	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
٦		Foundations that follow SFAS 117, check here			
တ္ထ		and complete lines 24 through 26 and lines 30 and 31.			
힏	24	Unrestricted			
ag	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Ō	27	Capital stock, trust principal, or current funds			
et	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ISS	29	Retained earnings, accumulated income, endowment, or other funds	1,129,232	1,186,898	
et /	30	Total net assets or fund balances (see instructions)	1,129,232	1,186,898	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	1,129,232	1,186,898	
_	Part I	II Analysis of Changes in Net Assets or Fund Balances			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30 (m	nust agree with		
		of-year figure reported on prior year's return)		1 1	1,129,232
2		r amount from Part I, line 27a		2	57,666
		r increases not included in line 2 (itemize) ▶		3	
		lines 1, 2, and 3		4	1,186,898
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column	(b), line 30	6	1,186,898
_					5- 990-PE (2014

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
	nbe the kind(s) of property sold (e.g., real estate, irehouse, or common stock, 200 shs MLC Co.)	· · · · · · · · · · · · · · · · · · ·	(b) How acquired P - Purchase D - Donation	(c) Date acqu (mo , day, yi	
1a Capital Gain Di	stribution				
_b				ļ	
<u>c</u>					
d	·				
	(f) Depreciation allowed	(g) Cost	or other basis		(h) Gain or (loss)
(e) Gross sales price	(or allowable)	1	pense of sale) plus (f) minus (g)
a 26,287					26,287
b					
<u>C</u>					
d e					
	g gain in column (h) and owned by the f	oundation on 12/31	/69	(I) Co	(Cal. /b) and make
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i) ol (j), if any	col (k),	ins (Col. (h) gain minus , but not less than -0-) or osses (from col. (h))
_a				1	26,287
b					
С					
d					-
е	If gain, also enter in	Port Line 7			
2 Capital gain net income or (net c	apital loss) If (loss), enter -0- in			2	26,287
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (_			
	, column (c) (see instructions) If (loss),				
Part I, line 8				3	
	nder Section 4940(e) for Redu			ome	
(For optional use by domestic private	e foundations subject to the section 4946	O(a) tax on net inve	stment income)		
If section 4940(d)(2) applies, leave the	nis part blank				
	ction 4942 tax on the distributable amoui ilify under section 4940(e). Do not comp		e base period?		Yes X No
1 Enter the appropriate amount in	each column for each year, see the inst	ructions before mail	king any entries		
(a) Base period years	(b)		(c)		(d) Distribution ratio
Calendar year (or tax year beginning in		i	lue of noncharitable-use assi		(col (b) divided by col (c))
2013		,515	1,167,	926	0.024415
2012		,391			
2011		,029			
2010		,294	 		
2 Total of line 1, column (d)				2	0.024415
3 Average distribution ratio for the	5-year base period – divide the total on	line 2 by 5, or by th	ne		
number of years the foundation	has been in existence if less than 5 year	s		3	0.024415
		_			1 212 015
4 Enter the net value of noncharita	able-use assets for 2014 from Part X, lin	e 5		4	1,213,015
5 Multiply line 4 by line 3				5	29,616
• Manaphy line 4 by line 5					
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	445
7 Add lines 5 and 6				7	30,061
O Falsonial English (1977)	- Ded VII in a f			8	19,945
8 Enter qualifying distributions from	m Part XII, line 4 an line 7, check the box in Part VI, line 1	h and complete the	at nart using a 1% tav		19,930
Part VI instructions	m me r, check the box in Part VI, ille I	o, and complete the	at part using a 170 tax	000 1116	

Form	990-PF (2014) HOMER VINSON FOUNDATION 63-0942828			Pa	ige 4
Pa	rt 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 ▶ ☐ and enter "N/A" on line 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	1		- 1	391
	here ▶ and enter 1% of Part I, line 27b				
С	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-)	2			C
3	Add lines 1 and 2	3		{	391
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			391
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a				
þ	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	3			4
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			395
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 1	1			
Pa	rt 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			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?	ļ	1b		X
	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				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers 🕨 \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/-	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	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?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	(V	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	None				
þ	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		8b	<u> </u>	
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)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				7,
	names and addresses		10		X

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

foundation had excess business holdings in 2014)

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X

N/A

3b

4a

Forn	1990-PF (2014) HOMER VINSON FOUNDATION	63-0	942828			Page 6
P	art VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be R	equired (conti	nued)		
5a	During the year did the foundation pay or incur any amount to					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (see	ction 4945(e))?	_ Y	es X No		
	(2) Influence the outcome of any specific public election (see section 495	5), or to carry on,		_		
	directly or indirectly, any voter registration drive?		_ Y	es X No		
	(3) Provide a grant to an individual for travel, study, or other similar purpos	ses?	Y	es X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	zation described in		_		
	section 4945(d)(4)(A)? (see instructions)			es X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literature	arv, or educational				
	purposes, or for the prevention of cruelty to children or animals?	•,		es X No		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualif	v under the exceptions d				
	Regulations section 53 4945 or in a current notice regarding disaster assis	•		N/A	5b	İ
	Organizations relying on a current notice regarding disaster assistance chi	•		▶ं□┆		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exempt			, _		
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(c	4)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly					
-	on a personal benefit contract?	, to pay premiums	□ v	es X No		
ь	Did the foundation, during the year, pay premiums, directly or indirectly, or	n a nerconal henefit contr	L	es <u></u> 110	6b	x
U	If "Yes" to 6b, file Form 8870	r a personal benefit conti	acti		- 00	
7a	At any time during the tax year, was the foundation a party to a prohibited	tay chalter transaction?	\sqcap	es X No		
				N/A	7b	
	If "Yes," did the foundation receive any proceeds or have any net income art VIII Information About Officers, Directors, Trustees					
F	and Contractors	s, i outidation man	agers, riigiliy	r ald Employe	,,	
_	List all officers, directors, trustees, foundation managers and their con	nnenestion (see instruc	tions)			
<u> </u>	List all officers, directors, trustees, foundation managers and their con	inperisation (see instruc		(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Expe	ense account,
	(a) Name and address	devoted to position	enter -0-)	plans and deferred compensation	other	allowances
	TROPIN PRINT	DIRECTOR		obniponouson		
	EBORAH PHARR BELMONT		o	o		^
	D BOX 193 MS 38827	0.00 DIRECTOR				
	LEN VINSON RED BAY		٥	0		0
P	D BOX 360 AL 35582	0.00				
_					L	
2	Compensation of five highest-paid employees (other than those inclu "NONE."	laea on line 1 - see ins	tructions). If non	e, enter		
	NONE.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	(4) Contributions to	Ι	
	(2) Norway and address of a park annulus and asset than 650,000	(b) Title, and average	to) Componentian	(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other	allowances
				compensation		
N	ONE					
					1	
			ļ			
						,
Tota	al number of other employees paid over \$50,000				<u> </u>	0
				F	om 99 (0-PF (2014)

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Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	s, Foundation Managers, Highly Paid Em	
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		17
		
Total number of others receiving over \$50,000 for professional services		
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 N/A		
2		
		
3		
4		
•		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on li	ines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2014) HOMER VINSON FOUNDATION 63-0942828 Page 9 **Undistributed Income** (see instructions) (a) (c) (d) Corpus Years prior to 2013 2013 2014 Distributable amount for 2014 from Part XI, 59,760 line 7 Undistributed income, if any, as of the end of 2014 2 a Enter amount for 2013 only **b** Total for prior years 20 _____ , 20 ____ , 20 ____ Excess distributions carryover, if any, to 2014 a From 2009 76,532 **b** From 2010 62,205 76,175 c From 2011 d From 2012 e From 2013 214,912 f Total of lines 3a through e Qualifying distributions for 2014 from Part XII, 19,945 line 4 ▶ \$ a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 19,945 d Applied to 2014 distributable amount e Remaining amount distributed out of corpus 39,815 39,815 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 175,097 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be 0 distributed in 2015 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) Excess distributions carryover from 2009 not 36,717 applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. 138,380 Subtract lines 7 and 8 from line 6a

62,205

76,175

Form 990-PF (2014)

Analysis of line 9

Excess from 2011 Excess from 2012 Excess from 2013 Excess from 2014

a Excess from 2010

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Pa	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)						
1a							
	foundation, and the ruling is effective for 2014, enter the date of the ruling						
ь							
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total	
	investment return from Part X for	, ,					
	each year listed	i					
ь	85% of line 2a						
c	Qualifying distributions from Part XII.						
-	line 4 for each year listed						
d	Amounts included in line 2c not used directly						
	for active conduct of exempt activities						
е	Qualifying distributions made directly						
	for active conduct of exempt activities						
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
	alternative test relied upon						
а	"Assets" alternative test – enter						
	(1) Value of all assets						
	(2) Value of assets qualifying under					· · · · · · · · · · · · · · · · · · · 	
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test – enter 2/3						
	of minimum investment return shown in						
	Part X, line 6 for each year listed						
С	"Support" alternative test – enter						
	(1) Total support other than gross						
	investment income (interest,						
	dividends, rents, payments on securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public						
	and 5 or more exempt						
	organizations as provided in						
	section 4942(j)(3)(B)(III)		-				
	(3) Largest amount of support from						
	an exempt organization						
D-	(4) Gross investment income Irt XV Supplementary Inforr	nation (Complete	this part only if	the foundation h	ad \$5 000 or more	in assots at	
rc	any time during the y			the foundation in	au \$5,000 or inore	t III assets at	
1	Information Regarding Foundation Ma		tions.j				
a	List any managers of the foundation who	-	e than 2% of the total	contributions received	by the foundation		
_	before the close of any tax year (but only						
	N/A	, ,	·· · · · · · · · · · · · · · · · · ·	(, ,		
b	List any managers of the foundation who	own 10% or more of	the stock of a corporat	tion (or an equally large	portion of the		
	ownership of a partnership or other entity	y) of which the foundat	tion has a 10% or grea	iter interest			
	N/A		·	· · · -	<u></u>		
2	Information Regarding Contribution,	Grant, Gift, Loan, Sch	nolarship, etc., Progr	ams:			
	Check here ▶ ☐ If the foundation only	y makes contributions	to preselected charita	ble organizations and o	does not accept		
	unsolicited requests for funds If the four		ants, etc (see instruc	tions) to individuals or	organizations under		
	other conditions, complete items 2a, b, c						
а	The name, address, and telephone num		of the person to whom	applications should be	addressed		
	GLEN VINSON 256-356						
	PO BOX 360 RED BAY						
b	The form in which applications should be TYPED PURPOSE AND H.			•			
	Any submission deadlines			.			
_	12/15						
d	Any restrictions or limitations on awards	such as by geograph	ıcal areas, charitable f	ields, kinds of institutio	ns, or other		
	factors	·					
	N/A						

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year See Statement 8 19,945 19,945 ▶ 3a b Approved for future payment N/A 3b Total

Lait VAL	A Analysis of Income-Producing Act	HAIRES		,		
Enter gross a	mounts unless otherwise indicated	(a) Business code	ed business income (b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program	service revenue	- · · -		0000		(See instructions)
a						
b						
с						
d						
				_		
f						
g Fees	and contracts from government agencies					
	nip dues and assessments					
	n savings and temporary cash investments			1		
	and interest from securities			1		26,474
	income or (loss) from real estate					
	financed property			+		
				1		
	ebt-financed property			+		
	income or (loss) from personal property			 		
	estment income					26,313
	oss) from sales of assets other than inventory			+		20,313
	ne or (loss) from special events			 		
	fit or (loss) from sales of inventory			1		
	enue a		ļ <u>.</u>			
b						
c				ļ		
d						
е				ļ.,,		······
12 Subtotal	Add columns (b), (d), and (e))	0	
13 Total. Ad	d line 12, columns (b), (d), and (e)				13	52,787
(See workshe	et in line 13 instructions to verify calculations)					
Part XVI-	B Relationship of Activities to the A	ccomplishn	nent of Exempt P	urpos	es	d im
Line No.	Explain below how each activity for which income					
▼	accomplishment of the foundation's exempt purp					
N/A						
				- -		<u> </u>
		•				

	-					
					"	
						· · · · · · · · · · · · · · · · · · ·
						
						
						
			-			
						
						
					<u>- </u>	
			······································			
·						· ·
				·······		

Part	XVII	Information Regardaniza	_	ansfers To and	Transactio	ns and Relationships V	ith Noncharitat	le		
ın		01(c) of the Code (other				ther organization described ction 527, relating to political		Y	'es	No
	ansfers fr) Cash	om the reporting found	lation to a no	oncharitable exemp	t organization o	f		1a(1)		x
) Other a	ssets						1a(2)		
	her trans							1-3-7		
		f assets to a noncharite	able exempt	organization				16(1)	Ì	X
		ses of assets from a no	•	•	on			1b(2)	\neg	x
	•	of facilities, equipment,						1b(3)		x
		rsement arrangements						1b(4)		X
(5) Loans o	or loan guarantees						1b(5)		X
(6) Perform	nance of services or me	embership oi	r fundraising solicit	ations			1b(6)		X
c St	naring of f	acılıtıes, equipment, m	ailing lists, o	ther assets, or paid	d employees			1c		<u>X</u>
d If	the answe	er to any of the above i	s "Yes," com	plete the following	schedule Colu	mn (b) should always show the	fair market			
					-	the foundation received less th				
			1		-	the goods, other assets, or se				
I/A	ine no	(b) Amount involved	(c) Name	e of noncharitable exemp	ot organization	(a) Description of transfers	transactions, and sharing a	rrangements	5	—
1/ A		<u> </u>								
							-			
					-					
			-							—
										—
										
	·. .						·			
de	escribed ii	lation directly or indirectly or indirectly of the mplete the following so	Code (other					Yes	X	No
		a) Name of organization		(b) Type of o	rganization	(c) Des	cription of relationship			
N/	Α									
				-						
		* *		 	······					
		······································								
						edules and statements, and to the best	of my knowledge and belie	f, it is true,		
ign Iere		Debora	ew /	Inan taxpayer) is based	on all information of		May the IRS dis with the prepare (see instruction	er sho <u>wn b</u> elo		No
	1	ature of officer or trustee			1	Title	T			
	Print/T	ype preparer's name			Preparer's signatu	10 M/ A	Date	I .	Check C	d
aid	DICK	Y H SPARKS, C	PA			DISTANCE	05/1	.3/15	ren-citif	oyeu
repare	Firm's		SPARKS	CPA FIRM	, P.C.	7		12481	197	
se On	IV		OX 1366		· · · · · · · · · · · · · · · · · · ·	<i>J</i>		-1208	_	
				L 35582				6-356		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2014

HOMER VINSO	N FOUNDATION	63-0942828			
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 for	undation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation			
	501(c)(3) taxable private foundation				
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule at	nd a Special Rule See			
General Rule					
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib ey or property) from any one contributor. Complete Parts I and II. See instruc I contributions				
Special Rules					
regulations unde 13, 16a, or 16b,	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ns of the greater of (1)			
contributor, durir	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ig the year, total contributions of more than \$1,000 exclusively for religious, of the prevention of cruelty to children or animals. Comp	charitable, scientific,			
For an organizat	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	received from any one			
	ng the year, contributions exclusively for religious, charitable, etc., purposes,				
	aled more than \$1,000. If this box is checked, enter here the total contribution or an exclusively religious, charitable, etc. purpose. Do not complete any of				
General Rule ap	oplies to this organization because it received nonexclusively religious, charit or more during the year				
990-EZ, or 990-PF), but	n that is not covered by the General Rule and/or the Special Rules does not in the standard that it must answer "No" on Part IV, line 2, of its Form 990, or check the box on I at 2, to certify that it does not meet the filing requirements of Schedule B (Form	line H of its Form 990-EZ or on its			

Name of organization HOMER VINSON FOUNDATION Page 1 of 1 Page 2
Employer identification number 63-0942828

Part I Contrib	outors (see instructions)	Use duplicate copies of	Part I if additional space is needed.
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Falli	Continuators (see instructions). Ose of	aplicate copies of Fa	art i il additional space is net	eu e u.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	ANNE E VINSON PO BOX 360 RED BAY AL	35582	\$ 32,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

630942828 HOMER VINSON FOUNDATION 63-0942828 FYE: 12/31/2014	ATION	Federal Statements	atements			5/13/2015 7:43 AM	AM
St	Statement 1 - F	- Form 990-PF, Pa	990-PF, Part I, Line 6a - Sale of Assets	le of Assets			,
Description		How Received					
Whom Date Sold Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net tion Gain / Loss	
MARD JONES Various MARD JONES	8/22/14 \$	Purchase 10,000 \$ Purchase	10,005 \$			w.	3.1
		25,000 \$	24,974 \$		\$	\$	
O	Statement 2 -	- Form 990-PF, P	Part I, Line 16a -	Line 16a - Legal Fees			
Description		Total	Net Investment	Ac	Adjusted Net	Charitable Purpose	
Indirect Legal Fees	ا س	48	٠	w		\$. <u> </u>
Total	w.	48	ν.	₩	0	\$	
Stat	Statement 3 - Form 9	m 990-PF, Part	90-PF, Part I, Line 16b - Accounting Fees	counting Fee	Si		1
Description		Total	Net Investment	Ä	Adjusted Net	Charitable Purpose	
Indirect Accounting Fees Total	w w	475	\$\frac{1}{2} \text{\$\sigma} \text{\$\sigma} \text{\$\sigma} \text{\$\sigma} \text{\$\sigma} \text{\$\sigma} \text{\$\sigma}	w w	0	w w	-
						1-3	

630942828 HOMER VINSON FOUNDATION 63-0942828 FYE: 12/31/2014	Federal Statements	tements		5/13/2015 7:43 AM	MA
Statemen	Statement 4 - Form 990-PF, Part	990-PF, Part I, Line 23 - Other Expenses	benses		· ,
Description	Total	Net Investment	Adjusted Net	Charitable Purpose	· · · · · · · · · · · · · · · · · · ·
50		«	₩	‹ ›	· · · · · · · · · · · · · · · · · · ·
FOSIAGE MAINTENANCE Total	\$ 6,591	0	ω 0	8	
Statement	Statement 5 - Form 990-PF, Part II	I, Line 13 - Other Investments	stments		
Description FOUNDATION LOAN Total	Beginning of Year \$ 81,000 \$	End of Year \$ 81,000	Basis of Valuation	Fair Market Value	
Statement 6 - Form 990-PF		Part II, Line 14 - Land, Building, and Equipment	and Equipment		
Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV	
BUILDING 2014 Home Renovations	\$ 190,400	\$ 190,400 49,500 25,000	w	\$ 190,400	000
Total	\$ 215,400	\$ 264,900	<u>٥</u>	\$ 215,4	400
				4 ô	

630942828 HOMER VINSON FOUNDATION

63-0942828

Federal Statements

5/13/2015 7:43 AM

FYE: 12/31/2014

Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	 End of Year	- I	Fair Market Value
MUTUAL FUNDS VALUATION ALLOWANCE	\$ 824,802 914	\$ 826,114 -411	\$	930,490
Total	\$ 825,716	\$ 825,703	\$	930,490

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

TYPED PURPOSE AND HISTORY OF ORGANIZATION

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

12/15

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

N/A

630942828 HOMER VINSON FOUNDATION

Federal Statements

63-0942828 FYE: 12/31/2014

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address		
Address	Relationship Status	Purpose	Amount
AL GROCER'S ED FOUNDATION BIRMINGHAM AL 35216 NA	300 VESTAVIA PKWAY NON-RELATED	PROVIDE COLLEGE SCHOLARSHIPS	2,250
AMERICAN BIBLE SOCIETY	1865 BROADWAY		000
NEW YORK NY 10023 AMERICAN FAMILY ASSOCIATI	100 PARKGATE DRIVE	OF OESUS	000
TUPELO MS 38801 NA	NON-RELATED	PROMOTE FAMILY VALUES	1,000
JER	PO BOX 513		
RUSSELLVILLE AL 35653 NA	NON-RELATED	PROVIDE MINISTRY FOR CHILDREN, TEENS	
BIBLE LEAGUE CRETE IL 60417	1	PROMOTING THE BIBLE	200
BIBLES FOR THE WORLD	PO BOX 49759		
COLORADO SPRINGS CO 80949 NA		PROVIDE BIBLES, CHURCH PLANTING	1,500
BRIDGES OF FAITH INTERNAT	PO BOX 733		,
MILBROOK AL 36054 NA		PROMOTE FAITH BASED PROGRAMS IN UKRA	3,000
FOR CHRIST	PO BOX 628222		,
_		PROVIDE FOR PHYSICAL & SPIKITUAL GRU	T,000
EDWIN L HODGES MINISTRIES	P O BOX 1921		•
DECATUR AL 35602 NA	4	PROVIDES CHRISTIAN LITERATURE	1,000
	8701 LEEDS ROAD		
KANSAS CITY MO 64129 NA	NON-RELATE	PROVIDES MINISTRY FOR CHILDREN	200
FIRM FOUNDATION COUNSELIN	2436 1/2 A WEST MAIN	STRE	1
TUPELO MS 38801 NA	NON-RELATED	PROVIDE COUNSELING TO LOW INCOME CLI	200
GLOBAL HOPE NETWORK	PO BOX 560026		•
ORLANDO FL 32856 NA) PROVIDE FOR PHYSICAL & SPIRITUAL NEE	800
GLOBAL OUTREACH INTERNATI	PO BOX 1		
TUPELO MS 38802 NA	NON-RELATED) SUPPORT FOR MISSIONARIES	009
GOSPEL LIGHTHOUSE PRISON MINISTRIES	7330 VOGEL		,
HOUSTON TX 77088	NON-RELATED) PROVIDE PRISON MINISTRY	1,000
HARMONY BAPTIST-PRISON MINISTRY	6008 W KNIGHTS GRIFFIN	RD	
PLANT CITY FL 33565		MINISTERING TO PRISONERS	
HEARTS OF CHRIST CHILDREN	1205 CATALONIA DRIVE		1
MORRISTOWN TN 37814 NA		PROVIDE MINISTRY FOR CHILDREN IN NEE	345
HIDDEN WITH CHRIST	PO BOX 3267		
TUSTIN CA 92781		SHARING THE LOVE OF GOD	

630942828 HOMER VINSON FOUNDATION

Federal Statements

63-0942828 FYE: 12/31/2014

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

		•			
Name		Ad	Address	ļ	
Address	22	Relationship	Status	Purpose	Amount
LIFE OUTREACH		PO BOX 982000	00		
FORT WORTH TX 76182				VARIOUS MINISTRY OUTREACH PROGRAMS	1,000
LIVES BEING RESTORED		PO BOX 513			
RUSSELLVILLE AL 35653				RESTORING LIVES TO CHRIST	400
MONTANA MISSION		2100 LOCKEY AVENUE	AVENUE		
HELENA MT 59601	NA	Z	NON-RELATED	PROVIDE FOR PHYSICAL & SPIRITUAL NEE	1,000
OASIS MEDICAL CENTER		2421 Proper	Proper STreet		
Corinth MS 38834				Assisting with unexpected pregnancy	300
PERRY NEAL EVANGELISTIC A		126 BRITTANY COURT	Y COURT		
WETUMPKA AL 36093	NA	Z	NON-RELATED	SUPPORT FOR MISSIONARY FAMILIES	100
PRISON FELLOWSHIP		PO BOX 1550			
MERRIFIELD VA 22116				MINISTERING TO PRISONERS	009
REVIVAL FIRES INTERNATION		505 GOOD HOPE ROAD	PE ROAD		
WEST MONROE LA 71291	NA		NON-RELATED	PROVIDE BIBLES FOR STUDENTS	
SAMARITANS PURSE		PO BOX 3000			
BOONE NC 28607	NA	D	UNRELATED	MINISTRY	200
SLAVIC GOSPEL ASSOCIATION		6151 COMMON	6151 COMMONWEALTH DRIVE		
LOVES PARK IL 61111				REACHING RUSSIA WITH THE GOSPEL	200
TRINITY CHURCH		1116 4TH ST	STREET NE		
RED BAY AL 35582	NA	Z	NON-RELATED	SUPPORT MISSION WORK	200
JESUS FILM		100 Lake Ha	Hart Drive		
Orlando FL 32832				To share the story of Jesus Christ	1,000
CELEBRATE RECOVERY					
				A Christ Centered recovery program	150
Total				"	19,945

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For calendar year 2014, or tax year beginning Form 990PF 36. Net assets Name Expenses & Deductions Taxes Revenue Due / Refund

Two Year Comparison Report

, ending

Taxpayer Identification Number

2013 & 2014

ame		HOMER V	VINSON FOUN	FOUNDATION		6.3	63 - 0942828
			2013	2014	14	Differences	seou
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
1. Contributions, gifts, grants, and similar amounts received	-			32,000		32,000	
2. Interest on savings and temporary cash investments	2.						
3. Dividends and interest from securities	ъ.	24,109	15,345	26,474	18,248	2,365	2,903
4. Gross rents	4						
5. Net gain or (loss) from sale of assets	5	4,028		26,313		22,285	
6. Capital gain net income	9		4,028		26,287		22,259
	7.						
8. Other income	8.						
9. Total. Add lines 1 through 8	6	28,137	19,373	84,787	44,535	56,650	25,162
10. Compensation of officers, directors, trustees, etc	10.						
11. Other employee salaries and wages	1						
	12.						
13. Professional fees	13.	725		523		-202	
14. Interest	14.						
15. Taxes	15.						
16. Depreciation and depletion	16.						
17. Occupancy	17.						
18. Other expenses	18.	257		6,653		6,396	
6	19.	28,709		19,945		-8,764	
20. Total expenses and disbursements. Add lines 10 through 19	20.	29,691		27,121		-2,570	;
٠ ~	21.	-1,554	19,373	57,666	44,535	59,220	25,162
	22		194		891		697
23. Section 511 Tax	23						
24. Subtitle A income tax	24.						
25. Total Taxes	25.		194		891		697
26. Estimates and overpayments credited	26.						:
27. Foreign tax withheld	27.						
28. Other Payments	28.						
29. Total payments and credits	29.						
8	30.		194		891		169
31. Overpayment credited to next year	31.						
32.	32.				4		4
33. Net due / (Refund)	33.	- 1	194		895		701
34. Total assets	34.	1,129,232		1,186,898		0	***************************************
35. Total liabilities	35.	0		0		0	
36. Net assets	36.	1,129,232		1,186,898		0	

Ā
7 43
05/13/2015
630942828

	HOMER VINSON FOUNDATION Recontributions, gifts, grants, and similar amounts received 1. Interest on savings and temporary cash investments 2.					Taxr	Miller Identification Numb
4. 4. 4. 4. 4.	contributions, gifts, grants, and similar amounts received interest on savings and temporary cash investments	NOI				63 —	63-0942828
4. 4. 4. 4. 4.	contributions, gifts, grants, and similar amounts received interest on savings and temporary cash investments		2010	20	2011	2012	2
4. 4. 4. 4. 4.	contributions, gifts, grants, and similar amounts received interest on savings and temporary cash investments	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
	nterest on savings and temporary cash investments	-				245,400	
સ. 4. ત ે તે	+						
4. 12. 13.	Dividends and interest from securities	3.				24,093	15,456
6	Gross rents	4.					***************************************
9	Net gain or (loss) from sale of assets	5.				44	
	Capital gain net income	6.					
	Gross profit or (loss)	7.					
	Other income			0		260 537	15 45K
6						1602	
6.	Compensation of officers, directors, trustees, etc	10.					
0.7	Other employee salaries and wages	11.					
12.	Pension plans, employee benefits	12.					
л 13.	Professional fees	13.				751	
14.	Interest	14.					
15.	Taxes	15.					
16.	Depreciation and depletion	16.					
e 17. O	Occupancy	17.					
2	Other expenses	18.				740	
19.	. ,	19.		0		41,546	
<u>5</u> 0.	Total expenses and disbursements. Add lines 10 through 19	20.				43,037	- 1
21. N	Net income (if negative investment activity, enter -0-) 21.		0	0	0	226,500	15,456
22. E	Excise Tax	22.					155
23.	Section 511 Tax	23.					
78X 24. S	Subtitle A income tax	24.					
25. T		25.					155
26. E	Estimates and overpayments credited	26.					
27. F	Foreign tax withheld	27.			:		
28.	Other Payments	28.					
29.	Total payments and credits	29.					
30.	Balance due / (Overpayment)	30.	0		0		155
41.e	Overpayment credited to next year	31.					
32.	Penalty	32.					
33. N	Net due / (Refund)	33.	0		0		155
34.	Total assets	34.	0	0		1,130,786	***************************************
the 33	Total liabilities	35.		0		0	
36.	Net assets	36.	0	0		1,130,786	

		Тах Ғ	Tax Return History			<u> </u>
Name HOMER VINS	HOMER VINSON FOUNDATION	Z			Emplo 63	Employer Identification Number 63 - 0942828
	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment	_					

