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EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 and its instructions is at www irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A F	or the	e 2014 calendar year, or tax year beginning	and	ending					
B c	heck if	C Name of organization		_	D Employer identific	cation number			
	Addre chang Name		ON, I	NC.		60000			
\vdash	_chang				64-0622023				
\vdash	_Ireturn	Number and street (or P.O. box if mail is not delivered to street addres	ss)	Room/suite	Suite E Telephone number 601-857-3800				
_	Final return termin		P. O. BOX 1100						
_	ated	City or town, state or province, country, and ZIP or foreign posta	al code		G Gross receipts \$ 9,550,809.				
\perp	Amen	RAIMOND, MS 39154			H(a) Is this a group re				
L	Application	IF Name and address of principal officer DR . CLYDE MUS	SE		for subordinates	²			
	pendii	" 205 EAST MAIN STREET, CLINTON, MS	<u>390</u>	56	H(b) Are all subordinates in	ncluded? Yes No			
<u> 1 T</u>	ax ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527	If "No," attach a	list (see instructions)			
J۷	Vebsi	e: N/A			H(c) Group exemptio	n number 🕨			
		organization X Corporation Trust Association Other	er ►	L Year	of formation: 1978 N	State of legal domicile: MS			
Pa	rt I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities	s THE	FOUNDA	TION RECEIV	ES FUNDS TO			
Governance		PROVIDE THE FOLLOWING: (1) SCHOLA	RSHIP	S, (2)	FACULTY/ST	AFF			
ř	2	Check this box 🕨 🔲 if the organization discontinued its operation	ns or dispo	sed of more	than 25% of its net as	ssets			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	29			
ა დ	4	Number of independent voting members of the governing body (Part \	VI, line 1b)		4	29			
es	5	Total number of individuals employed in calendar year 2014 (Part V, Iir	ne 2a)		5	0			
<u>viti</u>	6	Total number of volunteers (estimate if necessary)			6	0			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.			
					Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		ļ	<u>2,977,596.</u>	1,583,083.			
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		83,884.	439,519.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	<u> </u>			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,061,480.	2,022,602.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			589,587.	707,599.			
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
es	1	Salaries, other compensation, employee benefits (Part IX, column (A),	lines 5-10)	ļ	64,537.	69,876.			
ens		Professional fundraising fees (Part IX, column (A), line 11e)			0.	<u> </u>			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	129,3	<u>75. </u>					
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u> </u>	388,642.	315,013.			
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13 17 (must equal Part IX, column (A), line 2 Revenue less expenses Subtract line 18 from line 12	ECEN	/ED	71,042,766.	1,092,488.			
_ S	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>		2,018,714.	930,114.			
t Assets or nd Balances				110	nning of Current Year	End of Year			
Sse Bala	20		UN 11		0,743,614.	11,709,875.			
Net / Fund		1 1			0.	11 700 075			
	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	GDEN	117	10,743,614.	11,709,875.			
		Ities of perjury, I declare that I have examined this return, including accompany			ante and to the heet of m	v knowledge and belief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all infor				y kilowiedye aliu bellet, it is			
4-00,	001100	t, and complete declaration organization (complete (complete of the date of all minor	mation of W	ilicii proparci	11as any knowledge.	715			
Şıgr		Signature of officer			Date	//->			
		DR. CLYDE/MUSE, EXECUTIVE DIRECT	OR/						
ਮੁerd ⊃		Type or print name and title	//						
7		Print/Type preparer's name Preparer's signature	77] [Date Check	PTIN			
Paid		NATHAN CUMMINS		0	5/27/15 self-employe	P00986272			
Prep	arer	Firm's name MAY AND COMPANY, LLP	<u> </u>		Firm's EIN	64-0900153			
Use	Only	Firm's address ▶ POST OFFICE BOX 821568							
		VICKSBURG, MS 39182-1568			Phone no (6	01)636-4762			
May	the IF	RS discuss this return with the preparer shown above? (see instruction		-		X Yes No			
43200	1 11-0	·			NTM 0017-1	Form 990 (2014)			
	S	EE SCHEDULE O FOR ORGANIZATION MISS	STON S	TATEME	INT CONTINUA	TION an-21			
						To be			

	990 (2014) HINDS COMMUNITY COLLEGE FOUNDATION, INC. 64-0622023 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	
	PROVIDES SCHOLARSHIPS AND GRANTS TO DESERVING STUDENTS FOR THE
	PURPOSES OF HIGHER EDUCATION AT HINDS COMMUNITY COLLEGE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O
_	· ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	SCHOLARSHIPS TO STUDENTS
4b	(Code) (Expenses \$176,739. including grants of \$176,739.) (Revenue \$)
	ALLOCATIONS FOR GRANTS
4c	(Code) (Expenses \$ 106, 323. including grants of \$) (Revenue \$
	ALLOCATIONS FOR COLLEGE ORGANIZATIONS AND DEPARTMENTS
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 66,840 · including grants of \$) (Revenue \$
40	Total program service expenses ► 880,762.
<u></u>	Form 990 (2014)
	Form 330 (2014)

HINDS COMMUNITY COLLEGE FOUNDATION, INC. 64-0622023 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total $_{\mathtt{X}}$ assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11đ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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19

20a

20b

Х

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		1
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u> _
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	-		ļ
	Schedule L, Part I	25b		X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ. — :	X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	<u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		J.
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x_
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Α.
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ x_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		_ x_
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	355		
	If "Yes," complete Schedule R, Part V, line 2	36		x_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			T
_	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2014)

HINDS COMMUNITY COLLEGE FOUNDATION, INC. 64-0622023 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

13b 13c Х 14a

12a

13a

Form 990 (2014)

12b

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI						<u>LX.</u>	
<u>Sec</u>	tion A. Governing Body and Management							
			•			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		29	ļ			
	If there are material differences in voting rights among members of the governing body, or if the governing			ĺ				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				1			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		29				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		1			
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision		- 1			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		_X_	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	1	4		_X_	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		.	5		_X_	
6	Did the organization have members or stockholders?				6		_X_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or					
	more members of the governing body?				7a		_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	1				
	persons other than the governing body?			.	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:					
а	The governing body?				8a	X		
b	Each committee with authority to act on behalf of the governing body?]	8b	<u>X</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched a	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		_		9		<u>X</u>	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)	.				
				,		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			1	10a		_X_	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?]	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the for	m?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	.	12b	Х		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe	ŀ				
	ın Schedule O how this was done			ļ	12c	<u>X</u>		
13	Did the organization have a written whistleblower policy?			ļ	13	X		
14	Did the organization have a written document retention and destruction policy?				14	<u>X</u>		
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l				
а	The organization's CEO, Executive Director, or top management official			ļ	15a		_X_	
b	Other officers or key employees of the organization			ļ	15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	nth a					
	taxable entity during the year?			ļ	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nızatıo	n's					
	exempt status with respect to such arrangements?				16b			
Sec	tion C. Disclosure		 					
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Sect	on 501(c)(3)s	only) a	vailab	le		
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain		· ·					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest polic	y, and	financ	cial		
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records					
	BETTY CARRAWAY - 601-857-3800							
	P O BOX 1100, RAYMOND, MS 39154							
432006	11-07-14				Form	990	(2014)	

Form 000 (2014)	HINDS	^
Form 990 (2014)	GUNTH	L

HINDS COMMUNITY COLLEGE FOUNDATION, INC.

64-0622023

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) SEE ATTACHED SCHEDULE	0.00		_				_	0.	0.	0	
					ļ						
										· · · · · · · · · · · · · · · · · · ·	
				_							
·											

HINDS COMMUNITY COLLEGE FOUNDATION, INC. 64-0622023 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants llar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1,583,083 g Noncash contributions included in lines 1a-1f \$ 111,518 Total. Add lines 1a-1f 583,083 Business Code Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 433,311. 433.311 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 7 463 915 70,500 b Less cost or other basis and sales expenses 7,425,933 102,274 c Gain or (loss) 37,982 <31,774 6,208. d Net gain or (loss) 6,208 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a 11d

2 022 602

439 519. Form **990** (2014)

Total revenue See instructions

<u> </u>	otatement of Functional Expense				<u> </u>
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	707,599.	707,599.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				· · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	60.076		60.076	
7	Other salaries and wages	69,876.	-	69,876.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a b	Management Legal				
C	Accounting	10,500.		10,500.	
d	Lobbying	10,500.		10,500.	
<u>د</u>	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a.	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		-		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	111 510	020		110 500
a	NON-MONETARY GIFTS	111,518.	929. 106,323.		110,589.
ь	COLLEGE DEPARTMENTS & O FACULTY & STAFF DEVELOP	36,800.	36,800.		
q	ALUMNI GROUPS	24,593.	24,593.		
d	All other expenses	25,279.	4,518.	1,975.	18,786.
е 25_	Total functional expenses. Add lines 1 through 24e	1,092,488.	880,762.	82,351.	129,375.
<u>25</u> 26	Joint costs Complete this line only if the organization	1,002,400.	000,702.	02,331.	143,313.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here	-			

Fai	τ χ_	Check if Schodule O contains a response or not	o to any line in this Dort V		_	· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or not	e to any line in this Part X	(A)		(B) End of year
		<u> </u>		Beginning of year		
	1	Cash - non-interest-bearing	-	354,476.	1	449,931
	2	Savings and temporary cash investments	-	00.000	2	<u> </u>
	3	Pledges and grants receivable, net	90,000.	3	50,000	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa-				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	·			
		section 4958(f)(1)), persons described in section			1	
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
şte		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net			7	
٩	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a					
		basis Complete Part VI of Schedule D	10a 24,000.			
	b	Less accumulated depreciation	10b	126,274.	10c	24,000
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1	10,172,864.	12	11,185,944	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	1		15	
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	10,743,614.	16	<u>11,709,875</u>
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
Sa	22	Loans and other payables to current and former	officers, directors, trustees,			
≝		key employees, highest compensated employee	s, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third		ŀ	
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 an	d 34.			
auc	27	Unrestricted net assets		615,364.	27	613,861
391	28	Temporarily restricted net assets	4,767,387.	28	4,123,616	
힏	29	Permanently restricted net assets	5,360,863.	29	6,972,398	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	<u> </u>
Ass	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		10,743,614.	33	11,709,875
	34	Total liabilities and net assets/fund balances		10,743,614.	34	11,709,875

Form 990 (2014)

	990 (2014) HINDS COMMUNITY COLLEGE FOUNDATION, INC.	64-06	22023	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,02	2,6	02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,09	2,4	88.
3	Revenue less expenses Subtract line 2 from line 1	3	93	0,1	<u>14.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,74	3,6	14.
5	Net unrealized gains (losses) on investments	5	3	6,1	47.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	11,70	9,8	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b_	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	HIND	S COMMUNIT	Y COLLEGE FO	UNDAT	ION,	INC.	6	4-0622023
Part I	Reason for Public	Charity Status (All organizations must c	omplete th	ıs part) Se	e instruction	3	
The organ	zation is not a private found							
1 🔲	A church, convention of ch	urches, or associati	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect							
з 🔲	A hospital or a cooperative			ection 170	Xb)(1)(A)(ii	n.		
4	A medical research organiz					-	l(iii). Enter	the hospital's name.
	city, and state	•	,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 X	An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a go	overnmental i	ınıt describ	ed in
	section 170(b)(1)(A)(iv). (C		onego or armotology owne	G 01 0p0.u	.ou b, u g.	ovommentar c	init decono	00 III
6	A federal, state, or local go		mental unit described in	cootion 1	70/h\/ 4\/ A\	(A)		
7 📑							ho gonoral	nublic described in
'	An organization that norma	-	armai part or its support	nom a gov	emmentai	unit or from t	ne generar	public described in
• 🗀	section 170(b)(1)(A)(vi). (C		MANAN - N. /Complete De-	4.11.3				
8 📙	A community trust describe	• •		-				
9 📖	An organization that norma							
	activities related to its exen	-	•				• •	•
	income and unrelated busin		e (less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975
	See section 509(a)(2). (Con	•						
10	An organization organized							
11	An organization organized	•	•	•			•	
	more publicly supported or	ganizations describi	ed in section 509(a)(1) c	r section	509(a)(2)	See section (6 09(a)(3) . C	heck the box in
_	lines 11a through 11d that	describes the type o	of supporting organization	n and con	iplete lines	11e, 11f, and	d 11g.	
a 🖳		anization operated, s	supervised, or controlled	by its sup	ported org	anızatıon(s), 1	ypically by	giving
	the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the direc	ctors or truste	es of the s	upporting
	organization You must o	omplete Part IV, S	ections A and B.					
b	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by ha	ving
	control or management of	f the supporting org	janization vested in the s	ame perso	ons that co	ntrol or mana	ge the sup	ported
	organization(s) You mus	t complete Part IV,	Sections A and C.					
с 🗀	Type III functionally inte	grated. A supportin	ng organization operated	in connec	tion with, a	ind functiona	ly integrate	ed with,
	its supported organizatio	n(s) (see instruction:	s) You must complete	Part IV. Se	ctions A.	D, and E.		
d 🗀	Type III non-functionally	integrated. A supp	porting organization oper	rated in co	nnection w	rth its suppo	ted organiz	zation(s)
	that is not functionally int						•	• •
	requirement (see instruct	-		•		•		
e	Check this box if the orga	·	•				II Type III	
<u> </u>	functionally integrated, or					7, pc 1, 1, pc	n, rype m	
f Ente	er the number of supported of		many integrated support	ing organi	ation			1
	ride the following information	•	ad arganization(s)		•			
) Name of supported		(III) Type of organization	(ıv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
•	organization	, ,	(described on lines 19	listed i	n your	support		other support (see
			above or IRC section	Yes	No No	Instruct	ons)	Instructions)
HINDO	COMMUNITY		(see instructions))	162	140			
			-					
COLLE	<u> </u>		5	Х			0.	
								
							-	
-			 	 -	<u></u>			
				1				
			ļ	<u> </u>				<u> </u>
							_	
Total							0.1	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 HINDS COMMUNITY COLLEGE FOUNDATION, INC.64-0622023 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1199319.	1403469.	1054554.	2977596.	1583083.	8218021.
2	Tax revenues levied for the organ						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1199319.	1403469.	1054554.	2977596.	1583083.	8218021.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						<u> </u>
	Public support. Subtract line 5 from line 4						8218021.
Se	ction B. Total Support			1.			
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1199319.	1403469.	1054554.	2977596.	1583083.	8218021.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	<443,716.	<u>>167,793.</u>	193,135.	83,884.	439,519.	440,615.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)			<u> </u>			
11	Total support. Add lines 7 through 10						8658636.
12	Gross receipts from related activities	, etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
50	organization, check this box and stoction C. Computation of Pub		rcentage				<u>▶</u> □
	Public support percentage for 2014 (column (fl)		14	94.91 %
	Public support percentage from 2013		•	Joidinin (1))		15	98.71 %
	33 1/3% support test - 2014. If the			n line 13 and line	1/ is 33 1/30/ or n		
100	stop here. The organization qualifies	•			14 15 33 1/3/0 0/11	iore, crieck triis be	►X
ŀ	33 1/3% support test - 2013. If the		-		l line 15 is 33 1/3%	or more check th	
•	and stop here. The organization qua	•			i iii le 13 13 33 17370	of more, check ti	■ DOX
17-	10% -facts-and-circumstances tes	•			a 13 16a or 16b s	and line 14 is 10%	or more
176	and if the organization meets the "fac	-					
						t viriow the organ	IIZation ►
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	-	·		-	17a and line 15 in	10% or
L	more, and if the organization meets t	_					
	organization meets the "facts-and-cir				•		_
18	Private foundation. If the organization		-	•	•		
		Sie net encon a	227 07 10, 10	<u>.,, ., ., ., ., ., ., ., ., ., ., .,</u>			or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be Section A. Public Support	ow, please com	plete Part II)			<u>-</u>	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(a) 2010	(5) 2011	(6) 2012	(u) 2010	(6) 2014	li) Total
membership fees received (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per						
formed, or facilities furnished in						,
any activity that is related to the						
organization's tax-exempt purpose		 				
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
·				-		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					1	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		 				
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						<u> </u>
c Add lines 7a and 7b		<u> </u>				
8 Public support (Subtract line 7c from line 6)		<u> </u>		<u> </u>		<u> </u>
Section B. Total Support		T		1 11 0010	1 1 2011	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties		1			}	
and income from similar sources				-		
b Unrelated business taxable income					-	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b		-				
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		<u></u>	<u> </u>	
14 First five years. If the Form 990 is for t	he organization	's first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	zation,
check this box and stop here					<u> </u>	
Section C. Computation of Public						
15 Public support percentage for 2014 (lir		•	column (f))		15	%
16 Public support percentage from 2013					16	<u>%</u>
Section D. Computation of Inves						
17 Investment income percentage for 201	•	•	ne 13, column (f))		17	%
18 Investment income percentage from 26					18	%
19a 33 1/3% support tests - 2014. If the c	_					17 is not
more than 33 1/3%, check this box an	•	-	•	•		
b 33 1/3% support tests - 2013. If the o	-					
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Schedule A (Form 990 or 990 EZ) 2014 HINDS COMMUNITY COLLEGE FOUNDATION, INC.64-0622023 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	edule A (Form 990 or 990 EZ) 2014 HINDS COMMUNITY COLLEGE FOUNDATION, INC. 64-06	<u> 2202</u>	<u> 3 Pa</u>	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)		1	
	Lies the exception expected a cift or centurbulant from any of the fallowing access?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a		
	• • • • • • • • • • • • • • • • • • • •	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
<u> </u>	Alon D. Typo I duplotting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization ction C. Type II Supporting Organizations	2	L	
000	Alon o. Type if oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	etion D. Type III Supporting Organizations	!!	l	l
	All of the second of the secon		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· · · · · · · · · · · · · · · · · · ·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions)	_
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		L
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

	dule A (Form 990 or 990-EZ) 2014 HINDS COMMUNITY COLLEGE	FOU	NDATION, INC.6	4-0622 <u>023 Page 6</u>
	rt V. Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ıon B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	·—··	
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	_ 7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	_ 6		<u> </u>
7	Check here if the current year is the organization's first as a non functional	lv-integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990 EZ) 2014 HINDS COMMUNITY COLLEGE FOUNDATION, INC.64-0622023 Page 7 Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) (i) **Excess Distributions** Distributable Underdistributions Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 3 b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3_j and 4c Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2014

a b

d Excess from 2013 e Excess from 2014

Also complet	e this part for any addition	al information (See	instructions)			
						
						
						
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* · · • · · · · · · · · · · · · · · · ·	·					
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

D	HINDS COMMUNITY COL					64-0622	
Pai			Other Similar Fund	s or A	ccor	Ints. Complete if	the
	organization answered "Yes" to Form 990, Part IV, line				 -	 	
	-	(a) Do	nor advised funds	(t) Fun	ds and other acco	ounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year					_ 	
5	Did the organization inform all donors and donor advisors in w	riting that the	assets held in donor advi	sed fund	at		
	are the organization's property, subject to the organization's e	exclusive lega	l control?			L Yes	L No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writ	ing that grant funds can be	used o	nly		
	for charitable purposes and not for the benefit of the donor or	donor adviso	or, or for any other purpose	conferr	ing		
	impermissible private benefit?					Yes Yes	No_
Pai				Part IV, I	ine 7		
1	Purpose(s) of conservation easements held by the organization		hat apply)				
	Preservation of land for public use (e g , recreation or ed	ducation)	Preservation of a his	torically	ımpor	tant land area	
	Protection of natural habitat		Preservation of a cer	tified his	storic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservati	on contribution in the form	of a co	nserva	ation easement on	the last
	day of the tax year						
				1		Held at the End of t	he Tax Year
а	Total number of conservation easements			1	2a		
b	Total acreage restricted by conservation easements			ļ	2b		
С	Number of conservation easements on a certified historic structure.	cture include	d ın (a)		2c		
d	Number of conservation easements included in (c) acquired af	fter 8/17/06,	and not on a historic struct	ture			
	listed in the National Register			L	2d		
3	Number of conservation easements modified, transferred, rele	eased, extingi	ushed, or terminated by th	e organi	zatior	during the tax	
	year ▶						
4	Number of states where property subject to conservation ease						
5	Does the organization have a written policy regarding the period		ng, inspection, handling of				
_	violations, and enforcement of the conservation easements it i					Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting, a						
7	Amount of expenses incurred in monitoring, inspecting, and er	•				\$	_
8	Does each conservation easement reported on line 2(d) above	e satisfy the r	equirements of section 170)(h)(4)(B))(ı)		<u> </u>
_	and section 170(h)(4)(B)(ii)?					Yes	∟ No
9	In Part XIII, describe how the organization reports conservation						
	include, if applicable, the text of the footnote to the organization	on's financial	statements that describes	tne org	anızat	ion's accounting t	or
Pai	t III Organizations Maintaining Collections of	Art Histo	rical Treasures or C)thar S	imil	ar Assats	
· u	Complete if the organization answered "Yes" to Form 9		•	ouiei c	2111111	ai Assets.	
12	If the organization elected, as permitted under SFAS 116 (ASC		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mont on	d bala	ance sheet works	of ort
14	historical treasures, or other similar assets held for public exhibit	•	•				•
	the text of the footnote to its financial statements that describe			ance or p	Jublic	service, provide,	II Fait Aili,
b	If the organization elected, as permitted under SFAS 116 (ASC			t and he	longs	about works of ov	t buotomost
b							
	treasures, or other similar assets held for public exhibition, edu- relating to these items	acadon, or re	scaron in futurerance of pt	mine set	vice, p	NOVIUE THE IOHOWII	ig announts
	(i) Revenue included in Form 990, Part VIII, line 1					¢	
	(ii) Assets included in Form 990, Part X	•				Φ	
9		CUEOD 0" 0+L	or numilar pagets for fire	alas:-		\$	
2	If the organization received or held works of art, historical treas			aı gaın, p	orovid	е	
_	the following amounts required to be reported under SFAS 116	o (ASC 958) i	elating to these items:				
a	Revenue included in Form 990, Part VIII, line 1					~	
Ь	Assets included in Form 990, Part X					\$	

	dule D (Form 990) 2014 HINDS Co			JNDATION, I				Page 2 ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	items	
	(check all that apply)								
а	Public exhibition	d	Loan or exc	change programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's exi	empt purp	ose ın Par	t XIII		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	collection?			Yes	☐ No	
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organization	on answered "Yes" to	Form 990), Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ns or other assets no	t included				
	on Form 990, Part X?		,				Yes	☐ No	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table								
_	Amount								
c	c Beginning balance								
	Additions during the year								
	d Additions during the year e Distributions during the year 1d 1e								
_	f Ending balance								
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII								
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10								
<u> </u>	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back								
1a	Beginning of year balance								
	Contributions	5,360,863.	<u>488,577.</u> 100.300.						
b									
C	, , <u>, , , , , , , , , , , , , , , , , </u>								
đ	Grants or scholarships	1,049,534.	13,095.		<u> </u>	42,721.			
е	e Other expenditures for facilities								
	and programs								
Ť	Administrative expenses					.	ļ		
g	End of year balance	6,972,398.	5,360,863		4,	601,972.	4,	<u>488,577.</u>	
2	. 5								
а									
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are held	and administered for	the organi	zation	г		
	by							Yes No	
	(i) unrelated organizations						3a(i)	<u>X</u>	
	(ii) related organizations						3a(ii)	X_	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds			_			
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a	See Form 990, Part X	, line 10				
	Description of property	(a) Cost or o	ther (b) Cos	t or other (c) A	Accumulat	ed	(d) Book	value	
		basis (investr	nent) basis	(other) de	epreciation	1			
1a	Land	24,	000.				24	1,000.	
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (B) line	10c)			2.4	1.000.	

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Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 HINDS COMMUNITY COLLEGE Part XI Reconciliation of Revenue per Audited Financial Sta									
Complete if the organization answered "Yes" to Form 990, Part IV, line	•	ic tuiii	•						
Total revenue, gains, and other support per audited financial statements	. Teu	T 1 T	2,054,250.						
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			2,032,2301						
a Net unrealized gains (losses) on investments	2a 36,147.								
b Donated services and use of facilities		4							
	2b	-							
c Recoveries of prior year grants	2c	-							
d Other (Describe in Part XIII)	2d < 4,499.	<u> </u>	24 542						
e Add lines 2a through 2d		2e	31,648.						
3 Subtract line 2e from line 1		3	2,022,602.						
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
a Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b Other (Describe in Part XIII)	4b								
c Add lines 4a and 4b	-	4c	0.						
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,022,602.						
Part XII Reconciliation of Expenses per Audited Financial Sta									
Complete if the organization answered "Yes" to Form 990, Part IV, line	•	, iotai	•••						
	: 124	Τ.Τ	1 007 000						
1 Total expenses and losses per audited financial statements		1	1,087,989.						
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1								
a Donated services and use of facilities	2a	4							
b Prior year adjustments	2b	_							
c Other losses	_2c								
d Other (Describe in Part XIII)	2d < 4,499								
e Add lines 2a through 2d		2e	<4,499.						
3 Subtract line 2e from line 1		3	1,092,488.						
4 Amounts included on Form 990, Part IX, line 25, but not on line 1									
a Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b Other (Describe in Part XIII)		1							
,	4b	۱ . ا	0						
c Add lines 4a and 4b		4c	0.						
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information.	3)	5	1,092,488.						
	<u>-</u>								
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,									
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information								
PART V, LINE 4:									
PERMANENTLY RESTRICTED ENDOWMENT FUNDS AR	E USED TO SUPPORT S	CHOL	ARSHIPS						
FOR HINDS COMMUNITY COLLEGE. CONTRIBUTION	S TO THE ENDOWMENT	FUNI	S ARE						
SUBJECT TO DONOR RESTRICTIONS THAT STIPUL	ATE THE ORIGINAL PE	RINCI	PAL OF THE						
TOTAL COLUMN TIME TO THE PROPERTY OF THE PROPE	THE ORIGINAL II		01 1111						
GIFT IS TO BE HELD AND INVESTED BY THE FO	INDATION THRETNITTE	א ע.די	NID TNICOME						
GITT TO TO BE HELD AND INVESTED BY THE PO	UNDATION INDEFINITE	LII P	IND INCOME						
EDON MILE EINID TO EVDENDED EOD GOUOLADGUID	a								
FROM THE FUND IS EXPENDED FOR SCHOLARSHIP	5.								
		_							
PART X, LINE 2:									
THE FOUNDATION IS A NON-PROFIT FOUNDATION	, WHICH IS EXEMPT F	ROM	INCOME						
									
TAXES UNDER SECTION 501(C)(3) OF THE INTE	RNAL REVENUE CODE.								
THE EINAMCIAL CHANDADDO DOADD (EACD) TOOM	ED EXCD XCC 740 10	/ E/OF	MEDIK ETH						
432054	ED FASB ASC 740-10		MERLY FIN						
10-01-14		Sched	ule D (Form 990) 2014						
30									

Schedule D (Form 990) 2014 HINDS COMMUNITY COLLEGE FOUNDATION, INC.64-0622023 Page 5 Part XIII Supplemental Information (continued)
48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB
STATEMENT NO. 109), THAT CLARIFIES THE ACCOUNTING AND RECOGNITION FOR
INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE FOUNDATION'S
INCOME TAX RETURNS. THE FOUNDATION ADOPTED THE STANDARD IN 2009. THE
FOUNDATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING
AUTHORITIES. THE FOUNDATION'S OPEN AUDIT PERIODS ARE 2011 THROUGH 2013. IN
EVALUATING THE FOUNDATION'S TAX PROVISIONS AND ACCRUALS, FUTURE TAXABLE
INCOME, AND THE REVERSAL OF TEMPORARY DIFFERENCES, INTERPRETATIONS, AND
TAX PLANNING STRATEGIES ARE CONSIDERED. THE FOUNDATION BELIEVES THEIR
ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
INTRAFUND REVENUES
PART XII, LINE 2D - OTHER ADJUSTMENTS:
INTRAFUND EXPENSES
PART IV, LINE 11F
THE FOUNDATION IS A NON-PROFIT FOUNDATION, WHICH IS EXEMPT FROM INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
THE FINANCIAL STANDARDS BOARD (FASB) ISSUED FASB ASC 740-10 (FORMERLY FIN
48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB
STATEMENT NO. 109), THAT CLARIFIES THE ACCOUNTING AND RECOGNITION FOR
INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE FOUNDATION'S
INCOME TAX RETURNS. THE FOUNDATION ADOPTED THE STANDARD IN 2009. THE
FOUNDATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING
AUTHORITIES. THE FOUNDATION'S OPEN AUDIT PERIODS ARE 2011 THROUGH 2013. IN
432055 10-01-14 Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 HINDS COMMUNITY COLLEGE FOUNDATION, INC.64-0622023 Page 5 Part XIII Supplemental Information (continued)
EVALUATING THE FOUNDATION'S TAX PROVISIONS AND ACCRUALS, FUTURE TAXABLE
INCOME, AND THE REVERSAL OF TEMPORARY DIFFERENCES, INTERPRETATIONS, AND
TAX PLANNING STRATEGIES ARE CONSIDERED. THE FOUNDATION BELIEVES THEIR
ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United State

Complete if the organization

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

INC.

HINDS COMMUNITY COLLEGE FOUNDATION,

General Information on Grants and Assistance

Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

states	line 21 or 22.
d individuals in the United States	n answered "Yes" to Form 990, Part IV, line 21 or 22.
Individuals	nswered "Yes" to
₫	a

OMB No 1545-0047 2014 Employer identification number

Inspection

64-0622023

Open to Public

criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the user the content of	tance? cedures for mon	toring the use of grant	use of grant funds in the United States	d States	,		X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Domestic Organ 35,000 Part II ca	izations and Domesti be duplicated if addit	ic Governments. C	Somplete if the organded	anization answered "	id Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ated if additional space is needed	', line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				:			
1	nd government o	rganizations listed in th	ne line 1 table				
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruc	1 table tions for Form 990.					Schedule I (Form 990) (2014)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 64-0622023 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information I (Form 990) (2014) HINDS COMMUNITY COLLEGE FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 530,860 (c) Amount of cash grant 34 (b) Number of recipients 575 SCHOLARSHIPS TO STUDENTS AT HINDS COMMUNITY (a) Type of grant or assistance Schedule I (Form 990) (2014)
Part III Grants and Other 432102 10-15-14 Part IV COLLEGE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

	HINDS COMMUN	ITY CO	LLEGE FOU	NDATION,	INC.		64-06	220	23	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	Metho noncash	(d) od of dete contributi			s
1	Art - Works of art									
2	Art - Historical treasures		-				•	•		
3	Art - Fractional interests		_							
4	Books and publications		-		-					
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes			,,						
8	Intellectual property									
9	Securities - Publicly traded							-		
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									_
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial		· <u> </u>							
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (OTHER NON-MON)	X	0	111	,518.	FAIR MA	RKET	VAL	UE.	<u>OF</u>
26	Other ()									
27	Other ()									
28	Other (ļ								
29	Number of Forms 8283 received by the organi		-							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29					
							r-		Yes	No
30a	During the year, did the organization receive b	•				•	:		İ	
	must hold for at least three years from the date		il contribution, and	I which is not rec	juired to be	used for	Ì		ľ	7.7
	exempt purposes for the entire holding period	7					Į.	30a		_X_
	If "Yes," describe the arrangement in Part II									7.7
31	Does the organization have a gift acceptance	-	•	-			-	31		<u>X</u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or s	ell noncash		1	_	-	**
	contributions?						- -	32a		<u> X</u>
	If "Yes," describe in Part II	andrian - 4-55		A &				ŀ		
33	If the organization did not report an amount in	column (c) f	or a type of proper	Ty for which colu	ımn (a) is ch	іескеа,				
	describe in Part II									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Schedule M	(Form 990) (2014) HIND	OS COMMUNITY	COLLEGE COLLEGE	FOUNDATION FOUNDATION	N, INC.	<u>64-0622023</u>	Page 2
Part II	Supplemental Inform is reporting in Part I, column this part for any additional	in (b), the number of c	nformation requir ontributions, the	ed by Part I, lines 30I number of items rece	b, 32b, and 33, ived, or a comi	and whether the organize or and whether the organized and the organized and whether the organized and whether the organize	zation mplete
							
							
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432 142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Name of the organization

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

HINDS COMMONITY COLLEGE FOUNDATION, INC. 64-0622023
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT, AND (3) NEW LEARNING OPPORTUNITIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ALLOCATIONS TO FACULTY AND STAFF AND OTHERS
EXPENSES \$ 66,840. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE FORM 990 WAS PROVIDED TO THE CLIENT PRIOR TO FILING. THE
CLIENT CHECKS THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO ITS
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL POTENTIAL CONFLICTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND
INFORMATION IS TO BE HELD ON FILE, THE BOARD WILL BE INFORMED OF THE
CONFLICT, OR THE PERSON IN CONFLICT WILL BE ASKED TO RELINQUISH THEIR
DUTIES.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C,
THERE WERE NO CHANGES IN THE PROCESS FROM THE PREVIOUS YEAR.

HCC FOUNDATION 2014 Board of Directors

Chairman Charles Renfrow

Vice Chairman Jim Smith

Secretary/Treasurer Paul Stockwell

Lemuel Adams Brvan Bailev Bill Buckner **Howard Buford** William Cook **Bill Crews** Maggie Wade Dixon Linda Fondren Carl Ray Furr Douglas Garland Jaret Holmes Con Maloney Mike Marsh Dr. Robert Mayo Lauren McGraw Jimmy Morton W.L. Purvis Gary Rhoads Charles Saums Delmer Stamps Dr. Paula Stewart-Strange Percy Thornton Wayne Walters Lee Waring Chester White Corey Wolfe

ExOfficio:

Dr. Clyde Muse John Heiden Mr. Robert Pickett Russell Shaw

Staff:

Vice President for Advancement & Student Success Jackie Granberry jgranberry@hindscc.edu

Special Projects/ Donor Relations Coordinator Betty Carraway ecarraway@hindscc.edu

Alumni Coordinator Libby Posey olivia.Posey@hindscc.edu

Advancement Specialist Kathy Price kprice@hindscc.edu

Office Manager Wendy Barnes wendy.barnes@hindscc.edu

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB NO 134

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box	· · ·		▶ X		
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		·		
Do not c	omplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868			
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tir	ne to file (6 months for a	a corporation		
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to reques	st an extension		
	ofile any of the forms listed in Part I or Part II with the exi							
	Benefit Contracts, which must be sent to the IRS in pap							
	virs gov/efile and click on e-file for Charities & Nonprofits		·		-			
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension · check this box and	complete				
Part I on	ly					▶ □		
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exter	sion of time			
to file inc	ome tax returns.	Enter file	er's identifyir	ng number				
Type or	Name of exempt organization or other filer, see instru	ctions Er			mployer identification number (EIN) o			
print								
~	HINDS COMMUNITY COLLEGE FOR		64-0622023					
File by the due date foi	Number, street, and room or suite no If a P O box, s	Social se	ocial security number (SSN)					
filing your return See	P. O. BOX 1100							
nstructions	City, town or post office, state, and ZIP code For a for	oreign add	ress, see instructions	•				
	RAYMOND, MS 39154							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicat	ion	Return	Application			Return		
ls For		Code	Is For	Code				
Form 990	O or Form 990-EZ	01	Form 990-T (corporation)					
Form 990	D-BL	02	Form 1041-A					
Form 472	20 (ındıvıdual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227					
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069					
Form 990	O-T (trust other than above)	06	Form 8870					
	BETTY CARRAWAY							
	ooks are in the care of $ ightharpoonup$ P O BOX 1100 -	RAYM	OND, MS 39154					
Telepl	none No ▶ <u>601-857-3800</u>		Fax No 🕨					
	organization does not have an office or place of business					▶ ∟_		
	is for a Group Return, enter the organization's four digit				_	roup, check this		
oox ►	If it is for part of the group, check this box				ers the exten	sion is for		
1 I re	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until				
		t organiza	tion return for the organization name	ed above	The extension	n		
	or the organization's return for							
	lacksquare calendar year 2014 or							
	tax year beginning	, an	d ending		_			
2 ft	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	n			
	Change in accounting period							
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					•		
	onrefundable credits. See instructions					0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^		
	estimated tax payments made. Include any prior year overpayment allowed as a credit					0.		
	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,					•		
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.		
Caution. nstructio	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	3453∙EO aı	nd Form 8879	EO for payment		

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2014.03050 HINDS COMMUNITY COLLEGE FOU 64062201

Form 8868 (Rev 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA