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

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

FUI	Care	inua	year 2013, Or ta	ax year beginning	, 2013	, and ending		<u></u>	
мт	СНА	AF.T.	AND BECKY	COLEMAN CHRIST	TAN		A	Employer identification num 20-0511848	mber
FA	MI	LY I	FOUNDATION,	. INCORPORATED			В	Telephone number (see ins	tructions)
			GHWAY 82 WE DD, MS 3893					662-455-4523	
——		·	D, MS 309.				С	If exemption application is	pending, check here
G	Che	ck al	I that apply	Initial return	Initial return of a form	mer public charity	D	1 Foreign organizations, che	ck here
			-	Final return Address change	Amended return Name change			2 Foreign organizations mee	ting the 85% test, check
н	Che	ck tv	pe of organization		1(c)(3) exempt private	foundation	1	here and attach computation	
	Γ			nonexempt charitable		private foundation	E	If private foundation status	
			value of all assets a		counting method X C	ash Accrual		under section 507(b)(1)(A)), check here
ı	(IIOII ►S	TPart	n, column (c), ime 10 , 177,	´ l L	Other (specify) , column (d) must be of	n cach hasis)	F	If the foundation is in a 60 under section 507(b)(1)(B)	-month termination
Pa	•	A	nalysis of Re		1	1	nt nt	1	"
<u> </u>		_ E	cpenses (The	total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	nι	(c) Adjusted net income	(d) Disbursements for charitable
		sa	rily equal the an	and (d) may not neces- nounts in column (a)					purposes (cash basis only)
			ee instructions) ;		400.000				
		1 2		i, etc, received (attach schedule). Indation is not required to attach Sch B	400,000.		· ·	~	
<u>200</u> 2				·		*****			# × * # # 1
		3 4	Interest on savings and ter Dividends and interest from	· ·	28,355.	28,35	55.	28,355.	
150 150 150			Gross rents.						* * * * * * * * * * * * * * * * * * * *
		b	Net rental income or (loss)			- Statem - Z	·	Y, 18 (3 4 2	h 11 (%)
` ₹ F ≥ E	?		Net gain or (loss) from sal Gross sales price for		TOTAL CONTRACTOR OF ELECTRIC VIOLEY	sink of the first		RECEIVED	, s _y s
١.	/	7	assets on line 6a	me (from Part IV, line 2)		Opt was a sign	o i		
E		8	Net short-term capita	al gain	. X 7 . 3 . 4 . 3		ài	MAY 0 9 2013	O ****
ا ا ا		9	Gross sales less	5	•		~L		io .
		iva	returns and allowances					OGDEN UT	[=]
3		b	Less Cost of goods sold		\$\$.'	No.			
			Gross profit or (loss) (atta	•		*1			
	ı	11	Other income (attach	i schedule)					製造 左接 八八
		12	Total. Add lines 1 t	through 11	428,355.	28,35	55.	28,355.	
		13		cers, directors, trustees, etc.	0.				
		14 15	Other employee sala Pension plans, employee	-					
			Legal fees (attach so	•					
	Ď	b	Accounting fees (atta	ach sch)					
_	ï N		Other prof fees (atta	nch sch)					
O P E	<u>ş</u>	17 18	Interest Taxes (attach schedule)(se	unetre)					
R A T	S T R	19	Depreciation (attach	e nisus)					
Ť	A	-	schedule) and deplet	ion					
N G	Ý	20 21	Occupancy Travel, conferences,	and meetings					
A	Ē	22	Printing and publicat	-					
N D	Ě	23	Other expenses (atta	_ *	240	2	• •	240	
	EXPENSES	24	Total operating and	ee Statement 1	248.	24	18.	248.	
	E S		expenses. Add lines	13 through 23	248.	24	18.	248.	
		25	Contributions, gifts, grants	•	117,300.				117,300.
		26	Total expenses and Add lines 24 and 25	aispursements	117,548.	24	18.	248.	117,300.
		27	Subtract line 26 from						
		а	Excess of revenue of and disbursements	ver expenses	310,807.				
	ł	b	Net investment inco	me (if negative, enter -0)		28,10)7.		
	- 1	С	Adjusted net income	(if negative, enter 0)				28,107.	

Par	+ 11	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End o	f year
rai		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	2,862,705.	3,173,509.	3,173,509.
	3	Accounts receivable			
		Less: allowance for doubtful accounts		· · · · · · · · · · · · · · · · · · ·	
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
_	7	Other notes and loans receivable (attach sch)			·
A S		Less: allowance for doubtful accounts ▶			
š	8	Inventories for sale or use.			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10:	a Investments — U.S. and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule).	3,604.	3,607.	3,607.
		c Investments — corporate bonds (attach schedule).			
	11	Investments — land, buildings, and equipment basis ►	* * * * * * * * * * * * * * * * * * * *	·,	* * * * * * * * * * * * * * * * * * * *
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment. basis ►			
		Less: accumulated depreciation (attach schedule).			
	l .	Other assets (describe ►)			
	16	see the instructions Also, see page 1, item l)	2,866,309.	3,177,116.	3,177,116.
Ļ	17	Accounts payable and accrued expenses			·
À	18	Grants payable			
B	19	Deferred revenue			Į.
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons	_		\$
÷	21	Mortgages and other notes payable (attach schedule)			
Ē	22	Other liabilities (describe			
_ <u>s</u> _	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted	2,866,309.	3,177,116.	
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ΕĻ	27	Capital stock, trust principal, or current funds.			
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund		·····	
O E	29	Retained earnings, accumulated income, endowment, or other funds	-	· · · · · · · · · · · · · · · · · · ·	
RS	30	Total net assets or fund balances (see instructions)	2,866,309.	3,177,116.	
	31	Total liabilities and net assets/fund balances (see instructions)	2,866,309.	3,177,116.	
Par		Analysis of Changes in Net Assets or Fund Balance	es		
1	Tota end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must ag	gree with	2,866,309.
		r amount from Part I, line 27a		2	310,807.
3		increases not included in line 2 (itemize)		3	310,007.
4		lines 1, 2, and 3		4	3,177,116.
5	Decre	ases not included in line 2 (itemize)		5	, , , , ====
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), I	ine 30 6	3,177,116.

(a) List and descri	the the kind(s) of property sold (e.g., reuse, or common stock, 200 shares ML	eal estate, (b) How	acquired	(mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A			VIII (IVII)		
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain o (e) plus (f) r	
a				-	
b				·	
<u> </u>					
<u>d</u>			_		
e					
	owing gain in column (h) and owned by (j) Adjusted basis	(k) Excess of col. (i)	4.	(I) Gains (Co	
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		gain minus col. (k), nan -0-) or Losses (
a L			-		
<u> </u>			_		
<u>c</u>			-		
d			+		
e			+	T	
2 Capital gain net income or (i	net capital loss) If gain, also ente	enter in Part I, line 7 er -0- in Part I, line 7	_		
3 Net short-term capital gain of	or (loss) as defined in sections 1222(5)	_	2		
If gain, also enter in Part I, I in Part I, line 8	ine 8, column (c) (see instructions) If	(loss), enter -0-	3		
	er Section 4940(e) for Reduced	Tay on Net Investment In		<u> </u>	
	e foundations subject to the section 4940(come	·	
	e this part blank section 4942 tax on the distributable an ualify under section 4940(e). Do not co		rıod ^o	Yes	X No
1 Enter the appropriate amount i	n each column for each year, see the inst	ructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(col	(d) Distributio (b) divided by	
2014	98,721.	1,900,523			0.051944
2013	90,616.	1,743,342			0.051978
2012	88,958.	1,790,195	_		0.049692
2011	91,903.	1,823,946			0.050387
2010	98,078.	1,831,094			0.053563
2 Total of line 1, column (d)			2		0.257564
3 Average distribution ratio for number of years the foundat	the 5-year base period — divide the to ion has been in existence if less than 5	otal on line 2 by 5, or by the 5 years	3		0.051513
4 Enter the net value of nonch	arıtable-use assets for 2015 from Part	X, line 5	4		2,270,280
5 Multiply line 4 by line 3			5		116,949
6 Enter 1% of net investment in	income (1% of Part I, line 27b)		6		281
7 Add lines 5 and 6			7		117,230
8 Enter qualifying distributions	from Part XII, line 4		8		117,529
If line 8 is equal to or greater the	han line 7, check the box in Part VI, line 1	b, and complete that part using a	% tax ı	ate See the	

	•						
_	m 990-PF (2015) MICHAEL AND BECKY COLEMAN CHRISTIAN		0511			F	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940	- se	e instr	uction	s)		
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1]		ļ			
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)		١.				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,		1	<u> </u>			281.
	check here. X and enter 1% of Part I, line 27b						
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)	j			·		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2		_		0.
3	Add lines 1 and 2		3				<u> 281.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter	-0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				281.
6	Credits/Payments						1
	a 2015 estimated tax pmts and 2014 overpayment credited to 2015], , , ,	2 3 13.4		Anida.	avi
	b Exempt foreign organizations — tax withheld at source 6 b			1			
	c Tax paid with application for extension of time to file (Form 8868)		<u> </u>			in nysta Castas	ه درست
	d Backup withholding erroneously withheld 6 d			1 3	746	ear \$ 3,	
7	Total credits and payments Add lines 6a through 6d		7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				281.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
11			11				
Pa	rt³VII-A Statements Regarding Activities						
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or of participate or intervene in any political campaign?	ıd ıt			1 a	Yes	No X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				1 b		Х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials publish or distributed by the foundation in connection with the activities	ed					19. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
	c Did the foundation file Form 1120-POL for this year?				1 c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				~		41.00
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of			0.	1 10	\ <u> </u>	
	foundation managers •\$ 0.	'				.,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If 'Yes,' attach a detailed description of the activities						- /
,	· · · · · · · · · · · · · · · · · · ·						* 5
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the char	ges.			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-		ì	4 a		X
-	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			Ì	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х
	If 'Yes,' attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that co with the state law remain in the governing instrument? 	nflict			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV				7	X	<u> </u>
	a Enter the states to which the foundation reports or with which it is registered (see instructions)	•					
	MS	-				!	
Į	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	.,			8 b	X	

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

Form 990-PF (2015)

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10

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

Par	t VII-A Statements Regardi	ng Activities (continuea)				
11.	At any time during the year, did the within the meaning of section 512(b	e foundation, directly or indirectly, own a con o)(13)? If 'Yes', attach schedule (see instruct	ntrolled entity tions)	11		Х
12	Did the foundation make a distribution advisory privileges? If 'Yes,' attach	to a donor advised fund over which the foundat statement (see instructions)	tion or a disqualified person had	12		Х
13		public inspection requirements for its annua	I returns and exemption application	on? 13	Х	
	Website address	N/A	·			
14		IAEL W. COLEMAN	Telephone no. ►	_ 		
15		82 WEST GREENWOOD MS_ Itable trusts filing Form 990-PF in lieu of Fo	ZIP + 4 > 3893	0 <u>-</u> N/ <i>P</i>		
13		t interest received or accrued during the year		1		∐ N/A
16	·	3 ,		<u> </u>	Yes	No
16	bank, securities, or other financial a	, did the foundation have an interest in or a sign account in a foreign country?	nature or other authority over a	16	\$ c ~ P.M	X
	See the instructions for exceptions enter the name of the foreign country	and filing requirements for FinCEN Form 114	4. If 'Yes,'		1	
Parl	t:VII-B≿ Statements Regardi	ng Activities for Which Form 4720 I	May Be Required			
	-	ed in the 'Yes' column, unless an exception	applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)	<u>_</u>	_	1	-
	(1) Engage in the sale or exchange	e, or leasing of property with a disqualified p	erson? Yes	X No	Mark.	•
	(2) Borrow money from, lend mone disqualified person?	y to, or otherwise extend credit to (or accep	t it from) a	X No	•	
	(3) Furnish goods, services, or faci	lities to (or accept them from) a disqualified	H 1	X No		
	(4) Pay compensation to, or pay or	reimburse the expenses of, a disqualified p	erson? Yes	X No		
	(5) Transfer any income or assets for the benefit or use of a disqu	o a disqualified person (or make any of eith	er available	Jua A		. ,
	for the benefit of use of a disqu	ameu person).	∐ Yes [X No		18.0
	(6) Agree to pay money or property	to a government official? (Exception. Chec to or to employ the official for a period after te	k 'No' if the			
	of government service, if termin	t to or to employ the official for a period after te lating within 90 days)	Yes [X No		TCA.
b	If any answer is 'Yes' to 1a(1)-(6), or Regulations section 53 4941(d)-3 or	did any of the acts fail to qualify under the earn a current notice regarding disaster assist	xceptions described in large (see instructions)?		N/	/ A
		iotice regarding disaster assistance check he		7		<u> </u>
c	Did the foundation engage in a prior	r year in any of the acts described in 1a, oth	ner than excepted acts			لن ـ
Ū	that were not corrected before the f	irst day of the tax year beginning in 2015?	ici than excepted deta,	1 c		X
2	Taxes on failure to distribute incomprivate operating foundation defined	e (section 4942) (does not apply for years th I in section 4942(j)(3) or 4942(j)(5))	ne foundation was a	÷	a	76.05
а	At the end of tax year 2015, did the and 6e, Part XIII) for tax year(s) be	foundation have any undistributed income (ginning before 2015?		X No	· ,	181
	If 'Yes,' list the years ► 20	, 20 , 20 , 20			-	
		which the foundation is not applying the prosets) to the year's undistributed income? (If		2 b		ا مرا
	• • • • • • • • • • • • • • • • • • • •	 are being applied to any of the years liste 	ed in 2a. list the years here	20	14/	
	► 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20					
3 a		- – i 2% direct or indirect interest in any busines	ss Yes [X No		% .
				<u> </u>		,
D	or disqualified persons after May 26 by the Commissioner under section	holdings in 2015 as a result of (1) any purch, 1969, (2) the lapse of the 5-year period (or 4943(c)(7)) to dispose of holdings acquired	nase by the foundation longer period approved by gift or beguest, or			
	(3) the lapse of the 10-, 15-, or 20-y determine if the foundation had exc	ear first phase holding period? (Use Schedu	ıle C, Form 4720, to	3 b	N/	ــــــا ۵/
		year any amount in a manner that would je	onardize its	55	141	17
4 d	charitable purposes?	year any amount in a manner that would je	oparuize its	4 a		X
b	Did the foundation make any investi	ment in a prior year (but after December 31,	1969) that could			Î
	jeopardize its charitable purpose that I the tax year beginning in 2015?	ad not been removed from jeopardy before the	first day of	4 b	-	
BAA			-	Form 99	D.PF (2	X 2015)

FORM 990-PF (2015) MICHAEL AND BECKY				11848	Page (
Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)		
 5 a During the year did the foundation pay or inci (1) Carry on propaganda, or otherwise attem 	-	n (anation 404E(a))2	□ v ₋ , v	lua	
, , , , , , , , , , , , , , , , , , , ,			∐ Yes X	No	
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr.	ation drive?	1 4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel	, study, or other similar	purposes?	Yes X	No -	
(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instruction	han a charitable, etc, or s)	rganization described	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	on of cruelty to children	or animals?		No ,	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or ii (see instructions)?	the transactions fail to on a current notice regard	qualify under the excep ding disaster assistance	etions e	5 b	N/A
Organizations relying on a current notice rega	arding disaster assistanc	ce check here	▶ [(3)	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	isibility for the grant?		N/A Yes] No	
If 'Yes,' attach the statement required by Reg		. ,			
6 a Did the foundation, during the year, receive a on a personal benefit contract?b Did the foundation, during the year, pay prem			∐Yes ∑	No 6b	
If 'Yes' to 6b, file Form 8870	idins, directly of fildirec	dy, on a personal bene	in contract.	, % ·	X
7 a At any time during the tax year, was the foun	dation a party to a proh	ibited tax shelter transa	action? Yes X	No	
b If 'Yes,' did the foundation receive any proceed				N/A 7b	
Part VIII Information About Officers, D and Contractors				Employees,	
1 List all officers, directors, trustees, foundation				1772	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
MICHAEL W. COLEMAN, MD	President	0.	0.		0
2005 HIGHWAY 82 WEST	0				
GREENWOOD, MS 38930	77/ 7				
LEE W. COLEMAN	Vice Preside	0.	0.		0
_2005 HIGHWAY 82 WEST GREENWOOD, MS 38930	0				
LEE W. COLEMAN	Secretary	0.	0.		0
2005 HIGHWAY 82 WEST GREENWOOD, MS 38930	0	0.	0.		U
2 Compensation of five highest-paid employees (o	ther than those included o	on line 1 – see instruction	ns). If none, enter 'NONE		-
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
None					
					<u> </u>
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·				0
ΒΔΔ	TEE 403061 10	1/13/15		Form 990-PI	<i>∈ (</i> 2015)

Form 990-PF (2015) MICHAEL AND BECKY COLEMAN CHRISTIAN Part VIII Information About Officers, Directors, Trustees, Foundation Managers,	20-0511848 Page 7 Highly Paid Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, or	
(a) Name and address of each person paid more than \$50,000 (b) Type of s	
None	(c) compensation
NONC	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the ni	umber of
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
*	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2 Amount
1	Amount
SAVINGS AND INTEREST USED FOR GRANT PURPOSES	
	229.
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	► 229.
ВАА	Form 990-PF (2015)

Га	see instructions.)	reign	iounuations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities		2.500
	b Average of monthly cash balances	1 a	3,598.
	© Fair market value of all other assets (see instructions)	1 b	2,301,255.
	d Total (add lines 1a, b, and c)	1 c	2 204 052
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	1 0	2,304,853.
·			
2	(attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	2	•
3	Subtract line 2 from line 1d		0.
3	Subtract line 2 from line 1d	3	2,304,853.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	34,573.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,270,280.
6	Minimum investment return. Enter 5% of line 5	6	113,514.
Pa	Table Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations and certain foreign organizations check here ☐ and do not complete this part.)	ling f	oundations
1	Minimum investment return from Part X, line 6	1	113,514.
2	a Tax on investment income for 2015 from Part VI, line 5 2a 281.		
l	Income tax for 2015 (This does not include the tax from Part VI)		
(Add lines 2a and 2b	2 c	281.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	113,233.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	113,233.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	113,233.
Pai	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes	1	
	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	117,300.
	Program-related investments — total from Part IX-B	1 b	229.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	<u></u> За	
ŀ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	117,529.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	281.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	117,248.
·	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	—	
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Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				113,233.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013 2,817.		· · · ·		
e From 2014 4, 153.				
f Total of lines 3a through e	6,970.	1 2.0	A	*
4 Qualifying distributions for 2015 from Part	,			
XII, line 4 ► \$117,529.				\$ 20
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions).	bu	0.	4	- - - - - - - - -
c Treated as distributions out of corpus				
(Election required – see instructions)	0.		\$1	
d Applied to 2015 distributable amount				113,233.
e Remaining amount distributed out of corpus	4,296.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the	0.	<u> </u>	* *	0.
same amount must be shown in column (a))				* *
	k		,	
6 Enter the net total of each column as		*		, , ,
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,266.		<u> </u>	
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has	*		*	}
been issued, or on which the section 4942(a)				
tax has been previously assessed	×	0.		
d Subtract line 6c from line 6b Taxable	*			
amount — see instructions		0.		··· ··································
e Undistributed income for 2014 Subtract line 4a from		>		,
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2015 Subtract lines				
4d and 5 from line 1 This amount must be				
distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required – see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	11,266.			
10 Analysis of line 9	,	/ 1818 F 1111		
a Excess from 2011				
b Excess from 2012				
c Excess from 2013 2,817.				
d Excess from 2014 4, 153.				
e Excess from 2015 4, 296.				
200		·	 	Form 000 DE (2015)

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rt XIV Private Operating Foundar	t ions (see instri	uctions and Par	t VII-A, question	9)	N/A
a If the foundation has received a ruling or dete	ermination letter that	it is a private operat	ting foundation, and th	e ruling	
is effective for 2015, enter the date of the b Check box to indicate whether the founda	•	oratina foundation i	docaribad in castian	[4042(\)(2) or [14042(1)(5)
a Enter the lesser of the adjusted net	Tax year		Prior 3 years	4942(j)(3) or	4942(j)(5)
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for each year listed	(a) 2013	(6) 2014	(6) 2013	(a) 2012	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					_
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets.					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
rt XV Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more	in
assets at any time during th	<u> </u>	structions.)			
Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have	contributed more th	nan 2% of the total c	ontributions received b	y the foundation befo	re the
None		40,000, (000	30011011 007 (4)(2) 7		
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporation owner or greater inter	on (or an equally large est	portion of the owners	hip of
Information Regarding Contribution, Gran Check here X if the foundation only ma requests for funds If the foundation make complete items 2a, b, c, and d	kes contributions to	preselected charitab	le organizations and de		
a The name, address, and telephone number or	e-mail address of th	ne person to whom a	applications should be a	addressed	
b The form in which applications should be s	submitted and infor	mation and materia	als they should includ	le	
c Any submission deadlines		 , .			

3. Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	it	·
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year				
			•	
				:
Total			► 3a	
b Approved for future payment		i		
	}			
		i		
	l			
Total			► 3b	l

Enter gro	oss amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
1 Pro	ogram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
а				1000		
b						
c						
d						
e						
f =						
_	es and contracts from government agencies			ļ		
	mbership dues and assessments rest on savings and temporary cash investments			 -		20 255
	idends and interest from securities			ļ		28,355.
	rental income or (loss) from real estate			E. Marie		
	ot-financed property			201-041-02	ROSSAMO	12 thousan white the
	debt-financed property					
	rental income or (loss) from personal property					,
7 Oth	ner investment income			<u> </u>		
8 Gain	or (loss) from sales of assets other than inventory					
9 Net	income or (loss) from special events					
	ess profit or (loss) from sales of inventory					
11 Oth	ner revenue	HARY NO	ir dala san isa		£ 4	·
a			·			
ь		-				
·	4-44					
g						
e 12 Sub	ototal Add columns (b), (d), and (e)			/ W		20 255
	al. Add line 12, columns (b), (d), and (e)			/ Ku	L13	28,355. 28,355.
					1.0	
(See worl		ions)				50,000.
	ksheet in line 13 instructions to verify calculat		ishment of Evenn	t Purn	nses	
Part XV	ksheet in line 13 instructions to verify calculat	e Accompl				
Part X\ Line No.	ksheet in line 13 instructions to verify calculat	e Accompl	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part XV	ksheet in line 13 instructions to verify calculat VI-B Relationship of Activities to the Explain below how each activity for which is	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
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Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
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Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the
Part X\ Line No.	WI-B Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl income is report t purposes (o	orted in column (e) of P	art XVI-	A contributed important	lly to the

Form 990-PF (2015) MICHAEL AND BECKY COLEMAN CHRISTIAN 20-0511848 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501 (c) (c)) organizations) or in section 527, relating to political organizations? 2 a Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash (2) Other assets 1 (a) (2) Other assets 1 (a) (2) Other assets 1 (a) (2) Purchases of assets to a nonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or services given by the responding foundation if the foundation received less than far market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than far market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than far market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than far market value of the goods, other assets, or services given in column (b) Amount involved (c) Name of nonderinable exempt organization (d) Description of reliationships (•	Exempt Organiz	zations								
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(2) Other assets b Other transactions (7) Sales of assets to a noncharitable exempt organization (8) Purchase of assets from a noncharitable exempt organization (9) Purchase of assets from a noncharitable exempt organization (10) Sales of assets from a noncharitable exempt organization (11) Sales of assets from a noncharitable exempt organization (12) Purchases of assets from a noncharitable exempt organization (13) Rental of facilities, equipment, or other assets (14) Reimburgement arrangements (15) Loans or foan quarantees (16) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (16) Performance of services or membership or fundraising solicitations (17) It is answer to any of the above or "Yes", complete the following schedule: Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services received (9) Amount involved (10) Amount invo	J			a noncharitable	exempt organiz	ation of					
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d if the answer to any of the above re "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services were byte in the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions of transfers of tran	` ,	•		in or fundraising	solicitations						
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services green by the reporting foundation if the foundation received less than fair market value of any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no. (b) Amount involved. (c) Name of noncharitable exempt organization. (d) Description of transfers, transactions, and sharing arrangements. 2 a Is the foundation directly or indirectly affiliated with, or related to, one or more lax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. b If "Yes," complete the following schedule. (a) Name of organization. (b) Type of organization. (c) Description of relationship. VA. Value V	• •					ees			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		X
2 a Is the foundation directly or indirectly affiliated with, or related to, one or more lax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No bit Yes, Complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Whose penalties of penjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge. Whose penalties of penjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Whose penalties of penjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Whose penalties of penjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer Prepar	d If the ar	nswer to any of the a	bove is 'Yes,'	complete the fol	lowing schedule	Columi	n (b) should alveceived less thats, other assets,	ways show the fair n fair market value ii , or services receive	market valu	ue of	
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(a) Name of organization (b) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (h) Type of organization (h) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (h) Type of organization (h) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (h) Type of organization (c) Description of relationship (d) Description of relationship (d) Property is true. (d) May the IRS discuss this return with the preparer has any knowledge (d) This return with the preparer strong is the relationship of the preparer strong in this return with the preparer strong is the return with the preparer that any strong is the return with the preparer that any strong is the return with the preparer that any strong is the return with the preparer that any strong is the return with the preparer that any strong is the return with the preparer that any strong is the return with the preparer that any strong is the return with the preparer that any strong is the return with the preparer that any strong is the re									Ш	اختا	
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Sign Here Signature of officer or trustee President Title Print/Type preparer's name ROBERT A HEARN Firm's name Firm's name Firm's address Pred T. Neely & Co. Firm's EIN 453122402 Phone no (662) 453-7112	Under p	enalties of perjury, I declar	e that I have exami	ined this return, includ	ing accompanying so	hedules and	d statements, and to	o the best of my knowledg	je and belief, if	t is true,	
Signature of officer or trustee Print/Type preparer's name ROBERT A HEARN Prims name Firms name Firms address Preparer Firms address Preparer's signature Print/Type preparer's name ROBERT A HEARN Preparer's signature ROBERT A HEARN Preparer's signature ROBERT A HEARN Print/Type preparer's name Preparer's signature ROBERT A HEARN Print/Type preparer's name R		1 -	p. op. a. a. (a. a. a.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		May the I	RS disci	uss
Signature of officer or trustee Date Title Check	lere ′∖	Lilano Cas	lenge		15-5-1	_ > _	Progident				
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Jse Only Firm's address 105 W. President Greenwood, MS 38930 Phone no (662) 453-7112					HIMAIN A		1	1		.000	
Greenwood, MS 38930 Phone no (662) 453-7112	•	· —						1 4001	22702		
	Jac Only	· —					·	Phone no 1663)) <u>453-</u>	7112	
	BAA	<u>, </u>		110 00000	-			1 131 2 112 (002	-		2015\

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of the organization MICHAEL AND BECKY	COLEMAN CHRISTIAN	Employer identification number				
FAMILY FOUNDATION	, INCORPORATED	20-0511848				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation				
	501(c)(3) taxable private foundation					
	· 					
Check if your organization is covered by the General	Rule or a Special Rule.					
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule See instructions				
General Rule						
X For an organization filing Form 990, 990-EZ	t, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contributions.	iling \$5,000 or more (in money or tor's total contributions				
Special Rules						
under sections 509(a)(1) and 170(b)(1)(A)(vi),	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1 Complete Parts I and II	16a, or 16b, and that				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
during the year, contributions exclusively for \$1,000 If this box is checked, enter here the charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution to total contributions that were received during the year for a gary of the parts unless the General Rule applies to this organole, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, inization because				
990-PF), but it must answer 'No' on Part IV, lin	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990, or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 990)	990-EZ or on its Form 990-PF.				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2015)
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Name of organization

Page 1 of Employer identification number

MICHAEL AND) BECKY	COLEMAN	CHRISTIAN
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20-0511848

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. MICHAEL W. COLEMAN 2005 HIGHWAY 82 WEST GREENWOOD, MS 38930	\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
RΔΔ	TEFA07021 10/12/15	Schodula P (Farm 00)	990 F7 or 990 PE (2015)

1 to

of Part II

Name of organization
MICHAEL AND BECKY COLEMAN CHRISTIAN

Employer identification number 20-0511848

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (b)
Description of noncash property given (a) No. from Part I (d) Date received (c) FMV (or estimate) (see instructions) N/A (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

1 to

of Part III

	3 (Form 990, 990-EZ, or 990-PF) (2015)		Page 1 to 1 of Pan
me of organ	nization L AND BECKY COLEMAN CHRISTIA	.N	Employer identification number 20-0511848
art III		ttc., contributions to organize the year from any one contributed completing Part III, enter the total of (Enter this information once. See it	rations described in section 501(c)(7), (8 or. Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) lo. from Part I		(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	Relationship of transferor to transferee	
(a) lo. from I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

20	1	5
Zu		J

Federal Statements

Page 1

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

20-0511848

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

		(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
BANK FEES EXCISE TAX	Total	\$ 19. 229. \$ 248.	\$ 19. 229. \$ 248.	\$ 19. 229. \$ 248.	\$ 0.

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

Cash Grants and Allocations

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

Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name:

Donee's Address:

Amount Given:

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

Amount Given:

Class of Activity:

Donee's Name:

Donee's Address:

Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name:

MEDICAL MISSIONS

HEALTH TALENTS INTERATIONAL P O BOX 59871

BIRMINGHAM AL 35259

PUBLIC CHARITY

MISSION ACTIVITIES

W PRESIDENT CHURCH OF CHRIST 1002 W PRESIDENT AVE

GREENWOOD MS 38935

PUBLIC CHARITY

48,300.

UNIVERSITY

LIPSCOMB UNIVERSITY 3901 GRANNY WHITE PIKE

NASHVILLE MS 37204

MISSION ACTIVITIES

CAMPUS VIEW CHURCH OF CHRIST 1360 South Lumpkin Street

ATHENS GA 30605

MEDICAL MISSIONS

HEALING HANDS INTERNATIONAL

455 MCNALLY DRIVE NASHVILLE TN 37211

PUBLIC CHARITY

MISSION ACTIVITIES

21ST CENTURY GLOBAL MISSIONS

254 SEVILLE ST

FLORENCE AL 35630 PUBLIC CHARITY

MISSION ACTIVITIES AMAZIMA MINISTRIES

10,000.

10,000.

500.

30,000.

10,000.

2015

Federal Statements

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

Page 2

20-0511848

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

Donee's Address:

PO BOX 682521 FRANKLIN TN 37068

Organizational Status of Donee:

Amount Given:

PUBLIC CHARITY 5,000.

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

MISSION ACTIVITIES INDIAN CREEK YOUTH CAMP 7855 PLEASANTFIELD RD OAKMAN AL 35579

Amount Given:

1,000.

Donee's Name: Donee's Address: SOUTHAVEN CHURCH OF CHRIST 1483 BROOKHAVEN DR SOUTHAVEN MS 38671

Amount Given:

2,500.

Total ₹ 117,300.