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Form **990-PF****Return of Private Foundation**

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

OMB No. 1545-0052

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning

, and ending

Name of foundation Hands of Blessing, Inc.			A Employer identification number 45-5186076	
Number and street (or P.O. box number if mail is not delivered to street address) 1791 O.G. Skinner Dr		Room/suite Ste D	B Telephone number (see instructions) (877) 276-7783	
City or town West Point	State GA	ZIP code 31833		
Foreign country name	Foreign province/state/county	Foreign postal code	C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change			D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 250,413		J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)		
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐				

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	267,700			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	267,700	0	0	
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,920			4,920
	c Other professional fees (attach schedule)				
	17 Interest	1,688			1,688
	18 Taxes (attach schedule) (see instructions)	732			732
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	3,247			3,247
	22 Printing and publications				
	23 Other expenses (attach schedule)	740			740
	24 Total operating and administrative expenses. Add lines 13 through 23	11,327	0	0	11,327
	25 Contributions, gifts, grants paid	231,177			231,177
	26 Total expenses and disbursements. Add lines 24 and 25	242,504	0	0	242,504
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	25,196			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	20,302	535	535
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
Liabilities	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 ▶ 229,678			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶ Construction in Progress)	229,678	229,678	229,678
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	16,459	20,200	20,200
			266,439	250,413	250,413
	17	Accounts payable and accrued expenses			
Net Assets or Fund Balances	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)	54,013	12,791	
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	54,013	12,791	
		Foundations that follow SFAS 117, check here ☐			
Net Assets or Fund Balances	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☒			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	212,426	237,622	
	30	Total net assets or fund balances (see instructions)	212,426	237,622	
	31	Total liabilities and net assets/fund balances (see instructions)	266,439	250,413	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	212,426
2	Enter amount from Part I, line 27a	2	25,196
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	237,622
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	237,622

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	0

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

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

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

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

☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	183,701	217,040	0.846392
2013	174,825	164,507	1.062721
2012	337,860	118,185	2.858738
2011			0.000000
2010			0.000000

2	Total of line 1, column (d)	2	4.767851
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1.589284
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	226,493
5	Multiply line 4 by line 3	5	359,962
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	359,962
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	287,467

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0
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	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) GA		
8b 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? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A		470-414-2021		
14	The books are in care of ▶ John Feehan	Telephone no. ▶ (706) 645-3024		
Located at ▶ 1791 OG Skinner Dr, Ste D West Point GA		ZIP+4 ▶ 31833		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶				

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☒ No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☒ No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☒ No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☒ No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☒ No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☒ No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	☐ Yes	☒ No
If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☒ No
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	X

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

- 5a** During the year did the foundation pay or incur any amount to:
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No
- Organizations relying on a current notice regarding disaster assistance check here ☐
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No
- If "Yes," attach the statement required by Regulations section 53.4945–5(d).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

5b N/A

6b

X

7b N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement		0		
	.00	0		
	.00	0		
	.00	0		
	.00	0		

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

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

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

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 None	
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 2.	Amount
1 Architect and survey fees incurred relating to future community center.	
	3,741
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	3,741

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	12,002
c	Fair market value of all other assets (see instructions)	1c	248,983
d	Total (add lines 1a, b, and c)	1d	260,985
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	31,043
3	Subtract line 2 from line 1d	3	229,942
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	3,449
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	226,493
6	Minimum investment return. Enter 5% of line 5	6	11,325

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	11,325
2a	Tax on investment income for 2015 from Part VI, line 5	2a	
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,325
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	11,325
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	11,325

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	242,504
b	Program-related investments—total from Part IX-B	1b	3,741
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	41,222
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	287,467
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	287,467

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2013	(d) 2014
1 Distributable amount for 2015 from Part XI, line 7				11,325
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 ____				
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				331,951
d From 2013				166,600
e From 2014				172,849
f Total of lines 3a through e	671,400			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 287,467				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2015 distributable amount				11,325
e Remaining amount distributed out of corpus	276,142			
5 Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	947,542			
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				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
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)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	947,542			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				331,951
c Excess from 2013				166,600
d Excess from 2014				172,849
e Excess from 2015				276,142

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
a Paid during the year				
AHS Men's Soccer Boosters 405 S Dean Rd Auburn, AL 36830	N/A	PC	Assistance to indigent families	500
Aid to Church in Need 725 Leonard St Brooklyn, NY 11222-0384	N/A	PC	Assistance to indigent families	2,920
Alabama Rural Ministry PO Box 2890 Auburn, AL 36831	N/A	PC	Assistance to indigent families	3,000
Archdiocese of Thrissur Archbishop's House Thrissur 680 005 India	N/A	PC	Assistance to indigent families	10,000
Benedictine Retreat Centre Makkiyad P.O. Wayanad 670 750 India	N/A	PC	Assistance to indigent families	2,500
Benny Hinn Ministries PO Box 162000 Irving, TX 75016-2000	N/A	PC	Assistance to indigent families	1,000
Blessed Trinity Shrine Retreat 107 Holy Trinity Rd Fort Mitchell, AL 36856	N/A	PC	Assistance to indigent families	4,500
Cardinal Glennon Children's Hospital 1465 S Grand Blvd St Louis, MO 63104	N/A	PC	Assistance to indigent families	100
Catholic Relief Services 228 West Lexington St Baltimore, MD 21201-3443	N/A	PC	Assistance to indigent families	500
Chans Bhavan Athirampuzha Kottayam 670 750 India	N/A	PC	Assistance to indigent families	2,500
Christian Service Center PO Box 227 Lanett, AL 36863	N/A	PC	Assistance to indigent families	1,000
Total . . . See Attached Statement			3a	231,177
b Approved for future payment				
Total			3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue. a					
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)		0		0	0
13	Total. Add line 12, columns (b), (d), and (e)					

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

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

- | | | | |
|----------|--|--------------|-----------|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | Yes | No |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, 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.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Charles H Edwards III

~~Prepared by signature~~

~~Charles H. Edwards III~~

Date _____

2/16/2016

Check ☐ if self-employed

PTIN

P00294934

Firm's name ▶ Edwards & Associates, LLC

Firm's EIN ► 83-0342405

Firm's address ► 2320 Moores Mill Rd. Ste 300, Auburn, AL 36830

Phone no. (334) 826-7756

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Columbus State University

Street

4225 University Ave

City

Columbus

State

GA

Zip Code

31907-5645

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

3,000

Name

Convent of Divine Love

Street

2212 Green St

City

Philadelphia

State

PA

Zip Code

19130-3197

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Cross Catholic Outreach

Street

2700 N Military Trail, Ste 240

City

Boca Raton

State

FL

Zip Code

33427-3908

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Cumberland Nephrology Internal Medicine

Street

4510 Winding Oak Dr

City

Olney

State

MD

Zip Code

20832

Foreign Country**Relationship**

N/A

Foundation Status

POF

Purpose of grant/contribution

Assistance to indigent families

Amount

10,000

Name

DePaul University

Street

2400 N Sheffield Ave

City

Chicago

State

IL

Zip Code

60614

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

10,107

Name

Diocese of Indore

Street

Bishop's House, PO Box 168

City

Indore

State**Zip Code**

452 001

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

4,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Diocese of Ramanathapuram

Street

Holy Trinity Cathedral

City

Ramanathapuram

State**Zip Code**

641 045

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

15,000

Name

Disaster Relief Effort, Inc.

Street

410 Allied Dr

City

Nashville

State

TN

Zip Code

37211

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,150

Name

Divine Mercy Care

Street

11135 Lee Hwy, Ste B

City

Fairfax

State

VA

Zip Code

22030

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

500

Name

Divine World Ministries

Street

1835 Waukegan Rd

City

Techny

State

IL

Zip Code

60082

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,500

Name

Faith Foundation

Street

PO Box 677458

City

Orlando

State

FL

Zip Code

32867

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Name

Focus Ministries

Street

PO Box 524

City

Hamilton

State

GA

Zip Code

31811

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Franciscan Friars of the Atonement

Street

PO Box 301

City

Garrison

State

NY

Zip Code

10524

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Gethsemane Ministries

Street

20 Sparkling Place

City

Brampton

State

L6R 2Y1

Zip Code

Canada

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

11,500

Name

Grace Jeevan Trust

Street

Ave Maria Tower, N C Rd

City

Thrissur

State

680 316

Zip Code

India

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,500

Name

His Hands Homeless Outreach

Street

561 Karen St

City

Dayton

State

TN

Zip Code

37321

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

700

Name

Holy Family Church

Street

705 N 3rd Ave

City

Lanett

State

AL

Zip Code

36863

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

10,500

Name

IBC Network Foundation

Street

PO Box 908

City

Friendswood

State

TX

Zip Code

77546

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Jesus Calls International Inc.

Street

8855 N Stemmons Freeway

City

Dallas

State

TX

Zip Code

75247

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Name

Josephites of Murialdo

Street

St Leonard Murialdo Seminary

City

Aleppy

State**Zip Code**

688 534

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,500

Name

Karnataka Fransalian Society

Street

18th Cross 13th B Main Mallashwaram W

City

Bangalore

State**Zip Code**

560 005

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,500

Name

Kerala Fransalian Educational Society

Street

SFS Seminary

City

Kottayam

State**Zip Code**

686 631

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,500

Name

Knights of Columbus Chanties

Street

One Columbus Plaza

City

New Haven

State

CT

Zip Code

06509-1966

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Little Sisters of the Poor

Street

26 Hosur Rd

City

Bangalore

State**Zip Code**

560 025

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

4,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Malabar Missionary Generalate

Street

MMB Generalate

City

Thrissur

State**Zip Code**

680 005

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

8,000

Name

Marilyn Hickey Ministries

Street

8081 E Orchard Rd, Ste 135

City

Greenwood Village

State

CO

Zip Code

80111

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Mercy Home for Boys & Girls

Street

1140 W Jackson Blvd

City

Chicago

State

IL

Zip Code

60607

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

500

Name

Miracle Life International Church

Street

2201 Brentwood Rd

City

Raleigh

State

NC

Zip Code

27604

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

500

Name

Monestary of Christ in Desert

Street

PO Box 270

City

Abiquiu

State

NM

Zip Code

87510-0270

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Mother Superior Knpa

Street

Knababhabavan Generalate

City

Varakkara

State**Zip Code**

680 325

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Mother Superior Kristudasi

Street

Kristudasi Generalate

City

Mananthavady

State**Zip Code**

670 645

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

5,000

Name

Nirmalagiri Novitiate House

Street

Mukkadavu, Nellipally PO

City

Punalur

State**Zip Code**

691 305

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Our Lady of Confidence Monastery

Street

11 W Back St

City

Savannah

State

GA

Zip Code

31419

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

500

Name

Poor Clares of Perpetual Adoration

Street

4108 Euclid Ave

City

Cleveland

State

OH

Zip Code

44103-3728

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

5,500

Name

Reach Haiti Ministries

Street

PO Box 5945

City

Maryville

State

TN

Zip Code

37802

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,550

Name

Sehion USA Ministries

Street

Fr Xavier Khan Vattayil

City

Althappady

State**Zip Code**

678 582

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

4,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Social Community of Faith

Street

Nadipalli PO

City

West Godavari

State**Zip Code**

534 007

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

4,000

Name

Society of Nirmala Dasi Sisters

Street

Nirmala Generalate

City

Ayyappankavu

State**Zip Code**

680 751

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

3,000

Name

Spiritual Freedom Church Intl Inc

Street

PO Box 36480

City

Denver

State

CO

Zip Code

80236

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Name

St Alphonsa Church

Street

4561 Rosebud Rd

City

Loganville

State

GA

Zip Code

30052

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

7,000

Name

St Anne Church

Street

2000 Kay Circle

City

Columbus

State

GA

Zip Code

31907

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

14,400

Name

St Jakobus Kirche-Kirchepflege

Street

Richard-Wagnerstr 23

City

Leutenback

State**Zip Code**

71397

Foreign Country

Germany

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

St John's Episcopal Church

Street

304 E 6th St

City

West Point

State

GA

Zip Code

31833

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

St Joseph Child Development Center

Street

1444 Hwy 1265

City

Fort Mitchell

State

AL

Zip Code

36856

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,500

Name

St Patrick Catholic Church

Street

1502 Broad St

City

Phenix City

State

AL

Zip Code

36869

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Name

St Thomas Diocese of Chicago

Street

372 S Prairie Ave

City

Elmhurst

State

IL

Zip Code

60126-4020

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

750

Name

Syro-Malabar Diocese of Chicago

Street

372 S Prairie Ave

City

Elmhurst

State

IL

Zip Code

60126-4020

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Name

The Archdiocese of Trichur

Street

Archbishop's House

City

Trichu

State**Zip Code**

680 005

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

10,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

The Maronite Monks of Adoration

Street

67 Dugway Rd

City

Petersham

State

MA

Zip Code

01366-9725

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,500

Name

The Missionaries of St Francis De Sales

Street

via delle Testuggini 21

City

Roma

State

I-00134

Zip Code

I-00134

Foreign Country

Italy

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

5,000

Name

Trinity Missions

Street

9001 New Hampshire Ave

City

Silver Spring

State

MD

Zip Code

20903

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,500

Name

Valley Haven School

Street

6345 Fairfax Bypass

City

Valley

State

AL

Zip Code

36854

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

1,000

Name

Bishop's House

Street

Post Box 10

City

Bongaigaon

State

783 380

Zip Code

783 380

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

4,000

Name

Glenmary Home Ministries

Street

PO Box 465618

City

Cincinnati

State

OH

Zip Code

45246-5618

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Seraphic Mass Association Inc

Street

3600 Butler St

City

Pittsburgh

State

PA

Zip Code

15201

Foreign Country**Relationship**

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

2,000

Name

Diocese of Thamarassery

Street

Archbishop's House

City

Thamarassery

State**Zip Code**

673 573

Foreign Country

India

Relationship

N/A

Foundation Status

PC

Purpose of grant/contribution

Assistance to indigent families

Amount

10,000

Name**Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount**

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Name of the organization

Hands of Blessing, Inc.

Employer identification number

45-5186076

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

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private 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) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Hands of Blessing, Inc.	Employer identification number 45-5186076
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Crosstel, Inc 1791 OG Skinner Dr West Point GA 31833 Foreign State or Province: Foreign Country:	\$ 267,700	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
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			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
Hands of Blessing, Inc.

Employer identification number
45-5186076

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

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

Name of organization Hands of Blessing, Inc.	Employer identification number 45-5186076
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov.

Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov.

Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov.

Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov.

Country

Part I, Line 16a (990-PF) - Legal Fees

		0	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Jacob Biel, Attorney-at-Law	0			0

Part I, Line 16b (990-PF) - Accounting Fees

		4,920	0	0	4,920
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Edwards & Associates, LLC	1,200			1,200
2	Payroll, Inc.	3,720			3,720

Part I, Line 18 (990-PF) - Taxes

		732	0	0	732
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Property Tax	732			732

Part I, Line 23 (990-PF) - Other Expenses

		740	0	0	740
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Office Expense	740	0		740
2	Equipment Rent	0	0		

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

		229,678	0	0	229,678	229,678	229,678
		Cost or Other Basis	Accumulated Depreciation Beg. of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
Asset Description							
1	Land	229,678			229,678	229,678	229,678

Part II, Line 15 (990-PF) - Other Assets

		16,459	20,200	20,200
Asset Description		Book Value Beg of Year	Book Value End of Year	FMV End of Year
1	Construction in Progress	16,459	20,200	20,200

Part II, Line 21 (990-PF) - Mortgages and Other Notes Payable

Schedule A - Assets														
		180,000	54,013	12,791	229,678									
Name of Lender		Check "X" if Business	Original Amount	Balance Due Beg. of Year	Balance Due End of Year	Security Provided	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Purpose of Loan	Description	Fair Market Value of Consideration	Relationship
1	Philip Mark Manning		180,000	54,013	12,791	Land	9/5/2012	9/5/2022	Monthly	5.00%	Purchase	Purchase of Land	229,678	None

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	MV Thomas		1791 OG Skinner Dr	West Point	GA	31833		Trustee	2.00	0		
2	Geetha Thomas		1791 OG Skinner Dr	West Point	GA	31833		Trustee	0.00	0		
3	Frenny Thomas Anthony		1791 OG Skinner Dr	West Point	GA	31833		Trustee	0.00	0		
4	Jenny Thomas		1791 OG Skinner Dr	West Point	GA	31833		Trustee	0.00	0		
5	Stephanie Thomas		1791 OG Skinner Dr	West Point	GA	31833		Trustee	0.00	0		