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990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

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

		idar year 2015 or tax year beginning			, and	enaing		
Name	of for	indation				A Employer	identification numbe	7
		Services Foundation, Inc.						
		street (or P O box number if mail is not delivered to street address)		Room	/suite	D. Talankana	63-0921661	
		nty Road 41				B Telephone	e number (see instruction	ons)
City or			ZIP co					
Florer	-	AL Second and details and the	3563		l anda			
roreigi	n cou	ntry name Foreign province/state/county	Foreigi	n posta	ii code	C If exempti	on application is pendi	ng, check here ►
G Ch	hack	all that apply: Initial return			.1 . 4	D 4 Foreign	n organizations, check i	nere ⊾
G C 1	ICCN	Final return Amended ref	of a former pu	IDIIC C	cnarity	1	_	-
		= =					n organizations meeting here and attach compu	
- Ch	hook	Address change Name change type of organization: X Section 501(c)(3) exempt pr		ion		-	oundation status was t	_
_					4		7(b)(1)(A), check here	▶
		n 4947(a)(1) nonexempt charitable trust U Other taxa				ł		
		arket value of all assets at J Accounting method:	[X] Cash [_ A	ccrual		dation is in a 60-month	. —
		year (from Part II, col. (c), Other (specify)				under sec	tion 507(b)(1)(B), checl	k here
	_	5) ► \$ 2,696,518 (Part I, column (d) must be	on cash basis.	.) ————————————————————————————————————		<u></u>		lan Barana
Part	11	Analysis of Revenue and Expenses (The total of	(a) Revenue a		(b) Ne	t investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily	expenses pe books	er		ncome	income	purposes
_		equal the amounts in column (a) (see instructions))		155				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	79	,402				
	2	Check ▶☐ if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments	400	6		6		
	4 	Dividends and interest from securities	132	,016		132,016		
'	5a	Gross rents						
Ι.	b 	Net rental income or (loss)	F.4	244				
3 3	6a	Net gain or (loss) from sale of assets not on line 10	51	,844				
틹 -	b 7	Gross sales price for all assets on line 6a 178,795	-1	-		E4 044		
īΙ.	7 B	Capital gain net income (from Part IV, line 2) Net short-term capital gain				51,844		
	9	Income modifications		-+				
1 . 1	o Oa	Gross sales less returns and allowances						
'`	b	Less: Cost of goods sold						
	_	Grace profit or (loca) (attach cabadula)						
11	1	Other income (attach schedule)	·	16		16		
12	2	Total. Add lines 1 through 11	263	,284		183,882	0	
1:		Compensation/of officers (directors trustees, etc.		<u>, </u>	,	100,002	<u>~</u>	
14		Other employee salaries and wages						
1:	5	Pension plans_employee benefits						
	6a	Legal fees (attach schedule)						
Û		Accounting fees (attach schedule)						
2		Other professional fees (attach schedule)	1,	,446		1,446		1,446
Administrative Ex 15 15 15 21 21 21	7	Interest						
18	В	Taxes (attach schedule) (see instructions)	2,	812		163		163
19		Depreciation (attach schedule) and depletion						
20		Occupancy						
ž 21		Travel, conferences, and meetings						
22		Printing and publications						
23		Other expenses (attach schedule)						
? 24		Total operating and administrative expenses.						
25 26 26		Add lines 13 through 23		258	-	1,609	0	
25		Contributions, gifts, grants paid		575				379,575
\rightarrow		Total expenses and disbursements. Add lines 24 and 25	383,	833		1,609	0	381,184
27		Subtract line 26 from line 12:						
24 25 25 26 27		Excess of revenue over expenses and disbursements .	-120,	549				
		Net investment income (if negative, enter -0-) .				182,273		
- 1	C	Adjusted net income (if negative, enter -0-)		- 1			0	

Form 990-PF (2015)

Part IV		'Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Er	nd of year					
	31.L IV	Should be for end-or-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value					
	1	Cash—non-interest-bearing	9,190	1,7	700 1,700					
	2	Savings and temporary cash investments	18,178	13,8	13,885					
	3	Accounts receivable ▶		_						
		Less: allowance for doubtful accounts ▶			_					
	4	Pledges receivable ▶	l i							
		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								
Ś	8	Inventories for sale or use		· · · · · ·						
Assets	9	Prepaid expenses and deferred charges								
Š	10a	Investments—U S and state government obligations (attach schedule)								
	b	Investments—corporate stock (attach schedule)	684,731	691,9	1,328,767					
	C	Investments—corporate stock (attach schedule)	004,731	031,3	1,320,707					
	11	Investments—land, buildings, and equipment basis								
	" "	Investments—land, buildings, and equipment basis								
	40	Less: accumulated depreciation (attach schedule) Investments—mortgage loans								
	12		1 429 027	4 244 4	90 4 252 400					
	13	Investments—other (attach schedule)	1,438,927	1,314,1	80 1,352,166					
	14	Land, buildings, and equipment basis			İ					
		Less: accumulated depreciation (attach schedule)								
	15	Other assets (describe)								
	16	Total assets (to be completed by all filers—see the	0.454.000							
	l	instructions. Also, see page 1, item I)	2,151,026	2,021,7	02 2,696,518					
	17	Accounts payable and accrued expenses			-					
Ş	18	Grants payable			_					
Liabilities	19	Deferred revenue	ļ		_					
豆	20	Loans from officers, directors, trustees, and other disqualified persons								
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)			_					
_	22	Other liabilities (describe ▶)								
	23	Total liabilities (add lines 17 through 22)	0		<u> </u>					
S		Foundations that follow SFAS 117, check here ▶ 🏻								
alances		and complete lines 24 through 26 and lines 30 and 31.								
a	24	Unrestricted	2,151,026	2,021,7	02					
	25	Temporarily restricted								
	26	Permanently restricted			_					
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ □								
T.	ł	and complete lines 27 through 31.								
0	27	Capital stock, trust principal, or current funds								
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund								
SS	29	Retained earnings, accumulated income, endowment, or other funds								
A	30	Total net assets or fund balances (see instructions)	2,151,026	2,021,7	02					
ē	31	Total liabilities and net assets/fund balances (see								
_	_	instructions)	2,151,026	2,021,7	02					
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances								
		net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agre	e with						
	end-c	end-of-year figure reported on prior year's return)								
2 Enter amount from Part I, line 27a										
		ines 1, 2, and 3	· · · · · · · · ·							
		eases not included in line 2 (itemize) adjustment to 2014 end of		5						
		net assets or fund balances at end of year (line 4 minus line 5)—Pa								
_										

Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the 2-story brick wareho		(b) How acquired P—Purchase D—Donation		Date acquired io , day, yr)	(d) Date sold (mo , day, yr)			
1a	See Attached Statement								
b									
C					_				
d									
e									
	(e) Gross sales price	(f) Deprecation allowed (or allowable)		j) Cost or o				n or (loss) f) minus (g)	
a									
<u>b</u>						-			
Ç									
d									
<u>e</u>									
	Complete only for assets sh	owing gain in column (h) and owned	by the for	undation o	on 12/31/69		(I) Gains (Col	(h) gain minus	
	(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any				less than -0-) or rom col (h))				
a									
b									
c									
<u>d</u>									
е									
2	Capital gain net income o	r /not canital loce) {	also ente , enter -0		> 1	2		51,844	
3	Net short-term capital gain	n or (loss) as defined in sections	1222(5)	and (6):					
	If gain, also enter in Part I	, line 8, column (c) (see instructi	ons). If (le	oss), ent	ter -0- in ገ				
	Part I, line 8				.]	3		3,068	
Part	V Qualification Und	ler Section 4940(e) for Redu	ced Tax	on Ne	t Investment	Incor	ne		
Was If "Ye	s," the foundation does not	section 4942 tax on the distribut qualify under section 4940(e). D	o not cor	nplete th	nis part.			☐ Yes ☒ No	
1		ount in each column for each yea	ar; see the	e instruc	tions before ma	king a	ny entries.		
Ca	(a) Base penod years lendar year (or tax year beginning in	(b) Adjusted qualifying distributions	s Ne	et value of	(c) nonchantable-use as	sets		(d) ribution ratio fivided by col (c))	
	2014		1,687		2,662	,401		0.035565	
	2013		1,354		2,162	,915		0.043624	
	2012	41	1,226		1,788,470			0.023051	
	2011	68	3,223		1,606	,110	110 0 042477		
	2010	99	9,744		1,554	,579		0 064161	
2							2	0.208878	
3	•	for the 5-year base period—divid			•				
	number of years the found	dation has been in existence if le	ss than 5	years		}	3	0 041776	
4	Enter the net value of non	charitable-use assets for 2015 fr	om Part	X, line 5		.	4	2,629,178	
5	Multiply line 4 by line 3 .						5	109,837	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)				}	6	1,823	
7	7 Add lines 5 and 6						7	111,660	
8	If line 8 is equal to or great	ns from Part XII, line 4				at part	8 using a 1%	381,184 tax rate. See the	
	Part VI instructions.								

10

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check				
All other domestic foundations enter 2% of line 270. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 1,823 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 1,823 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 1,823 Credits/Payments: 2 015 estimated tax payments and 2014 overpayment credited to 2015 6		here ▶ X and enter 1% of Part I, line 27b				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 1,823 Add fine 1 and 2 Subtrible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 1,823 Tax based on investment income. Subtract line 4 from line 3, if zero or less, enter -0- 5 1,823 Credits/Payments: 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,000 6b Exempt foreign organizations—tax withheld at source 6b Exempt foreign care foreign tax withheld at tax tax be 1777 Refunded by 11 10 1777 Exempt foreign care foreign tax be 1777 Refunded by 11 10 1777 Exempt foreign care foreign tax be 1777 Refunde	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			1	
3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment Income. Subtract line 4 from line 3. If zero or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) Tax based on investment and 2014 overpayment credited to 2015 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Enter any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is attached Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is attached Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is attached Total credits and payments. Add lines 6a through 6d Tax due. If the total of lines 5 and 6 is more than line 7, enter amount owed Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payment		Part I, line 12, col. (b).				
Subtitle A (income) tax (domestic section 4947(e)(1) thusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 1,823 2015 estimated tax payments and 2014 overpayment credited to 2015 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Pax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than line 10 file of lines 5 and 8 is more than line 7. Enter the amount of line 10 to 2015 estimated tax Fine the tax pear, did the foundation at tempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see Instructions for the definition)? 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 and copies of any materials published or distributed by the foundation with the activities. Bat the foundation file Form 1120-POL for this year? Child the foundation managers. ★\$ Enter the enimount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation managers. ★\$ Enter the enimount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ★\$ Enter the enimount (if any) by the foundation during the year for political expenditure tax imposed on foundation managers. ★\$ Enter the activation and any changes, not previously reported to the IRS, in its governing	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				
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a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Each withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for undernayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than 10 lines	5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,823		
Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ☐ 10 ☐ 177 Enter the amount of line 10 be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 ☐ 0 Statements Regarding Activities 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? Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) on the foundation be \$ (2) On foundation managers. ▶ \$ Has the foundation managers. ▶ \$ (2) On foundation managers. ▶ \$ Has the foundation any paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ (2) On foundation managers. ▶ \$ Has the foundation have unrelated business gross income of \$1,000 or more during the year? Material and the state of the similar instruments? If "ves," attach a conformed copy of the changes Has the foundation have unrelated business gross income of \$1,000 or more during the year? Material and the state elegislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument so that no mandatory directions that conflict with the state law remain in the go	6	Credits/Payments:				
Tax paid with application for extension of time to file (Form 8868)	а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,000				
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9 0 0 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 177 1 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 177 Refunded ▶ 11 0 178 179 180 190 190 190 190 190 190 190 190 190 19	b	Exempt foreign organizations—tax withheld at source 6b				
Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached ☐ Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ☐ ☐ 0 Overpayment. If line 7 is more than line 10 ines 5 and 8 is more than line 7, enter amount owed ☐ ☐ 0 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid ☐ 10 ☐ 177 Enter the amount of line 10 to be. Credited to 2016 estimated tax Tax due Tax	С	Tax paid with application for extension of time to file (Form 8868) 6c				
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be. Credited to 2016 estimated tax 177 Refunded 10 177 Enter the amount of line 10 to be. Credited to 2016 estimated tax 177 Refunded 11 0 127 The first part of 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? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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 and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in the activities. C Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ Has the foundation nagaged in any activities that have not previously been reported to the IRS? Has the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," attach a detailed description of the activities. Has the foundation have unrelated business gross income of \$1,000 or more during the year? Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument for weight the state merma in the governing instrument? All the foundation have at least \$5,000 in assets at	d	Backup withholding erroneously withheld 6d			1	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 177 11 Enter the amount of line 10 to be. Credited to 2016 estimated tax 177 Refunded 111 0 187 117 Refunded 111 111 0 187 117 Refunded 111 1	7	Total credits and payments. Add lines 6a through 6d		2,000		
O Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of verpaid Enter the amount of line 10 to be. Credited to 2016 estimated tax 177	8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
1 Enter the amount of line 10 to be. Credited to 2016 estimated tax 177	9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		О		
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Enter the states to which the foundation reports or with which it is registered (see instructions) AL 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 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)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_				<u> </u>	
AL b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If "No," attach explanation</i> 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)? If "Yes," complete Part XIV O Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			 	 ^- -	<u> </u>	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If "No," attach explanation</i>	ва	•				
(or designate) of each state as required by <i>General Instruction G? If "No," attach explanation</i> 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)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	L		1			
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)? If "Yes," complete Part XIV	a	· · · · · · · · · · · · · · · · · · ·	OL	V		
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	Δ.		OD	-		
"Yes," complete Part XIV	J					
Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			۱۵		_~	
	n		-		-	
	•		10		Y	

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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ www.csfoundationinc.org			
14	The books are in care of ▶ Danny Smelser Telephone no. ▶			
	Located at ▶ 6630 County Road 41 Florence AL ZIP+4 ▶ 35633-6	809		
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If		-	
	"Yes," enter the name of the foreign country	i		
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 X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			[
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(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.)			
L	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
b	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	46		l 🗸
	Organizations relying on a current notice regarding disaster assistance check here	1b		Х
	-			
С	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?	4.0		v
_	Word not contacted before the most car, or the tast year beginning in a contact to the contact tast year.	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)).			
_	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
а	6e, Part XIII) for tax year(s) beginning before 2015?			
p.	If "Yes," list the years 20, 20, 20, 20, 20.			
D	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			
		24	N/A	
_	all years listed, answer "No" and attach statement—see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	IVA	
C				
3a	► 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
L	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
þ	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.)	26	N/A	
4-2	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	14/14	X
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
U	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
				_ ^_

Part	VII-B	Statements Regarding Activities f	or Wh	ich Form 47	7 <u>20 M</u> a	ay Be Req	uired	(continue	d)			_
5a		e year did the foundation pay or incur ar on propaganda, or otherwise attempt to			n (secti	on 4945(e))? .	Yes	X No	,		
		nce the outcome of any specific public e ly or indirectly, any voter registration driv		(see section		=		Yes	X No	,		
	(3) Provid	de a grant to an individual for travel, stud	ly, or o	ther similar p	urpose	s?		Yes	X No	•		
		de a grant to an organization other than on 4945(d)(4)(A)? (see instructions)	a chan		_	tion describ		☐ Yes	X No	,		
		de for any purpose other than religious, one of cruelty to chairs, or for the prevention of cruelty to chairs.			literar	y, or educa	tional	Yes	X No	,		
b		swer is "Yes" to 5a(1)–(5), did any of the ons section 53.4945 or in a current notice							ibed ın		N/A	
С	If the ans	tions relying on a current notice regardir wer is "Yes" to question 5a(4), does the it maintained expenditure responsibility	founda for the	ation claim ex grant?	emptio	n from the	tax	 □ Yes	► □			
6a	If "Yes," attach the statement required by Regulations section 53.4945–5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							,				
b		oundation, during the year, pay premium o 6b, file Form 8870.	s, direc	ctly or indirect	lly, on a	a personal l	benefit	contract?		6b		X
		e during the tax year, was the foundation a pa						Yes				
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employee									7b			
Fart		and Contractors	JIS, 11	ustees, ro	unuan	ion manaç	jers, r	nginy Fa	iiu Eli	ibiose	4 5,	
1	List all o	fficers, directors, trustees, foundation	n mana	agers and the	eir con	npensation	(see i	nstructio	ns).			
		(a) Name and address	hou	le, and average irs per week ted to position	(lf	ompensation not paid, nter -0-)	emple	Contribution: oyee benefit erred compe	plans	(e) Expe	nse acc	
	Smelser County Ro	pad 41 Florence, AL 35633	presid	1.00		0						
	Smelser County Ro	pad 41 Florence, AL 35633	vice pi	res .10		0						
2	Compen "NONE."	sation of five highest-paid employees	(other	than those	includ	ed on line				f none,	enter	•
	(a) Name ar	d address of each employee paid more than \$50,000)	(b) Title, and a hours per w devoted to po	reek	(c) Comper		(d) Contribution of the compens of t	benefit leferred	(e) Expe	nse acc	
NONE												
									_			
-												
							į			<u> </u>		
Fotal	number of	other employees paid over \$50,000 .							•			

Part VIII 'Information About Officers, Director and Contractors (continued)	ors, Trustees, Foundation Managers, Highly Paid En	nployees,
	r professional services (see instructions). If none, enter "I	NONE."
(a) Name and address of each person paid more th		(c) Compensation
NONE		
		_
		·
Total number of others receiving over \$50,000 for profe	essional services	
Part IX-A Summary of Direct Charitable Ac	tivities	
		
List the foundation's four largest direct chantable activities during the torganizations and other beneficiaries served, conferences convened, it	ax year Include relevant statistical information such as the number of research papers produced, etc	Expenses
1 NA		
2		
3		
*		
4		
Part IX-B Summary of Program-Related Inv		
Describe the two largest program-related investments made by the found NA	Indution during the tax year on lines 1 and 2	Amount
I NA		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	• • • • • • • • • • • • • • • • • • •	0
		om 990-PF (2015)

Form 990-PF (2015)

Part	Minimum Investment Return (All domestic foundations must complete this part Foreign see instructions.)	n founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	2,669,074
b	Average of monthly cash balances	1b	142
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,669,216
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,669,216
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	40,038
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,629,178
6	Minimum investment return. Enter 5% of line 5	6	131,459
Part			
1	Minimum investment return from Part X, line 6	1	131,459
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	1,823
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	129,636
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	129,636
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	129,636
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	381,184
b	Program-related investments—total from Part IX-B	1b	
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:		
а	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	381,184
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	1,823
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	379,361
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	ether the	
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	XIII 'Undistributed Income (see instructions)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
2	Undistributed income, if any, as of the end of 2015.				129,636
2	· · · · · · · · · · · · · · · · · · ·			۱ ،	
a	Enter amount for 2014 only			0	
b					
3	Excess distributions carryover, if any, to 2015: From 2010 23.115				
a		4			
b	From 2011	4			
C	From 2012	-			
d	From 2013	1			
е	From 2014				
f	Total of lines 3a through e	23,115			
4	Qualifying distributions for 2015 from Part XII,	İ			
	line 4: ▶ \$381,184				
а	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				129,636
е	Remaining amount distributed out of corpus .	251,548			
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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	274,663			
b	Prior years' undistributed income. Subtract	21 1,000			
D	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed		<u>_</u>		
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
٦	Subtract line 6c from line 6b Taxable				
u	amount—see instructions				
	Undistributed income for 2014. Subtract line		• • • • • • • • • • • • • • • • • • • •		
C	4a from line 2a. Taxable amount—see				
	Instructions			o	
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				<u> </u>
•	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)	23,115			
9	Excess distributions carryover to 2016.	20,110			- ·- · · · · · · · · · · · · · · · · ·
-	Subtract lines 7 and 8 from line 6a	251,548			
10	Analysis of line 9:	201,040			
а	Excess from 2011				
a b	Excess from 2012				
C	Excess from 2013				
d	Excess from 2014				
u e	Excess from 2015				
C			_	I	

Part	XIV Private Operating Foundation	ns (see instruct	tions and Part V	/II-A, question 9)		N/A
	If the foundation has received a ruling of					
	foundation, and the ruling is effective for					
b	Check box to indicate whether the foundation				4942(j)	(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for	(4) 2010	(5) 557	(-)	(4)	
	each year listed					
						<u> </u>
С	Qualifying distributions from Part XII,					
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly			į		
	for active conduct of exempt activities		· · · · · · · · · · · · · · · · · · ·			<u>_</u>
е	Qualifying distributions made directly					
	for active conduct of exempt activities.]		_
	Subtract line 2d from line 2c			 		
3	Complete 3a, b, or c for the					
	alternative test relied upon:					1
а	"Assets" alternative test—enter:					
	(1) Value of all assets	· · · · · · · · · · · · · · · · · · ·				0
	(2) Value of assets qualifying under			1		
_	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					ŀ
	Part X, line 6 for each year listed .					0
С	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					l o
	(3) Largest amount of support from					
	an exempt organization					l o
	(4) Gross investment income					0
Part		(Complete this	s part only if th	e foundation had	\$5,000 or mor	
ı are	any time during the year—s	•	-		- 40,000 0	V 400000 41
1	Information Regarding Foundation N			· ·		
	List any managers of the foundation wh		ed more than 2%	of the total contribut	ions received by	the foundation
a	before the close of any tax year (but on					and roundation
D		-		u 40,000). (000 00	oo oo. (u)(=).)	
	y Smelser Nancy Sme List any managers of the foundation wh		ore of the steek of	f a compration (or a	n oqually large no	rtion of the
b	ownership of a partnership or other ent					ordon or the
	ownership of a partnership of other ent	ity) of winch the it	Juliualion has a l	10 /6 Or greater intere	731	
	I formation Description	O4 O:64 1	- Cabalambia a	-4- D		
2	Information Regarding Contribution,		· -			
	Check here ► X if the foundation on unsolicited requests for funds. If the foundation on the control of the co					
	under other conditions, complete items		ilis, granis, etc. (see msuuchons) to i	ridividuais or orga	inzations
				<u></u>		
а	The name, address, and telephone nur	nber or e-mail add	dress of the perso	on to whom applicati	ions should be ad	ldressed:
						
b	The form in which applications should be	e submitted and	information and n	naterials they should	d include	
C	Any submission deadlines:					
d	Any restrictions or limitations on awards	s, such as by geo	graphical areas, o	charitable fields, kind	ds of institutions,	or other
	factors:					

Total

Supplementary Information (continued) Part.XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year NC Tanzania Christian Clinic and church 273,500 **Cross Point Church of Christ** Academy 1350 Cox Creek Parkway Florence, AL 35633 NC Tanzania Christan Academy church 4,050 Southwest Church of Christ 1601 James Street Jonesboro, AR 72401 NC Tanzania Christian Clinic and non profit, charitable 98,000 Tanzania Christian Services, Inc. NGO Academy P.O. Box 107 Monduli Tanzania non profit, charitable NC Tanzania Christian academy 4,025 **Tanzania Christian Services** NGO P.O. Box 107 Monduli Tanzania 3a 379,575 b Approved for future payment

Pa	rt XVI	-A Analysis of Income-Producing Ac	tivities				
_	_	s amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(e)
1	Progi	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	а						
	b _					_	
	c						
	е _						
	f _						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	st on savings and temporary cash investments .			14	6	
4	Divid	ends and interest from securities			14	132,016	
5	Net r	ental income or (loss) from real estate:					
	a D	ebt-financed property					
	b N	lot debt-financed property					
6	Net r	ental income or (loss) from personal property					
7	Othe	r investment income					
8	Gain	or (loss) from sales of assets other than inventory			18	51,844	
9	Net in	ncome or (loss) from special events					
10	Gros	s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b R	ebates for On-line revenue fees				16	
	с _						
	d _						
	е _						
12	Subto	otal. Add columns (b), (d), and (e)		. 0		183,882	0
13	Total	l. Add line 12, columns (b), (d), and (e)				13	183,882
_		sheet in line 13 instructions to verify calculation					
Pa	rt XVI	-B Relationship of Activities to the A	ccomplishme	ent of Exempt	Purposes		· - · · · · · · · · · · · · · · · · · ·
Lir	ne No.	Explain below how each activity for which incom	e is reported in c	olumn (e) of Part	(VI-A contributed	importantly to the	
	▼	accomplishment of the foundation's exempt purp	poses (other than	by providing fund	s for such purpos	es) (See instruction	ons)
							
				· · · · · · · · · · · · · · · · · · ·			
							
							
				.,			· · · · · · · · · · · · · · · · · · ·
				,			
							
							
							
							
				· · · · · · · · · · · · · · · · · · ·			

Part	XVII			sfers To and Trans	actions and R	elationship	os With Nonc	haritable		
		Exempt Org			 	<u>.</u>				
1	Did 1	the organization o	lirectly or indirectly	engage in any of the fo	llowing with any	other organ	ization describe	ed	Yes	No
				section 501(c)(3) orga	nizations) or in	section 527,	relating to	1		
		ical organizations				_				
а			=	o a noncharitable exem						
	(1) (Cash						. <u>1a(1)</u>		X
								. 1a(2)	ļ	X
b		er transactions:								
				empt organization						X
				able exempt organizati						X
			-	er assets					<u> </u>	X
										<u>X</u>
		-								X
				hip or fundraising solici						X
C				sts, other assets, or pa						<u>X</u>
d				mplete the following sche						
	value	e of the goods, other	er assets, or services	given by the reporting fou ent, show in column (d) the	ingation. If the fol	ingation receiv	ved less than fair	market		
	—т					 				
(a) Line	e no	(b) Amount involved	(c) Name of none	chantable exempt organization	1 (a) Des	scription of transi	ers, transactions, a	no snanng arra	ngeme	nts
	\rightarrow					· · · · · ·				
								<u>.</u>		
							·			
										
	-+									
								· · · · · · · · · · · · · · · · · · ·		
								- 		
	+									
						·				
	-+									
	\rightarrow									
							<u></u>		_	
2a	le th	o foundation direct	the or indirectly affil	iated with, or related to	one or more to	av-evemnt or	nanizations			
Za				other than section 501			<u>-</u>	X Yes	□ N	0
ь			following schedule		,,,					-
		(a) Name of organ		(b) Type of orga	nızatıon		(c) Description of (relationship		
Tanza	nia C	hristian Clinic		non-proft charitable T		common ho	ard members (r			
		ga Christian Seco	andary School	non-profit charitableTa			ard members (r			
Ліріта	Onic	ga Omistian oco	ondary concor	non prom onamadion	anzaman (100	0011111011 001	u.u momboro (i	······Oricy)		
		· · · · · · · ·								
										
				eturn, including accompanying scheo			nowledge and belief, it is	true,		
Sign	corre	ct, and complete Declaration	on of preparer (other than ta xpa	yer) is based on all information of wi	hich preparer has any kno	owledge	May	the IRS discuss	this return	1
Here		Han	n4 /// Ba	Ne M 5/5/2016	president		with	the preparer sho	n below	<u> </u>
. 1616	Sig	nature of officer or trus	· · · · · · · · · · · · · · · · · · ·	Date	Title		(see	instructions)?	_ Yes [_JNo
D-1-1	<u> </u>	Print/Type preparer's	s name	Preparer's signature		Date	Check	PTIN		
Paid			V	SELF-PREPAR	RED RETUR	8 N	self-employ	lif (
Prepa		Firm's name					Firm's EIN ▶	•		
Use C	nly	Firm's address					Phone no			
			·					- 004	· RE	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Employer identification number

Christian Services Founda	ition, Inc 63-0921661
Organization type (check	
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 private foundation
	501(c)(3) taxable private foundation
Chook if your organization	is covered by the General Rule or a Special Rule.
, ,	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one in the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the oblige to this organization because it received nonexclusively religious, charitable, etc., contributions 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 Employer identification number Christian Services Foundation, Inc. 63-0921661

Part I Contributors (see instructions). Use duplicate copi	pies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Gregory Parker 125 Creekwood Circle Florence AL 35630 Foreign State or Province Foreign Country:	\$7,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Rachel Siegel 1527 Highland Oaks Drive Keller TX 76248 Foreign State or Province: Foreign Country	\$6,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Jacqueline Anderson 305 Dowdy Lane Florence AL 35633 Foreign State or Province Foreign Country	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>4</u>	Jason Gandy 517 Sherwood Court Florence AL 35633 Foreign State or Province Foreign Country	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Compassion Now Foundation 1776 Erringer Road Suite 110 Simi Valley CA 93065-3569 Foreign State or Province: Foreign Country	\$ 10,020	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Lori Covington 212 Timberline Drive S Colleyville TX 76034 Foreign State or Province: Foreign Country:	\$ 5,665	Person X Payroll Noncash (Complete Part II for noncash contributions)			

Name of or Christian S	ganization Services Foundation, Inc		Employer identification number 63-0921661
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Terry and Jodie Beck 7316 Deaver Dr. North Richland Hills TX 76180 Foreign State or Province Foreign Country	\$7,992	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization Employer identification number Christian Services Foundation, Inc 63-0921661

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

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

Name of or	-		Employer identification number
Part III	Services Foundation, Inc. Exclusively religious, charitable, etc.,	contributions to organizations des	63-0921661
Part III	(10) that total more than \$1,000 for the		
	the following line entry. For organizations		
	contributions of \$1,000 or less for the ye		
	Use duplicate copies of Part III if addition	•	
(a) No.	Osc duplicate copies of Yark III il addition		
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
		.,	
	Transferee's name, address, and	ZIP + 4 Relations	hip of transferor to transferee
	For. Prov Country		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Turpose of gift	(c) 030 or gire	(d) Description of now gift is field
		(a) T	
		(e) Transfer of gift	
	Transferencie nome address and	71D ± 4 Polations	hip of transferor to transferee
	Transferee's name, address, and		mp 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
1 4111			
			<u> </u>
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4 Relations	hip of transferor to transferee
	For Prov. Country		
(a) No.	For Prov. Country		
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
		-	
	Transferee's name, address, and	ZIP + 4 Relations	hip of transferor to transferee
	For Prov Country	ŀ	

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Amount												
Long Term CG Distributions		1											
Short Term CG Distributions		1			130,019) .	126,951	3.068	•)	, ,	3.068
							T	Cost or Other	0,000	FMV	Adjusted Basis	Excess of FMV	Gains Minus
		Acquisition	Date	Date	Gross	Depreciation		Basis Plus		as of	as of	Over	Excess FMV Over
Description of Property Sold	CUSIP#	Method	Acquired	Sold	Sales Price	Allowed	Adjustments	Expense of Sale	Gain or Loss	12/31/89	12/31/69	Adjusted Basis	Adı Basis or Losses
1 TPIAX 2945 shares	887432631	P	10/25/2007	10/1/2015	25,000			32,892	-7,892		0	(-7.892
2 TPIAX 2910 shares	887432631	P	10/25/2007	10/2/2015	25,000			32,509	-7,509	Ċ	أ		-7,509
3 TPIAX 1162 shares	887432631	P	10/25/2015	11/13/2015	10,000			13,064	-3,064	ř	5	3	-3.064
4 SEECX 0 308 shares	860324102	Р	12/8/2003	6/16/2015	12			l a	4	,		1	-0,004
5 DDDC# 725 shares		1	8/9/2007	7/22/2015	7		İ	943	-936	,	3) ,	-936
6 SEECX 1797 178 shares	860324102	l p	12/28/2004	6/16/2015	70,000		•	47,535	22,465	,	(i)	22.465

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

											0	
	Name	Check "X" if Business		City	State	Zıp Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
	Danny Smelser		6630 County Road 41	Florence	AL	35633		president	1 00	0	0	0
-	Nancy Smelser		6630 County Road 41	Florence	AL -	35633		vice pres	0 10	o	0	- 0
2		_	_									

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

	11 EILIO O (000-1 1) - OdlibE	.033 HOIH GAIC	OI ASSELS	Other man inventory											
		Amount							Totals	Gro Sa		Cost or Other B	lasis, Expenses,		Gain .oss
	Long Term CG Distributions	48,776						c	Capital Gains/Losses		178,795	Depredation a	128,951		51,844
_	Short Term CG Distributions	_0							Other sales	_	0		0		0
			Check "X"		Check "X" If Purchaser		Date	Date:	00-	0	M-1 -1	Expense of Sale			
	.				18.8	Acquisition		Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gain
L	Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Basis	Method	Improvements	Depreciation	Adjustments	orLoss
L	1 TPIAX 2945 shares	887432631	, x		1	ļ P	10/25/2007	10/1/2015	25,000	32,892	cost				-7,892
L	2 TPIAX 2910 shares	887432631	X			P	10/25/2007	10/2/2015	25,000	32,509	cost				-7,509
L	3 TPIAX 1162 shares	887432631	X		ł	P	10/25/2015	11/13/2015	10,000	13,084	cost			j	-3,084
	4 SEECX 0 308 shares	860324102) x		1 .	P	12/8/2003	6/16/2015	12	8	average cost				4
L	5 DDDC# 725 shares		X	_		I	8/9/2007	7/22/2015	7	943	date of death value		ĺ		-938
	6 SEECX 1797 178 shares	860324102	l x i		1	P	12/28/2004	6/16/2015	70,000	47,535	average cost				22,485

Part I, Line 11 (990-PF) - Other Income

		16	16	0
		Revenue and Expenses	Net Investment	Adjusted
1	Description	per Books	Income	Net Income
1	SUIG Rebate	5	5	
2	Rebate from Internet collections	11	11	

Part I, Line 16c (990-PF) - Other Professional Fees

	,	1,446	1,446	0	1,446
	Description	Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
L	Description	Books	Income	Income	(Cash Basis Only)
1	Mernil Lynch	150	150		150
2	Scottrade	20	20		20
3	Authorize.net	17	17		17
4	Bankcard MTOT	824	824		824
5	Beckitt IT	435	435		435

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

	,	2,812	163		163
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Form 990 PF 2014	649			
2	Estimated payments 990 PF 2015	2,000		· · · · · · · · · · · · · · · · · · ·	
3	Foreign tax Scottrade Novartis	163	163		163

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		684,731	691,937	1,183,729	1,328,767
	Num. Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year
1 Raytheon (RTN)	9,200	499,928	499,928	995,164	1,145,676
2 Public Service enterprise Group (PEG)	4,732	184,803	192,009	188,565	183,091

Part II, Line 13 (990-PF) - Investments - Other

			1,438,927	1,314,180	1,352,166
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg. of Year	End of Year	End of Year
1	Scottrade Cash 63	AT COST	1,634	63	63
2_	Scottrade DDDC 725 shares liquidated		943	0	0
_3	Scottrade NVS 175		9,702	9,702	15,057
4	Scottrade QQQ 125		5,876	5,876	13,983
5	Scottrade SEECX 11263		295,938	348,384	355,922
6	American Century TWSMX 2186	AT COST	13,516	14,547	13,928
7_	Steward SEECX 3921		132,430	107,107	123,911
8	ML Cash 2537	AT COST	5,256	2,537	2,537
9	ML Bank of America SER 6.375% 1,000		25,300	25,300	25,666
10	ML General Electric GE 1200		20,400	20,400	37,380
11	MLPfizer PFE 1200		21,936	21,936	38,736
12	ML Southern Company SO 600		22,626	22,626	28,074
13	ML Blackrock BCBDX 5,500.550	AT COST	50,000	50,000	63,201
14	Timothy Small Cap Value 10944	AT COST	175,000	175,000	167,996
15	Timothy Large Mid Cap Value 10417	AT COST	175,000	175,000	169,375
16	Timothy Aggressive Growth 22552	AT COST	175,000	175,000	158,537
17	Timothy International 8642	AT COST	175,000	96,535	73,633
18	Timothy Milestone Treasury 64167	AT COST	133,370	64,167	64,167