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Form **990-PF** Department of the Treasury Internal Revenue Service

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

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. OMB No 1545-0052

Ford	alen	dar year 2015 or tax year beginning MAY	1, 2015	, and ending		APR 30, 201	6
Nar	ne of	foundation				A Employer identificatio	n number
п	λDi	BIN FAMILY FOUNDATION,	TNC			26-015856	1
		nd street (or P O box number if mail is not delivered to street		Room/s	suite	B Telephone number	±
		PORTER ROAD	,			706-356-28	862
	_	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is	
		TIN, GA 30557				, ,,	
G 0	heck	all that apply: Initial return	Initial return of a fo	rmer public charity		D 1. Foreign organization	ns, check here 🕨 🗔
		Final return	Amended return			2	-1
		Address change	Name change			Foreign organizations meck here and attach of the control of	computation
H_C	_	type of organization: X Section 501(c)(3) ex				E If private foundation st	
<u> </u>			Other taxable private founda			under section 507(b)(I)(A), check here 🕨 📖
		rket value of all assets at end of year J Account	-	Accrual		F If the foundation is in a	60-month termination
•		Part II, col. (c), line 16)	ther (specify)			under section 507(b)(i)(B), check here 🕨 📖
		59, 218. (Part I, colu					(4)
Ра	<u>irt i</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investme income	nt	(c) Adjusted net Income	(d) Disbursements for charitable purposes
	•		36,050.			N/A	(cash basis only)
	1 2	Check I if the foundation is not required to attach Sch B	30,030.			IN/A	<u> </u>
	3	Interest on savings and temporary cash investments	4.		4.		STATEMENT 1
	4	Dividends and interest from securities	= •		·		DIALBMENT
		Gross rents	FOnot				-
		Not rental income or (lose)	19/				1
•		Net gain or (loss) from sale of assets not on line 10	2016 18				
ם	ь	Gross sales price for all assets on line 6a	2 50		_		
Revenue	7	Capital gain net income (from Part IV) (inc.2)			0.		
ď	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances	[
	b	Less Cost of goods sold					
	C	Gross profit or (loss)	ļ				
	11	Other income	26 054				-
_	12	Total. Add lines 1 through 11	36,054.		4.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages				<u> </u>	
es	ı	Pension plans, employee benefits Legal fees					
Sus	1	Accounting fees STMT 2	520.		0.	<u> </u>	0.
ğ.	1	Other professional fees	520.		0.		<u> </u>
and Administrative Expense		Interest			-		
ati	l	Taxes					
istr	19	Depreciation and depletion					
Ę	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
and	22	Printing and publications					
b	23	Other expenses					
rati	24	Total operating and administrative					
Operating		expenses. Add lines 13 through 23	520.		0.		0.
O	ı	Contributions, gifts, grants paid	14,000.				14,000.
	26	Total expenses and disbursements.			_		
	<u> </u>	Add lines 24 and 25	14,520.		0.		14,000.
Operatin	ľ	Subtract line 26 from line 12:	0.0				
	l	Excess of revenue over expenses and disbursements	21,534.				
	1	Net investment income (if negative, enter -0-)			4.	27./2	
	l C	Adjusted net income (if negative, enter -0-)	1			N/A	i

Form 990-PF (2015)

For	m 99	00-PF (2015) HARBIN FAMILY FOUNDATIO		26-	0158564 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	l	Savings and temporary cash investments	37,684.	59,218.	59,218.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
	ļ	Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis -			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	37,684.	59,218.	59,218.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
⊐	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			•
or Fund Balances	24	Unrestricted .			
iar	25	Temporarily restricted .			
Ä	26	Permanently restricted .			
Ĕ		Foundations that do not follow SFAS 117, check here		1	
F		and complete lines 27 through 31.	_		
	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	37,684.	59,218.	
ž	30	Total net assets or fund balances	37,684.	59,218.	
		Table 11-billians and and analysis of bullians	27 604	59,218.	
=	31	Total liabilities and net assets/fund balances	37,684.	39,410	
<u> </u> P	art	III Analysis of Changes in Net Assets or Fund B	alances		•
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	37,684.
2	Ente	r amount from Part I, line 27a		2	21,534.
3	Othe	er increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	59,218.
5		reases not included in line 2 (itemize)	- <u> </u>	5	0.
<u>6</u>	<u>Tota</u>	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	59,218.
					Form 990-PF (2015)

3,166.

14,000.

6

7

Add lines 5 and 6

See the Part VI instructions.

6 Enter 1% of net investment income (1% of Part I, line 27b)

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.

8 Enter qualifying distributions from Part XII, line 4

			1158			Page 4
_		740 -	see II	Stru	CLIO	15)
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)					^
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	_1		.		0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_2				0.
-	Add lines 1 and 2	3				0.
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
	Credits/Payments:					
	2015 estimated tax payments and 2014 overpayment credited to 2015					
	Exempt foreign organizations - tax withheld at source 6b	ł				
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld Table and asymptote Add lines for through 6d	_ \				^
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				_
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ Refunded ▶ Refunded ▶	11				
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene				Yes	No
10	any political campaign?	"	ŀ	1a		X
h	only political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	9	t	1b		X
u	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe		ŀ	יוו		- 22
	distributed by the foundation in connection with the activities.	<i>J</i> 0 <i>i</i>				
,	E Did the foundation file Form 1120-POL for this year?		-	1c		х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		t	10		
٧	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •					
a	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
·	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
-	If "Yes," attach a detailed description of the activities.		Ì			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		ŀ			
Ĭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ľ	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a_		_X_
	o If "Yes," has it filed a tax return on Form 990-T for this year?	· N,	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		j			
	By language in the governing instrument, or		1			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	l			
	remain in the governing instrument?		. [6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	GA					
t	olf 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		L	_8b	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 caler	ıdar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		ļ	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would leopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2015)

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4a

N/A

Form 990-PF (2015) HARBIN FAMILY FOUNDATIO			26-01585	64 Page 6
Part VII-B Statements Regarding Activities for Which	i Form 4/20 May be i	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:	4045(-)\0	,	es X No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	· · ·		es Lal No	
(2) Influence the outcome of any specific public election (see section 4955);	, or to carry on, directly or most		es X No	
any voter registration drive?	000		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose		L ¥6	ו או באו se	
(4) Provide a grant to an organization other than a charitable, etc., organizat	lion described in section		es X No	1 1
4945(d)(4)(A)? (see instructions)			es LALINO	
(5) Provide for any purpose other than religious, charitable, scientific, literar	ry, or educational purposes, or		es X No	
the prevention of cruelty to children or animals?			es Las I No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	· ·	in Regulations	21 / 2	_
section 53.4945 or in a current notice regarding disaster assistance (see inst			N/A	5b
Organizations relying on a current notice regarding disaster assistance check				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				- } - }
expenditure responsibility for the grant?		I/A	es L No	
If "Yes," attach the statement required by Regulations section 53.49	* *			
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on		. 🖼	
a personal benefit contract?		Y6	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?	•	-	6b X
If "Yes" to 6b, file Form 8870.		,	[
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	es X No	76
b If "Yes," did the foundation receive any proceeds or have any net income attri Part VIII Information About Officers, Directors, Trus		nagara Highli		7b
Paid Employees, and Contractors	stees, roundation wa	magers, riiging	y	
1 List all officers, directors, trustees, foundation managers and their	ir compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
BARRON C. HARBIN	DIRECTOR	United 6 /	component	<u>anomanoso</u>
255 PORTER ROAD				
MARTIN, GA 30557	0.10	0.	0.	0.
DEBORAH G. HARBIN	DIRECTOR			
255 PORTER ROAD				
MARTIN, GA 30557	0.10	0.	0.	0.
WESTLEY J. HARBIN	DIRECTOR			
71 GRANT DRIVE				
LAVONIA, GA 30553	0.10	0.	0.	0.
				,
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	hours per week devoted to position	(c) compensation	compensation	allowances
NONE	_			
	_	1		
		ļ		
	_			
	_			
	 			
	-			
	_ 	L		L

Form **990-PF** (2015)

	<u>-0158564</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Cc	ompensation
NONE		<u> </u>
	l	
	:	
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expens	ses
		
1 SCHOLARSHIPS AWARDED TO CHILDREN OF HARBIN LUMBER COMPANY,	_	
INC. EMPLOYEES	┦ ,	7 000
^		<u>7,000.</u>
2	-	
SEE STATEMENT 3	┥,	7 000
		7,000.
3	4	
	-	
4		
"	-	
	-	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amour	nt
1 N/A		
	7	
2		
	1	
All other program-related investments. See instructions.		
3		
	_	
Total. Add lines 1 through 3		0.
	Form 990	-PF (2015)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 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 0. 1a b Average of monthly cash balances 1b c Fair market value of all other assets 1c 51,957 Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 957. Subtract line 2 from line 1d 3 779. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 51,178. 5 Minimum investment return. Enter 5% of line 5 2,559. R 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.) 2,559. Minimum investment return from Part X, line 6 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.) 2b c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; 14,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 14,000. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment -income. Enter-1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

Form 990-PF (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				2,559.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 279.			į	
b From 2011 326.				
c From 2012				
d From 2013			j	
e From 2014				
f Total of lines 3a through e	675.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 14,000.			_	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	11 441			2,559.
e Remaining amount distributed out of corpus	11,441.	-		
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0 •			0.
6 Enter the net total of each column as indicated below:			İ	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,116.			
b Prior years' undistributed income. Subtract		. —		
line 4b from line 2b	·	0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
- assessed - `		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	0.70			
not applied on line 5 or line 7	279.			<u> </u>
9 Excess distributions carryover to 2016.	44 000			
Subtract lines 7 and 8 from line 6a	11,837.			
10 Analysis of line 9:				
a Excess from 2011 326.				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014 70.		ļ		
e Excess from 2015 11,441.			<u></u>	

	FAMILY FOUN				58564 Page 10
Part XIV Private Operating I			·A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective f		=	▶ └		
b Check box to indicate whether the four		ng foundation described i		4942(j)(3) or49)42(j)(5)
2 a 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					
each year listed			}		
b 85% of line 2a					
c Qualifying distributions from Part XII.					
line 4 for each year listed			ļ		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				-	
for active conduct of exempt activities.			ļ		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					Į
(1) Value of all assets					<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section		•			
512(a)(5)), or royalties)	<u> </u>				
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			ļ		
an exempt organization					<u> </u>
(4) Gross investment income	<u> </u>				
Part-XV Supplementary-Inf			if the foundation	n had \$5,000 or mo	ore in assets
at any time during	the year-see insti	ructions.)			
1 Information Regarding Foundati	on Managers:	_			
a List any managers of the foundation w	ho have contributed more	than 2% of the total conti	ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(d)(2).)	•		
NONE					
b List any managers of the foundation we other entity) of which the foundation h			or an equally large port	ion of the ownership of a pa	artnership or
- ·	as a 1070 of greater interes	Ji.			
NONE					
2 Information Regarding Contribu		• • •	-		
				not accept unsolicited requ	
the foundation makes gifts, grants, etc					<u>u. </u>
a The name, address, and telephone nur	nber or e-mail address of t	the person to whom appli	cations should be addre	essed:	
SEE STATEMENT 4					
b The form in which applications should	be submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charıtable fields,	kınds of institutions, or	other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year PENFIELD CHRISTIAN HOMES, INC. NONE CHARITABLE PROVIDES RESIDENTIAL ORGANIZATION DRUG ADDITION 1061 MERCER CIRCLE 5,000. UNION POINT, GA 30669 TREATMENT FACILITIES GLORY, HOPE & LIFE, INC. NONE CHARITABLE ENRICHES LIVES TOUCHED 725 JESSE JEWELL PARKWAY, SUITE 270 ORGANIZATION BY CANCER THROUGH GAINESVILLE, GA 30501 RESOURCES, PROGRAMS AND ACTIVITIES 1,000. NORTHEAST GEORGIA COURT APPOINTED NONE CHARITABLE SPECIAL ADVOCATES ORGANIZATION 221 NORTH BROAD STREET PROVIDES LEGAL TOCCOA, GA 30577 REPRESENTATION TO PROTECT THE RIGHTS OF 1,000. ADAM SARTAIN NONE N/A EDUCATION SCHOLARSHIP 1225 IRVIN KIRK ROAD DANIELSVILLE, GA 30633 500. AARON SARTAIN NONE N/A EDUCATION SCHOLARSHIP 1225 IRVIN KIRK ROAD DANIELSVILLE GA 30633 500 - SEE CONTINUATION SHEET (ST **▶**_3a 14.000. b Approved for future payment NONE Total **▶** 3b

Part XVI-A	Analysis of Income-Producing Activ	vities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Code		1000	 	
a		<u> </u>	 		
b			-	 	
C			<u> </u>	 	
d			 -		
e			<u> </u>		
f		,	<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash					
investments	1		14	4.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			\vdash	<u> </u>	
			-		
6 Net rental income or (loss) from personal	<u> </u>				
property _			ļ	<u> </u>	
7 Other investment income			L		
8 Gain or (loss) from sales of assets other	1				
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
			 		
C			-		
d			+-		
e			-		
12 Subtotal. Add columns (b), (d), and (e)		0.			0.
13 Total. Add line 12, columns (b), (d), and (e)				13 _	4.
(See worksheet in line 13 instructions to verify calculations.)		- -	_		
Part XVI-B Relationship of Activities to	o the Acco	omplishment of Ex	cemp	t-Purposes	
Line No. Explain below how each activity for which incor			contril	buted importantly to the accor	mplishment of
the foundation's exempt purposes (other than b	by providing fu	nds for such purposes).			
				-	
					
					
					
					
		 ·			
					
		-			

orm 990		15) HARBI	N FAMILY	FOUNDA	TION, INC.		26-01	<u> 58564</u>	. Pa	age 13
Part 2	KVII			sfers To a	and Transactions	and Relations	hips With Nonc	haritabl	е	
4 0.4	41	Exempt Organ		- (1) - (- 1) -					Vaa	NI.
		-			ig with any other organizati 27, relating to political orga		tion 501(c) of		Yes	No
		rom the reporting found				iizatioiis*				
	Cash	rom the reporting rounds	ation to a nononanta	inic excitibt of	gamzadon or.			1a(1)		Х
	Other	assets						1a(2)		X
		sactions:						14,27		
_		of assets to a noncharita	ble exempt organiza	tıon				16(1)		Х
		ases of assets from a no						1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets					1b(3)		X
(4)	Reimb	ursement arrangements						1b(4)		X
(5)	Loans	or loan guarantees						1b(5)		X
(6)	Perfor	mance of services or me	mbership or fundrai	ısıng solıcıtatıo	ons .			1b(6)		X
	•	facilities, equipment, ma						1c		X
					edule. Column (b) should al				sets,	
					ed less than fair market val	ue ın any transactio	n or sharing arrangemer	nt, show in		
		the value of the goods,			a avamat arganization	(4) -				
(a) Line n	°	(b) Amount involved	(c) Name of		e exempt organization	(0) Description	n of transfers, transactions,	and sharing ar	rangeme	ints
	+-			N/A						
	+						·			
	+						·			
	+									-
										
	_									
							·			
			ļ		·					
	-									
0 1.4		d-1 td								
		dation directly or indirect 501(c) of the Code (other			or more tax-exempt organ	zations described		Yes	- T	ii Na
		mplete the following sch		/(3/) OF IT SECT	11011 327 1			res	ــــــــــــــــــــــــــــــــــــــ	_1 NO
<u> </u>	103, 00	(a) Name of org			(b) Type of organization		(c) Description of relation	onship		
		N/A	<u></u>		,,,,,,		<u>,</u>			
										
									•——	
		penalties of perior, declare	that I have examined the	is return, includir	ng accompanying schedules and in taxpayer) is based on all inform	d statements, and to the	best of my knowledge	May the IRS	discuss	this
Sign	LING BU		-	ropular (out and			. nas any knowledge	return with the	(see ins	er <u>str</u>)?
Here					1-18-16	PCEO		X Yes	;	_l No
		atúre of officer or trustee Print/Type preparer's na		Preparer's s	Date	Title	Check If PT	iN		
		rimo Type preparer S na	11116	Freparer SS	iynature -	Date	self- employed	114		
Paid		ALESIA B.	RITECH	Alen	i B. Bruch	07/07/16	-	いしいしょこ	721	
Prepa	arer	Firm's name ► BUR	CH CBUUM			10 1 / 0 1 / TO	Firm's EIN ► 26 -	00035		 -
llea (ramonano P DON	.C.I., CICOL	-D & CO	THE THE		THIN SLIN - 40-	1041	50	

Firm's address ▶ P.O. BOX 770

HARTWELL, GA 30643

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 **Employer identification number** HARBIN FAMILY FOUNDATION, INC. 26-0158564 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

HARBIN FAMILY FOUNDATION, INC.

26-0158564

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARBIN LUMBER COMPANY, INC. 560 SMITH ROAD LAVONIA, GA 30553	\$ <u>36,050</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person — ——————————————————————————————————
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

HARBIN FAMILY FOUNDATION, INC.

26-0158564

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
-			
3453 10-26-1		Schodule B (Ferry	990 990-F7 or 990-PF\/2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number HARBIN FAMILY FOUNDATION, INC.

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

~ I	# N P					
). I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-			_			
-						
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
•	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.						
		(e) Transfer of gift				
		(o) Transier of gift				
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		· · · · · · · · · · · · · · · · · · ·	Tretationship of transfer of to transferee			
			nerationship of transfer of to transferee			
			neradonship of transferor to transferee			
			nerauorismp or transferor to transferee			
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Ì	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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•						
		(c) Use of gift				
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i		(c) Use of gift (e) Transfer of gift				
Ì	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
Ì	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
i	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee			
	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
•	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee			
	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee			
	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift and ZIP + 4 (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee			
	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee			

TO FORM 990-PF, PART IX-A, LINE 2

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY	CASH II	NVESTMENTS	STATEMENT	1	
SOURCE	(A REVE PER B	NUE	(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
BB&T		4.					
TOTAL TO PART I, LINE 3		4.		4.			
FORM 990-PF	ACCOUNTI	NG FEES	3		STATEMENT	2	
DESCRIPTION		(A) (B) (C) PENSES NET INVEST- ADJUST R BOOKS MENT INCOME NET INC			'ED CHARITABLE		
LEGAL AND PROFESSIONAL FEES	520.	520. 0. 520. 0.				0.	
TO FORM 990-PF, PG 1, LN 16B	520.						
FORM 990-PF SUMMARY OF	DIRECT CHA	RITABLE	ACTIV	ITIES	STATEMENT	3	
ACTIVITY TWO							
PROVIDE FUNDS FOR DAY CARE CE NURSING HOMES, PRIVATE SCHOOL INCLUDE THE SPREAD OF THE GOS PEOPLE	S OR OTHER	ORGANIZ	CATIONS	THAT			
					EXPENSES		

7,000.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BARRON C. HARBIN 255 PORTER ROAD MARTIN, GA 30557

TELEPHONE NUMBER

706-356-2862

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS ARE OBTAINED FROM BARRON C. HARBIN, DIRECTOR

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

EDUCATIONAL SCHOLARSHIPS ARE AWARDED TO CHILDREN OF HARBIN LUMBER COMPANY, INC. EMPLOYEES WHO ARE HIGH SCHOOL SENIORS AND WHO PLAN TO ATTEND AN EDUCATIONAL INSTITUTION.

Part XV Supplementary Informat	N FAMILY FOUNDAT:		26-015		
3 Grants and Contributions Paid During th	e Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or		
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount	
JAMIE IFFLAND	NONE	N/A	EDUCATION SCHOLARSHIP		
110 OVERLAND DRIVE ANDERSON, SC 29625				EO	
ANDERSON, SC 23025				50	
ATOWNER THEY AND	ATOMP.				
MICHAEL IFFLAND L10 OVERLAND DRIVE	NONE	N/A	EDUCATION SCHOLARSHIP		
ANDERSON, SC 29625				50	
ALEJANDRO MARTINEZ-BARRON	NONE	N/A	EDUCATION SCHOLARSHIP		
129 HENRIETTA STREET	NOME	N/A	EDUCATION SCHOLARSHIP		
TOCCOA, GA 30577				50	
KATHERINE LANE HUNT	NONE	N/A	EDUCATION SCHOLARSHIP		
L88 GREER LANE					
POCCOA, GA 30577				50	
		1			
HALEY LONG	NONE	N/A	EDUCATION SCHOLARSHIP		
100 ROBERT WOODS LANE		1			
LAVONIA, GA 30553			-	500	
LUCY LONG	NONE	N/A	EDUCATION SCHOLARSHIP		
100 ROBERT WOODS LANE					
LAVONIA, GA 30553		<u> </u>		500	
CASEY LONG	NONE	N/A	EDUCATION SCHOLARSHIP		
100 ROBERT WOODS LANE					
LAVONIA, GA 30553		 		50	
MICHAELA LACOUNT	NONE	N/A	EDUCATION SCHOLARSHIP		
27 RED HILL SCHOOL ROAD					
CARNESVILLE, GA 30521		 		50	
GARRETT LECROY	NONE	N/A	EDUCATION SCHOLARSHIP		
4855 STONEBRIDGE ROAD					
LAVONIA, GA 30553				50	
ABIGAIL LECROY	NONE	N/A	EDUCATION SCHOLARSHIP		
4855 STONEBRIDGE ROAD					
LAVONIA, GA 30553		<u> </u>	<u> </u>	50	
Total from continuation sheets			<u></u>	6 00	

HARBIN FAMILY FOUNDATION, INC.

Part XV Supplementary Information

26-0158564

3 Grants and Contributions Paid During the Recipient	Year (Continuation) If recipient is an individual.			
Recipient	If recipient is an individual.			
	show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	Amount
			1	
BRITTANY MILLER	NONE	N/A	EDUCATION SCHOLARSHIP	
1365 BATY ROAD				
MARTIN, GA 30557				500.
KAITLYN PARHAM	NONE	N/A	EDUCATION SCHOLARSHIP	
821 OCONEE SPRINGS ROAD				500
EATONTON, GA 31024	-			500.
			1	
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			1	
		}		
Total from continuation sheets				

D-4 VV	Committee	H.	IARBIN	FAMIL	Y FOU	NDATI	ON, J	INC.		26-	01585	64
	Suppleme											
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution												
NAME OF	RECIPII	емт – к	товтнед	ደጥ ርፑር	ORGTA	COLLE	יים בייח	оотмин	ח פסד	CTAT. Z	ישטטעטע	TES
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PROVIDE	S LEGAL	REPRES	ENTATI	ON TO	PROT	ECT T	HE RI	GHTS	OF CF	ILDRE	1 IN	
FOSTER	CARE.											
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