Form **990-PF**

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

0010

2019

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

	Internal I	Revenue	Service	00 10 111111111111111111111111111111111	10177 017770001 1	101 1110	indotrono dira tire re	1000	Ope	in to Public Inspection	
	For ca	lenda	r year 2019 or	tax year beginning			, and ending	T 7			
	MECT	וים מי	AND DECK	Z COTEMANT CUDICE	TAN		RECEIVED	Α	Employer identification num 20-0511848	nber	
				Y COLEMAN CHRIST N, INCORPORATED				BIC	B Otelephone number (see instructions)		
			SHWAY 82 V			C105	1111 9 7 2020	1 7		,	
			DD, MS 389		i	Ö	JUL 27 2020		If exemption application is	ponding check here	
				1		<u>. </u>		\square 8	n exemption application is	pending, check here	
	G Ch	eck al	i that apply	Initial return	Initial return	of a togg	DEDEN UT	D 1	oreign organizations, chec	k here . ► 🗍	
				Final return	- Amenaca ica			 ,	Foreign organizations meet	ung the 85% test chark	
		a a la de	pe of organiza	Address change	Name change		foundation 3		here and attach computation		
	H CI	_ ′) nonexempl charitable t	(c)(3) exempt p	onvalle i	private foundation	E	If private foundation status	was terminated	
	1 Fau		t value of all assets		ounting method			-	under section 507(b)(1)(A)		
			II, column (c), line		Other (specify)	N		_	If the foundation is in a CO	meally to consumbles	
	► \$	3	3.161		column (d), mus	l be on o	cash basis)	F	If the foundation is in a 60- under section 507(b)(1)(B)		
	Part	ΙA		evenue and	(.,,					(d) Disbursements	
	<u> </u>	E:	xpenses (The	e total of amounts in	(a) Revenue expenses per		(b) Net investment income	nt	(c) Adjusted net	for charitable	
		CO	ilumns (b), (c), rcessauly equa	and (d) may not I the amounts in	expenses per	DUUKS	licome		income	purposes (cash basis only)	
\sim		co	lumn (a) (see in	structions).)						(cash basis only)	
\bigcup		!		ints, etc., received (altrich schedule)							
	()	2	Check ► X if the f	oundation is not required to attach Sch. B		····	 				
1	7	3	Interest on savings and	temporary cash investments	1.	610.	1,61	ا.ها	1,610.		
•		4	Dividends and inte	erest from securities		353.	78,35		78,353.	i	
			Gross rents								
		١ ـ	Net rental income or (loss)	·	2.5						
	a		Net gain or (loss) from Gross sales price i	sale of assets not on line 10 for all	26,	450.			·····		
	Revenue	•	assets on time Ca		· · · · · ·		26, 45	<u> </u>			
٢	δ	é	Net short-term cap	•			20,43		5,575.		
€U7	æ	9	Income modification								
~	_	10 a	Gross sales less returns and								
HR.		١,	allowances	·				-			
		1 "	gnods sold	·	,						
7 7 7 8		11	Gross profit or (loss) (a Other income (atta	•			····		20,875.	· · ·	
ن.		''								1	
		12	Total Add lines 1	through 11	106,	413	106,41	.3.	106,413.		
SCAMMEL		13		officers, directors, trustees, etc.		0.					
É	Expenses	14		alanes and wages				_			
A	돐	15	•	iployee benefits							
$\mathcal{C}_{\mathcal{C}}$	₹.		Accounting lees (a	schedule) See St 1		500.	- 57	00.	500.		
Q B			Other professional fees	0 0 0	6	002.	6,00		6,002.		
	ive	17	Interest			002.			0,002.		
	亙	18	Toxes (attach schedule)								
	<u>st</u>	19	Depreciation (attac				···············			*	
	<u>=</u>	20	Schedule) and dep Occupancy		==						
	두	21	Travel, conference								
	٩	22	Printing and public								
	Ĕ	23	Other expenses (a							·	
	9	l		See Statement 3		753.	7.5	3.	753.	<u> </u>	
	Operating and Administrati	24	Total operating ar expenses Add lin		7	255.	7,25	ξς	7,255.		
	5	25	Conti nutions, gifts, gra	7.777	165,		1,2	~- -	1,233.	165,000.	
	ğ	26	Total expenses ar					\dashv			
			Add lines 24 and 2		172,	255.	7,25	55.	7,255.	165,000.	
		27	Subtract line 26 for Excess of revenue								
		"	and disbursement	•	-65,	842.					
		b	Net investment in	come (il negalive enter 0).			99,15	8.			
		c	Adjusted net inco	me (if negative enter 0-)					99,158.		

Pari	-11-1	Balance Sheets	column should be for end-of year amounts only	beginning of year	Elia c	
1,41			column should be for end-of year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	- L			
	2		ary cash investments	2,619,842.	2,549,209.	2,549,209.
	3	Accounts receivable		i		<u> </u>
		Less allowance for				
	4	Pledges receivable		* , , , * , , , , ,		
	_ ا	Less allowance for				
	5	Grants receivable				
	6		cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			1
	1	Less allowance for	doubtful accounts •			
	8	Inventories for sale				
	9	Prepaid expenses a	nd deferred charges			
Assets	10:	Investments – U S obligations (attach s	and state government chedule)			
SS	1	b Investments — corporate	stock (attach schedule)	598,479.	603,270.	612,009.
Q	(c Investments — corporate	bonds (attach schedule)			, ,,,,
	11	Investments - land, equipment basis .	buildings, and		7	, a
		Less accumulated deprec (attach schedule)				
	12		gage loans			
	I		(attach schedule)		 · · · · · · · · · · · · · · · · ·	
	14	Land, buildings, and	equipment basis		4, ~ v	
		Less accumulated deprec (attach schedule)	iation		· · · · · · · · · · · · · · · · · · ·	
	15	Other assets (descri	be ►			
	16	Total assets (to be disee the instructions	completed by all filers — Also, see page 1, item I)	3,218,321.	3,152,479.	3,161,218.
	17		nd accrued expenses			١. "
	18	Grants payable				
83	19	Deferred revenue				- 1
<u>:ē</u>	20	Loans from officers, direc	tors, trustees, & other disqualified persons			,
Liabilities	21	Mortgages and other notes	s payable (attach schedule)			
Ë	22	Other liabilities (des	cribe)			
	23	Total liabilities (add	lines 17 through 22)	0.	0.]
83	2.5	Foundations that fo	llow FASB ASC 958, check here ►X	0.	0.	1
alances		and complete lines	24, 25, 29, and 30.			'
	24	Net assets without d	onor restrictions	3,218,321.	3,152,479.	
ᇴ	25	Net assets with done	or restrictions			
Net Assets or Fund B		Foundations that do name and complete lines	not follow FASB ASC 958, check here > 1			
s or	26	Capital stock, trust p	orncipal, or current funds			
र्षे	27		or land, bldg , and equipment fund			· ·
Ş	28	Retained earnings, accumi	ulated income, endowment, or other funds			
돲	29		und balances (see instructions)	3,218,321.	3,152,479.	
Ž	30		net assets/fund balances	3,218,321.	3,152,479.	•
Parl	111		ges in Net Assets or Fund Balance			
			alances at beginning of year - Part II, colu		aree with	
'	end-	of-year figure reported	d on prior year's return)		<u>1</u>	3,218,321.
2	Ente	r amount from Part I,	line 27a		2	-65,842.
3	Other	increases not included in hi			3	
		lines 1, 2, and 3	*** ** ****** ** * ***** *		4	3,152,479.
		ases not included in line 2 (5	*
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus line 5)	- Part II, column (b), I	ine 29 6	3,152,479.
						E AGG BE (001.0)

Part VI instructions

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the



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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	ructions	;)	
1 a Exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1		·	
Date of ruling or determination letter (attach copy of letter if necessary — see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V.			992.
check here. ► X and enter 1% of Part I, line 27b		`	1
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		 -	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
foundations only, others, enter -0-)	 		<u>0.</u>
			992.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) . 4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	 		992.
6 Credits/Payments			
a 2019 estimated tax pymts and 2018 overpayment credited to 2019			i
b Exempt foreign organizations — tax withheld at source	:	_	1
that para that approaches to the control of the con	,	-	
	- ,		0.
7 Total credits and payments. Add lines 6a through 6d	+		<u> </u>
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	+		992.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-		
11 Enter the amount of line 10 to be Credited to 2020 estimated tax	 		
Part VII-A Statements Regarding Activities			······································
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Υe	s No
participate or intervene in any political campaign?		1 a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	ו		
See the instructions for the definition		1 b	x
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.			
c Did the foundation file Form 1120-POL for this year?	[1 c	$\frac{1}{x}$
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	r		
(1) On the foundation >\$ 0. (2) On foundation managers >\$	0.		1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ►\$ 0.	ľ	1	1 1
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2	<u> </u>
If 'Yes,' attach a detailed description of the activities			- ^ -
	!		1 1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3	<u> </u>
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a	<u> </u>
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N/A
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			
By language in the governing instrument, or			
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			1
with the state law 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)	ζ
8 a Enter the states to which the foundation reports or with which it is registered. See instructions			
MS			
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990 PF to the Altorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation		8b >	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete Part XIV.	2(į)(5) I XIV .	9	$\frac{1}{x}$
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.		10	x
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	1 990-PF (2019) MICHAEL AND BECKY COLEMAN CHRISTIAN 20-051184 1 VII-A Statements Regarding Activities (continued)	8	F	age 5
Pai	t VII-A Statements Regarding Activities (continued)		Yes	No
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	163	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► <u>N/A</u>			
14	The books are in care of MICHAEL W. COLEMAN Telephone no (662)	455	-452	3 _
	Located at ► 2005 HIGHWAY 82 WEST GREENWOOD MS ZIP + 4 ► 38930			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N/A		П
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a		Yes	No
10	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			
Pai	t 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
1 a	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? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
ŀ	If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here ▶			
(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 2019?	1 c		
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)).			
á	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for lax year(s) beginning before 2019? Yes X No			
	If 'Yes,' list the years ▶ 20 , 20 , 20			
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions)		N	/A
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 _ , 20 _ , 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ł	of If 'Yes,' did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019)			/2
	determine it the foundation had excess outsiness holdings in 2019 /	3 b	IN.	/A

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Part VII-B Statements Regarding Activiti	ies for which Form	1 4/20 May Be Req	uirea (continuea)			
5 a During the year, did the foundation pay or incur a (1) Carry on propaganda, or otherwise attemptions.	•	on (section 4945(e))?	Yes 🗓	No	Yes	No c
(2) Influence the outcome of any specific pub	lic election (see section	•				
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	ation drive?	•	Yes X	No No	,	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	No					
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes X	No '		•
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in a See instructions	f the transactions fail to current notice regarding c	qualify under the exce disaster assistance?	ptions	. 51	N	/A
Organizations relying on a current notice rega	rding disaster assistanc	ce, check here .	· · · · · ·	-	N	A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi	sibility for the grant?		N/A Yes	No		-
6 a Did the foundation, during the year, receive air on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium		No		,
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870.	iums, directly or indirec	ctly, on a personal bene	fit contract?	61	1	X
7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any procee			لتبت اسا	No . 7t	,	
8 Is the foundation subject to the section 4960 tax of		an \$1,000,000 in remune		No	1	ı
or excess parachule payment(s) during the ye		P				ļ
Part VIII Information About Officers, D and Contractors	•			mployee	: S,	
1 List all officers, directors, trustees, and found	dation managers and th	heir compensation. Sec	instructions.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expended	ise acc allowai	
MICHAEL W. COLEMAN, MD 2005 HIGHWAY 82 WEST	President 0	0.	0.			0.
GREENWOOD, MS 38930 LEE W. COLEMAN	Vice Presiden	0.	0.			0.
2005 HIGHWAY 82 WEST GREENWOOD, MS 38930	0	0.	0.			0.
LEE W. COLEMAN 2005 HIGHWAY 82 WEST GREENWOOD, MS 38930	Secretary 0	0.	0.			0.

2 Compensation of five highest-paid employees (of	har than those included	on line 1 – see instructio	nc) If none ontor 'NONE			
	(b) Title, and average	on the 1 - see instructio	(d) Contributions to			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expen	ise acc allowar	count, nces
None						
						•
			<u></u>			
Total number of other employees paid over \$50,000			··· · · · · · · · · · · · · · · · · ·			0
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Par	I/VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3	Five highest-paid independent contractors for professional services. See	instructions. If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Non	e		
Total	number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
Par	UX-A1 Summary of Direct Charitable Activities		
List th	e foundation's four largest direct charitable activities during the tax year. Include relevant statisti	cal information such as the number of	Expenses
organi	e foundation's four largest direct charitable activities during the tax year. Include relevant statisti zations and other beneficiaries served, conferences convened, research papers produced, etc		LAPENSES
1	N/A		
~			
2			
3		***************************************	
_			
4			
_			·
Par	t IX'Bf Summary of Program-Related Investments (see Instribe the two largest program-related investments made by the foundation during t	De tay year on lines 1 and 2	Amount
1	N/A	the tax year off files I and 2.	Amount
•	N/A		
2			managamente to the set of the set
All c	ther program-related investments. See instructions.		
3			

BAA

Total. Add lines 1 through 3

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Partix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities. 1 a **b** Average of monthly cash balances 1 b 3,298,000. c Fair market value of all other assets (see instructions) 1 c 1 d 3,298,000. e Reduction claimed for blockage or other factors reported on lines 1a and 0. 2 Acquisition indebtedness applicable to line 1 assets....... 2 0. 3 Subtract line 2 from line 1d 3 3,298,000. 49,470. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 3,248,530. Minimum investment return. Enter 5% of line 5 6 162.427. PartiXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Minimum investment return from Part X, line 6 162,427. 2a **b** Income tax for 2019 (This does not include the tax from Part VI) c Add lines 2a and 2b 2 c 992. 3 Distributable amount before adjustments Subtract line 2c from line 1 3 161,435 4 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4..... 5 161.435. 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, 161,435. PartiXIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 165,000. **b** Program-related investments — total from Part IX-B . . . 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) **3** a 3 b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4. . . . 4 165,000. 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..... 5 992. Adjusted qualifying distributions. Subtract line 5 from line 4..... 6 164,008. Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years BAA Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				161,435.
2 Undistributed income, if any, as of the end of 2019.				101,433.
a Enter amount for 2018 only			0.	
b Total for prior years 20 , 20 , 20		0.	<u> </u>	
3 Excess distributions carryover, if any, to 2019				
a From 2014 4,153.				,
b From 2015 4, 296 .] .			٠,٠
c From 2016 5,066.] .			i
d From 2017 2, 970 .				,
e From 2018 3, 037.				
f Total of lines 3a through e	19,522.			7.1.77
4 Qualifying distributions for 2019 from Part		,		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
XII, line 4 ► \$ 165,000.				
a Applied to 2018, but not more than line 2a	- 't,#		0.	
b Applied to undistributed income of prior years (Election required — see instructions)	• •	0.	, <u> </u>	
c Treated as distributions out of corpus	_			
(Election required – see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	201 405
d Applied to 2019 distributable amount	2.5.5			161,435.
e Remaining amount distributed out of corpus .	3,565.			• -
5 Excess distributions carryover applied to 2019 (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:				·
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,087.			
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 2018 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	<u> </u>
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1. This amount must be				•
distributed in 2020				Ų.,
7 Amounts treated as distributions out of corpus to salisfy requirements imposed by				
section 170(b)(1)(F) or 4942(q)(3) (Election may be required — see instructions)	0.			
	Ų.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	4,153.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	18,934.			
10 Analysis of line 9				
a Excess from 2015 4,296.	J			
b Excess from 2016 5, 066.				,
c Excess from 2017 2, 970.				,
d Excess from 2018 3, 037.				
e Excess from 2019 3, 565.				
BAA				Form 990-PF (2019)

orm 990-PF (2019) MICHAEL AND BECKY				20-0511848	
Rart XIV■ Private Operating Foundati					N/A
1 a If the foundation has received a ruling or deter is effective for 2019, enter the date of the r	uling			······································	7 4040()(5)
b Check box to indicate whether the foundati	<u>·</u>	erating foundation d			4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	/L\ 2010	Prior 3 years (c) 2017	(4) 2016	(e) Total
investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed	· · · · · · · · · · · · · · · · ·				
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					· · · · · · · · · · · · · · · · · · ·
a 'Assets' alternative test - enter					
(1) Value of all assets.					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	/				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed.					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income uniterest, dividends, rents, payments on securities loans (section 512(a)(5)), or oyalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(8)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
art XVI Supplementary Information (assets at any time during the	(Complete this e year – see in	part only if the structions.)	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Manag a List any managers of the foundation who have close of any tax year (but only if they have	contributed more ti	han 2% of the total co than \$5,000) (See	ontributions received t section 507(d)(2))	by the foundation before	ore the
None					
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporation	n (or an equally large est	portion of the owner	ship of
2 Information Regarding Contribution, Grant, G	ift, Loan, Scholars	hip, etc., Programs:	· ·· · · · · · · · · · · · · · · · · ·		
Check here ► X if the foundation only mal requests for funds. If the foundation makes 2a, b, c, and d See instructions	kes contributions to	preselected charitabl			
a The name, address, and telephone number or	email address of th	ne person to whom ap	plications should be a	addressed	
•			,		
b The form in which applications should be s	ubmitted and info	rmation and materia	ils they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograp	ohical areas, charita	ble fields, kinds of i	nstitutions, or other	factors

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	IT	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year See Statement 4	any roundation manager or substantial contributor	recipient	contribution	
Total			► 3a	165,000.
b Approved for future payment	T	1		100,000.
Y-A-1	,L	1	h 2h	

nter gross	s amounts unless otherwise indicated.	Unrelated	ousiness income	Excluded by	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
	ram service revenue			code		
.a		-				
b		 				
						
d		 		+		
e						
- Foot	and contracts from government agencies .	 		+		
-						
	bership dues and assessments .					1 616
	st on savings and temporary cash investments					1,610
	ends and interest from securities .					78,35
	ental income or (loss) from real estate:	ļ				
	financed property		·			
	lebt-financed property	ļ				
	ntal income or (loss) from personal property					
	r investment income .					
	r (loss) from sales of assets other than inventory					26,450
	ncome or (loss) from special events					
10 Gross	s profit or (loss) from sales of inventory					
11 Other	r revenue.					
а						
b						
c						
ď						
е						
12 Subt	otal Add columns (b), (d), and (e)	;		<u> </u>	·	106,413
					13	106.413
13 Total	. Add line 12, columns (b), (d), and (e)				13	106,413
13 Total See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ons.)			· · · · · · · · · · · · · · · · · · ·	106,413
13 Total See works Part XVI	Add line 12, columns (b), (d), and (e)	ons.) Accomplis	nment of Exem	ıpt Purpos	es	
13 Total See works Part XVI	Add line 12, columns (b), (d), and (e)sheet in line 13 instructions to verify calculated. Relationship of Activities to the	ons.) Accomplis	nment of Exem	ıpt Purpos	es	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
Total See works Part XVI	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
Total See works Part XVI	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
I3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
Total See works Part XVI	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
Total See works Part XVI	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
i3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
I3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
I3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
I3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
i3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
I3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ipt Purpos	es	
I3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
i3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
3 Total see works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
3 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
Total See works Part XVI	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
Total See works Part XVI	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e)	ons.) Accomplis ncome is report purposes (other	nment of Exem	ıpt Purpos	es	y to the astructions)

Form 990-PF (2019) MICHAEL AND BECKY COLEMAN CHRISTIAN 20-0511848

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

								Yes	No
1 Did	the organization directly	y or indirectly engage	e in any of the following w 501(c)(3) organizations) or	th any othe	r organizatioi	n	;	163	
rel	scribed in section 501(c) ating to political organiza	(other than section a ations?	out(c)(3) organizations) or	in section	527,		. ;		- 1
	• •		ncharitable exempt organiz	ation of			•••		1
(1)	Cash						1 a (1)		<u> </u>
(2)	Other assets						1 a (2)		X
	ner transactions.						· · · · ·		
(I)	Sales of assets to a no	oncharitable exempt o	organization				1 b (1)		X
٠.	Purchases of assets fro	•	=				1 b (2)		X
. ,	Rental of facilities, equ		, <u>.</u>				1 b (3)		X
٠,	Reimbursement arrang	•					1 b (4)		X
(5)	Loans or loan guarante	es					1 b (5)		X
٠,	~		fundraising solicitations				1 b (6)		X
c Sh	aring of facilities, equipm	nent, mailing lists, of	her assets, or paid employ	ees			1 c		X
	, , ,					'			
d If t	he answer to any of the goods, other assets, or se	above is 'Yes,' comp ervices given by the rej	lete the following schedule porting foundation If the foun n column (d) the value of t	Column (ndation rece	b) should alw eived less than	ays show the fair means are the fair market value in or services received	narket vali +	ue of	
(a) Line r		,	haritable exempt organization			sfers, transactions, and s		nement	
N/A	(b) Ambant myorved	(C) Name of nonci	narrable exempt organization	(4) 5.	230 PHONE OF THURS	siers, transactions, and c	morning arror	gerrient	
N/A				 					
				 					
				 					
					-				
		_		 					
				 		··· ·· · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·		-			
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		 		<u> </u>					
		-		ļ					
				<u> </u>			_		
. <u> </u>				l					
2 a ls t	he foundation directly or in scribed in section 501(c)	ndii s	or related to, one or more t 501(c)(3)) or in section 52:	ax-exempt o			. TYes	X	Ma
L IS	Yos ' complete the follow)	,	••		. 🗀 .es	, V	WU
ייט	Yes,' complete the follow	HERE	(b) Type of organization		(c)	Description of rela	tionship		
N/A	(a) Name of organiza	1012	(b) Type of Organization	<u>'</u>	(ε)	Description of rela	tionsnip		
N/A									

		- 							
						· <u></u>			
	Index consilies of posture I deal	custon Publication and account the	e colonia mobilitare o congramma e	luviuhe and el	talements and to	the hact of my knowledge	and ballet i	l ie lina	
	oriect, and complete Declaration	in of brebuses (glijet divinger	s return, including ai companying s quayer) is based on all information	of which prepar	rei has any knowl	edge.	and belief	. 15 01.6.	
Sign	Mino	^ .					May the t	RS disci	155
Here	I Wholail (olinar	6-30-2	→ Pr	esident		biobaiei	shown b	clow?
	Signature of officer or bustee		Date	Title			See mate	Yes	No
1	Print/Type preparer's na	ame	Preparer's signature	An I	Dale	Check If	PTIN		
Paid	ROBERT A HE	ARN	ROBERT A MEAR		5/12/20		P00354	835	
Prepar		Fred T Neely		I		Firm's EIN - 45312			
Use Or	_	105 W. Preside				30012			
Jae Ul	·		38930			Phone 80. (662)	453-	7112	
BAA		Jicenwood, MS				(002)	Form 99		20101

019	MICHAEL AN	deral State D BECKY COLE DUNDATION, IN	MAN CHRIST		Page 20-051184
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees					
FTN	Total	(a) Expenses per Books \$ 500.	(b) Net Investmen Income \$ 50 \$ 50		
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees		· · · · ·		,	
Investment fees	Total	(a) Expenses per Books \$ 6,002. \$ 6,002.	\$ 6,00	t Adjusted Net Income 2. \$ 6,002.	
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses				,	
TAXES	Total	\$ 753.	Income	(c) t Adjusted Net Income 3. \$ 753. \$ 753.	· · · · · · · · · · · · · · · · · · ·
Statement 4 Form 990-PF, Part XV, Line 3 Recipient Paid During the Ye	a ar	·	<u> </u>		
Name and Address		Donee ationship	Found- ation Status	Purpose of Grant	Amount
HEALTH TALENTS INTERATI P O BOX 59871 BIRMINGHAM AL 35259	ONAL				\$ 10,00
W PRESIDENT CHURCH OF CHRIST 1002 W PRESIDENT AVE GREENWOOD MS 38935					42,50
					2,50

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Federal Statements MICHAEL AND BECKY COLEMAN CHRISTIAN FAMILY FOUNDATION, INCORPORATED

Page 2

20-0511848

Total \$ 165,000.

Statement 4 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation <u>Status</u>	Purpose of Grant	Amount	
WORLD EVANGELISM PO BOX 72 WINONA MS 38967				\$	10,000.
HEALING HANDS INTERNATIONAL 455 MCNALLY DRIVE NASHVILLE TN 37211					10,000.
21ST CENTURY GLOBAL MISSIONS 254 SEVILLE ST FLORENCE AL 35630					10,000.
FREED-HARDEMAN UNIVERSITY 158 E MAIN ST HENDERSON TN 38340					70,000.
AMAZIMA MINISTRIES PO BOX 682521 FRANKLIN TN 37068					5,000.
RAINTREE VILLAGE 3757 JOHNSTON RD VALDOSTA GA 31601			MISSION ACTIVITIES		5,000.