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Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For calendar year 2009, or tax year beginning 2009 , and ending 2010 MAR Initial return of a former public charity Initial return G Check all that apply: Amended return Address change Name change A Employer identification number Name of foundation Use the IRS Robert P. Parish, Jr. Student Nurse label Otherwise, Scholarship Fund 64-6187248 print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type 662-329-7000 P.O. Box 431 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. Columbus, MS 39703-043<u>1</u> D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 76,845. (Part I, column (d) must be on cash basis ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome income N/A Contributions, gifts, grants, etc., received 2 Check X If the foundation is not required to attach Sch. 8 interest on savings and temporary cash investments 3. 3. Statement 2,191. 2,191. Statement Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 28 マホヘミレノミウ 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 28. 28. 7 Capital gain net income (from Part IV, line 2) <u>JUL 1 9 2019</u> 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances OGDEN b Less Cost of goods sold c Gross profit or (loss) 11 Other income 2,222. 2.222. 12 Total Add lines 1 through 11 1,000 500. 500 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 575 287. 288. Stmt 3 **b** Accounting fees c Other professional fees 17 Interest 0. Stmt 4 40. 40. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 1,615. 827 788. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 827 <u>1,615</u> 788. Add lines 24 and 25 27 Subtract line 26 from line 12: 607. a Excess of revenue over expenses and disbursements 1,395. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

For	m 99	0-PF(2009) Scholarship Fund		64-6	5187248 Page 2
Б	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
	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	9,352.	9,959.	9,959.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			· · · · · · · · · · · · · · · · · · ·
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Š		Investments - U.S. and state government obligations			-
	l	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 5	64,334.	64,334.	66,886.
		Land, buildings, and equipment; basis ▶		52/5521	
	``	Less accumulated depreciation			
	15	Other assets (describe ►			# ** · ·
	'	,			· -
	16	Total assets (to be completed by all filers)	73,686.	74,293.	76,845.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
J	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.			
Ses	24	Unrestricted			
Fund Balances	25	Temporarily restricted			
89	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	75,000.	75,000.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	-1,314.	-707.	
Š	30	Total net assets or fund balances	73,686.	74,293.	
	31	Total liabilities and net assets/fund balances	73,686.	74,293.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_					
ı		I net assets or fund balances at beginning of year - Part II, column (a), line (3 U		72 606
2		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a			73,686.
		r increases not included in line 2 (itemize)		2	607.
		lines 1, 2, and 3		3 4	74,293.
-		eases not included in line 2 (itemize)		-	, , , , , , , , , , , , , , , , , , ,

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2009)

64-6187248 Page 3

Part IV Capital Gains a (a) List and description 2-story brick wa	ribe the kind arehouse; or	(s) of property sold (e. common stock, 200 st	g., real estate, ns. MLC Co.)	_	` P ·	low ac - Purcl - Dona	quired nase ition		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
a Capital Gains									-,.	
b						_				
					-			.		
<u>d</u>					 					
(e) Gross sales price		preciation allowed or allowable)		st or other basis expense of sale		-			ain or (loss) s (f) minus (
a 28.										28
b										
C			ļ							
d										
Consists only for accepts observe		lump (b) and assent by	, the foundation	2 22 10/21/00						
Complete only for assets showing									Col. (h) gain not less thar	
(i) F.M.V. as of 12/31/69		Adjusted basis s of 12/31/69		cess of col. (1)					(from col. (
			-	We want						28
<u>a</u> b			1		\neg					
C										
<u> </u>										
e										
		(If gain, also enti-	er in Part I, line	7	7					
Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter -	0- ın Part I, line	7)	2				28
Net short-term capital gain or (los	ss) as define	•								
If gain, also enter in Part I, line 8,			. ,		1					
_if (loss), enter -0- in Part i, line 8										
Part V Qualification U or optional use by domestic private	e foundation						ent Inc	come	N/A	
Part V Qualification U or optional use by domestic private section 4940(d)(2) applies, leave the vas the foundation liable for the section 498, the foundation does not qualification.	e foundation his part blan tion 4942 ta lify under se	s subject to the section k. x on the distributable a ction 4940(e). Do not o	4940(a) tax on mount of any ye complete this pa	net investment ii ear in the base pe art.	riod?		ent Ind	come	N/A	
Part V Qualification U For optional use by domestic private f section 4940(d)(2) applies, leave the Vas the foundation liable for the sec f Yes,* the foundation does not qual	e foundation his part blan tion 4942 ta lify under se each column	s subject to the section k. x on the distributable a ction 4940(e). Do not o	n 4940(a) tax on mount of any yo complete this pa tructions before	net investment ii ear in the base pe art.	riod?	atable-	use assets		Distrib	Yes X No (d) ution ratio ided by col. (c))
Part V Qualification U For optional use by domestic private section 4940(d)(2) applies, leave the foundation liable for the sec "Yes," the foundation does not qual Enter the appropriate amount in Base period years	e foundation his part blan tion 4942 ta lify under se each column	s subject to the section k. x on the distributable a ction 4940(e). Do not o for each year; see ins (b)	mount of any year tructions before istributions	ear in the base peart. making any entr	riod?	table-	use assets	3.	Distrib	Yes X No (d) oution ratio ided by col. (c)) . 01073
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Part V Qualification U For optional use by domestic private of section 4940(d)(2) applies, leave the foundation liable for the section 4940(d)(2) applies, leave the foundation liable for the section 4940(d)(2) applies, leave the foundation does not quall Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2008 2007 2006 2005 2004 ** Total of line 1, column (d) A Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitate Multiply line 4 by line 3 Enter 1% of net investment income Add lines 5 and 6	e foundation his part blan tion 4942 ta lify under se each column ng in) 5-year base nce if less th ble-use asset	s subject to the section k. x on the distributable a ction 4940(e). Do not on for each year; see instance (b) Adjusted qualifying desired the total and 5 years ts for 2009 from Part X art I, line 27b)	mount of any year complete this patructions before astributions 788. 3,862. 3,939. 5,941. 3,492.	ear in the base peart. Net value of no	ncome rriod? les. (c)	7 7 7 7 8	use assets 3,388 2,959 3,514 8,658	3	Distrib	Yes X No (d) pution ratio rided by col. (c))
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	n 990-PF (2009) Scholarship Fund	6	<u> 4 – </u>	<u>6187</u>	248		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	48	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	T					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1				28.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	L	2				0.
3	Add lines 1 and 2	_	3				28.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	-	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5				28.
6	Credits/Payments;						
	2009 estimated tax payments and 2008 overpayment credited to 2009						
	Exempt foreign organizations - tax withheld at source						
	: Tax paid with application for extension of time to file (Form 8868)						
	Backup withholding erroneously withheld 6d						_
7	Total credits and payments. Add lines 6a through 6d	-	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8	ļ			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				28.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	>	10				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunder art VII-A Statements Regarding Activities		11			-	
						Voc	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or integral and additional appropriate.	rvene ii	n		<u> </u>	165	
	any political campaign?	١.			1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition of the second of the sec	•			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	olished	or				
	distributed by the foundation in connection with the activities						.,
	Did the foundation file Form 1120-POL for this year?				1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^					
_	(1) On the foundation. \$\(\begin{align*} \text{0.} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.					•
е	 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. 						
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		x
2	If "Yes," attach a detailed description of the activities						
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	tion or					
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, 01			3		x
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	,	5		х
•	If "Yes," attach the statement required by General Instruction T				Ť		 -
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
•	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the 	e state l	aw		1		
	remain in the governing instrument?				6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х	
	If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						1
	MS						
b	of 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				8b	х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r calen	dar			[
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV				9	<u></u>	Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				10		Х

Robert P. Parish, Jr. Student Nurse			_
	<u>-6187248</u>		Page 5
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		<u>X</u>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
August 17, 2008?	12		<u> X</u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A			
14 The books are in care of ▶ Trust Dept, Trustmark National Bank Telephone no. ▶ 6	<u>62-329-7</u>	000	
Located at ►P.O. Box 431, Columbus, MS ZIP.	+4 ▶ 39703	<u>-04</u>	31_
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	N	/A	
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?	X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	X No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	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)?	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.)	X No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	N/A 1b		
Organizations relying on a current notice regarding disaster assistance check here	▶		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2009?	10		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1.0		
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ĺ		
before 2009? X Yes	□ No		
If "Yes," list the years ▶ 2008 , ,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.)	2b	x	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	X No		
b If "Yes," did it have excess business holdings in 2009 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	e l		
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,			
	N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable ournose that			

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Robert P. Parish, Jr. St	udent Nurse		CA C1070	40 0
Form 990-PF (2009) Scholarship Fund Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F		64-61872	48 Page 6
5a During the year did the foundation pay or incur any amount to:	Offit 4720 Way DC 1	icquired (contin	ueo,	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\?	[Y	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	• • • •			
any voter registration drive?	. to dairy on, directly or main		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				1
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	• • • •		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		1 }
section 53.4945 or in a current notice regarding disaster assistance (see instru		J	N/A !	5 b
Organizations relying on a current notice regarding disaster assistance check h	·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		/A 🗌 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494		•		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	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 p	ersonal benefit contract?			Sb 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 s	helter transaction?	Ye	es 🗶 No 📙	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
- raid Limployees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		14-) Componentian	(d) Contributions to	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter -0-)	compensation	allowances
	Trustee			
P.O. Box 431		_	_	
Columbus, MS 397030431	1.00	0.	0.	0.
		 		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
2 Compensation of the mignest paid employees (other than those me	(b) Title, and average	The Hone.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	allowarices
NONE		1		
				
		 		
			-	
	1			
Total number of other employees paid over \$50,000			▶	0

orm 990-PF (2009) Scholarship Fund	64-0	6187248 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
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) Compensation
NONE		
	_	
	-	
	- 	
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 statist	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	luced, etc.	Expenses
NONE		
		•
		0.
2		
D. LW D.		
Part IX-B Summary of Program-Related Investments	Land 4 and 0	
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
NONE		
		0.

Form **990-PF** (2009)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations m	ust complete this part	Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purposes:			
a	Average monthly fair market value of securities			1a	66,680.
b	Average of monthly cash balances			1b	66,680. 9,825.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	76,505.
е	Reduction claimed for blockage or other factors reported on lines 1a and				· •
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		-	2	0.
3	Subtract line 2 from line 1d			3	76,505.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	1,148.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on	Part V, line 4		5	75,357.
6_	Minimum investment return. Enter 5% of line 5			6	3,768.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) an foreign organizations check here ▶ ☐ and do not complete this part.)		foundations an	id certain	
1	Minimum investment return from Part X, line 6			1	3,768.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	28.		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	28.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,740.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	3,740.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	XIII, line 1		7	3,740.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	788.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitab	le, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and	d Part XIII, line 4		4	788.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	stment			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	788.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years will	hen calculating whether t	he foundation of	nualifies for the	section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	· · · · · · · · · · · · · · · · · · ·			
line 7				3,740.
2 Undistributed income, if any, as of the end of 2009	· ··· -			
a Enter amount for 2008 only			2,821.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 788.				
a Applied to 2008, but not more than line 2a			<u>788.</u>	
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 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (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	0.			
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			* 	<u> </u>
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			2,033.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				3,740.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006			·	
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Form 990-PF (2009) Scholarship Fund 64-6187248 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2009 (b) 2008 (c) 2007 (d) 2006 (e) Total income from Part I or the minimum 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 d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets Value of assets qualifying under section 4942(i)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) None b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. None Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 🔟 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: See Statement 6 b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Robert P. Parish, Jr. Student Nurse

Form 990-PF (2009) Scholarship Fund

Part XV Supplementary Information (continued)

64-6187248 Page 11

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
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	
a Paid during the year None	or substantial contributor	recipient	Contribution	Allioditi
total b Approved for future payment	<u> </u>	T	▶ 3a	0.
None				
Total			> 2h	

Analysis of Income-Producing Activities Part XVI-A

enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	741100111	Tunction income
a					
d	L				
е	i				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1				
investments			14		
4 Dividends and interest from securities			14	2,191.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1.0		
than inventory			18	28.	
9 Net income or (loss) from special events			+		
Other revenue:			+		· · · · · · · · · · · · · · · · · · ·
1 Other revenue:					
a			+		
_ · · · · · · · · · · · · · · · · · · ·			+		
c		····	+		
d			<u> </u>		
2 Subtotal. Add columns (b), (d), and (e)		0.	,	2,222.	0.
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>				2,222.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A			plishment of
N/A					
				·····	
					· · · · · · · · · · · · · · · · · · ·
	·				
				· · · · · · · · · · · · · · · · · · ·	
					
					 ;
				 **	
		· · · · · · · · · · · · · · · · · · ·			

Form 990-PF (2009)

Scholarship Fund

64-6187248 Page 13

_	art X		egarding Transfers To	and Transactions a	and Relationships With Non	charitable	<u> </u>	iye is
		Exempt Organ			• • • • • • • • • • • • • • • • • • • •		-	
1	Did th	e organization directly or indi	rectly engage in any of the follow	ving with any other organization	on described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c)(3) organizations) or in section	527, relating to political organ	iizations?			
ä	Trans	fers from the reporting found	ation to a noncharitable exempt	organization of:				
	(1)	Cash				1a(1)		Х
	(2)	Other assets				1a(2)		х
ı	Other	transactions:						
	(1) 5	ales of assets to a noncharita	ble exempt organization			1b(1)		х
	(2) F	urchases of assets from a no	ncharitable exempt organization			1b(2)		Х
	(3) F	Rental of facilities, equipment,	or other assets			1b(3)		Х
	(4) F	Reimbursement arrangements				1b(4)		Х
	(5) L	oans or loan guarantees				1b(5)		Х
	(6) F	erformance of services or me	mbership or fundraising solicita	tions		1b(6)		Х
(Sharı	ng of facilities, equipment, ma	iling lists, other assets, or paid	employees		1c		Х
(I If the	answer to any of the above is	"Yes," complete the following so	hedule. Column (b) should alv	ways show the fair market value of the go	ods, other ass	sets,	
					ie in any transaction or sharing arrangem			
	colun	nn (d) the value of the goods,	other assets, or services receive	d.				
(a)	Line no	(b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description of transfers, transactions	and sharing ar	rangeme	nts
			N/A					
_								
_								
_								
2		-	tly affiliated with, or related to, o		zations described			
			r than section 501(c)(3)) or in s	ection 527?		Yes	X	No
	lf Ye	s," complete the following sch						
_		(a) Name of org	anization	(b) Type of organization	(c) Description of rela	tionship		
_		N/A						
		TOLICTARADIA	ALATIONIAL DANIE					
			NATIONAL BANK			 		
_			ADMINISTRATOR,					
	and cor	enaities on by a Fig. 1944 (other oplete Declaration of preparer (other	ar than taxpayer or fiduciary) is based	ccompanying schedules and statem on all information of which preparer	nents, and to the best of my knowledge and belie has any knowledge	f, it is true, corre	ct,	
		DI II	200 3	1 -/12/10	V.P. &T.O.			
ø	<u>-</u>			1/13/10				
He	▼ Si	gnature of officer or trustee	Trust Officer	Date	Title	recorded advices		
Sign Here	ر د د.	Preparer's	1 Par		Z C (A Self-	reparer's identif	ying num	Der
ૹ૽ૼ	Paid Preparer's Use Only	signature / Cul	y - Uw		Cimpioyou > Compioyou			
	Paid epare se On	Firm's name (or yours Tay1		lson & Hartfo	rd, P.A. EIN ▶			
	_{డ్} ప		Box 9369	0.000		50 \ 1= =		• •
		address, and ZIP code Gree	<u>nwood, MS 3893</u>	<u>U-9369</u>	Phone no. (6	<u>62)453</u>	<u>-64</u>	<u> 32</u>

Form 990-PF Interest on Savi	ings a	and Tem	porary C	ash Ir	nvestments	Statement	1
Source						Amount	
Trustmark National Bank							3.
Total to Form 990-PF, Part I,	line	3, Co	lumn A				3.
Form 990-PF Dividend	ls and	l Inter	est from	Secui	rities	Statement	2
Source		Gross	Amount		ital Gains Ividends	Column (A Amount	۲)
Performance Fund-Intermediate Term Performance Fund-Short Term	9		1,536. 683.		28.	•	08.
Total to Fm 990-PF, Part I, 1	ln 4		2,219.		28.	2,1	91.
Form 990-PF	Ac	counti	ng Fees			Statement	3
Description	Expe	a) enses Books	(b) Net Inv ment In		(c) Adjusted Net Incom		
Taylor, Powell, Wilson & Hartford, PA		575.		287.		2	88.
To Form 990-PF, Pg 1, ln 16b		575.		287.		2	88.
Form 990-PF		Тах	es	:		Statement	4
Description	Expe	a) enses Books	(b) Net Inv ment In		(c) Adjusted Net Incom		
Federal tax on investment income		40.		40.			0.
To Form 990-PF, Pg 1, ln 18		40.		40.			0.

Form 990-PF Ot	her Investments		Statement 5	
Description	Valuation Method	Book Value	Fair Market Value	
Trustmark National Bank-Common Trust Funds	COST	64,334.	66,886.	
Total to Form 990-PF, Part II, li	ne 13	64,334.	66,886.	

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

6

Name and Address of Person to Whom Applications Should be Submitted

Executive Director, Greenwood Leflore Hospital, Greenwood, Ms 38930 1401 River Road Greenwood, MS 38930

Telephone Number

662-459-7000

Form and Content of Applications

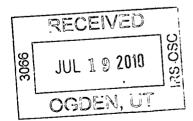
See Attached: (1) Guidelines for Scholarship Applicants, (2) Application Form, and (3) Physical Examination Form for Applicants.

Any Submission Deadlines

See attached "Guidelines for Scholarship Applicants".

Restrictions and Limitations on Awards

See attached "Guidelines for Scholarship Applicants".



ROBERT P. PARISH, JR. STUDENT NURSE SCHOLARSHIP FUND

Guidelines for Scholarship Applicants:

- 1. Applicant for Scholarship must complete the required application form and file with the Executive Director of the Greenwood Leflore Hospital, Greenwood, Mississippi.
- 2. Application should be submitted as soon as possible after admission to a school of nursing.
- 3. Scholarship will be considered according to need, school and work record.
- 4. Applicant must provide letter of certification that she/he has been accepted in an accredited and approved school of nursing.
- 5. Applicant must be attending nursing school or program full-time.
- 6. Recipient of scholarships must attend a school of nursing that has an affiliation agreement with Greenwood Leflore Hospital and receive some of her/his training at this hospital.
- 7. Scholarship check will be made out directly to the school of nursing for benefit of the student and must be used for tuition, books, uniforms and other expenses directly related to nursing education.
- 8. The amount of scholarship will be recommended by the Board of Hospital Commissioners, Supervisor of Nurses and Administrator and approved by the Trustee at Trustmark National Bank.

ROBERT P. PARISH, JR. STUDENT NURSE SCHOLARSHIP APPLICATION

(Note: Please Use Typewriter)

To be filled out and sent to the Executive Director, Greenwood Leflore Hospital, Greenwood, Mississippi.

		DATE:								
Ple	ease read Guidelines for Scholarship									
Hav	ve you received this or other aid bef	fore? If so, how i	much and when							
rec	ceived?									
1.	Name									
	Permanent Mailing Address	H	ome Phone							
	Present Mailing Address									
	Date of Birth									
	Marital Status	Give name, address and occ	upation of parents or							
	guardian	·								
2.	Educational Qualifications:									
	Name of High School	City	State							
	Diploma Received: Yes No I	Diploma Received: Yes No Date of Graduation								
	If "No", state number of years atte	ended high school								
	Name of College	City	State							
	Number of years attended or gradua	tion date								
3.	Give name and location of most recent position held before entrance to this									
	program:									
4.	I have been admitted for enrollmen	t, by application, in the								
		of Nursing. Date of Admis								
		of Program								
	Name of hospital used for clinical									

Application	for	Scholarship
Page 2		

Brief	statement	of	why	you	need	this	scholarship:	 		
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	ture of Ap									

PHYSICAL EXAMINATION OF APPLICANT FOR ROBERT P PARIS, JR. STUDENT NURSE SCHOLARSHIP

Name			
Address		AGE	
Past Significant Medical History			
			
Immunization Record			
Menstrual History			
Height Weight	Temperature	BP	
Head and Neck			
EEN&T			
Breast		· · · · ·	
Heart		<u>.</u>	
Lungs			
Abdomen			
Pelvic (if indicated)	···		
Extremities			
Urinalysis			
Chest X-ray	······································	 ,	
Hgb			
V.D.R.L.			
Stool			

Signed _____

Address _____

M.D.