

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Department of the Treasury

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

2010

OMB No 1545-0052

Interna	Reve	enue Service Note. The Tourion	ation may t	be able to use a copy of this	return to sati	Siy State Tepor	ung requirements	
For ca	lend	dar year 2010, or tax year beginning			, and e	nding		
G Ch	eck	all that apply Initial return		Initial return of a fo	•		Final return	
		Amended retu	rn	Address chan	ge		Name change	
Nam	e of 1	foundation					A Employer identification	number
		Wanganem W 45.055	a = =	MADIE	m T ^ > 7		20 (140512	
<u> </u>		MARGARET M GROW O			TION		20-6149518	
Numi	oer an	nd street (or PO box number if mail is not delive				Room/suite	B Telephone number	5. <i>6</i>
		2749 HIGHWAY 309	SOUT	n		L	662-838-20	
City	or to	wn, state, and ZIP code	1 1			I	C If exemption application is po	_
<u></u>		BYHALIA, MS 386					 D 1. Foreign organizations 2. Foreign organizations me 	, Check here
H CI		<i>.</i> . •		empt private foundation			Foreign organizations me check here and attach co	mputation
<u> </u>		ction 4947(a)(1) nonexempt charitable tru		Other taxable private founda	\neg		E If private foundation stat	us was terminated
		, ,		ng method. X Cash	L Acc		under section 507(b)(1)	
(tro		Part II, col. (c), line 16)		her (specify) mn (d) must be on cash i	hasis l	.	F If the foundation is in a 6 under section 507(b)(1)	
	rt l				<u> </u>			(d) Disbursements
ra	T. E	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (c necessarily equal the amounts in column (a))	i) may not	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	for chantable purposes (cash basis only)
\neg	1	Contributions, gifts, grants, etc., received		38836.			11 111 111 111 111 111 111 111	Acres and any
1		Check X if the foundation is not required to att			<u> </u>			
		Interest on savings and temporary cash investments		144.		144.		Statement 1
	4	Dividends and interest from securities		4059.		4059.		Statement 2
⇒	•	Gross rents						
ัทดิ7		Net rental income or (loss)	j	RECFIVER	7			
		Net gain or (loss) from sale of assets not on line	10	7 **** *** *** *** *** ***	W.	, , , , , , , , , , , , , , , , , , , 	·, · · · · · · · · · · · · · · · · · ·	· 184 v. 6 * 187 v.
AFK 1 3 Revenue	h	Gross sales price for all assets on line 6a		ADD T T	2			
الق تح	7	Capital gain net income (from Part IV, line 2)	[4]	WAL T 5011		0.	111114-1-11111 15-1-1111111-1-4-11	· · · · · · · · · · · · · · · · · · ·
<u> </u>	8	Net short-term capital gain		1000				
	g	Income modifications	1	OGDEN IIT				
	10a	Gross sales less returns and allowances	***************************************					
	b	Less Cost of goods sold						
•	C	Gross profit or (loss)						
	11	Other income						_
'	12	Total. Add lines 1 through 11 .	•	43039.		4203.	0.	
	13	Compensation of officers, directors, trustees, e	tc .	0.		0.	0.	0.
į	14	Other employee salanes and wages	•					
,a	15	Pension plans, employee benefits						
ses		Legal fees .			ļ			
pen		•	t 3	1200.		0.	0.	0.
ŭ	C	Other professional fees						
ĭ.	17	Interest			ļ			
trat	18	Taxes .			<u> </u>			
inis	19	Depreciation and depletion			ļ			
đ,	20	Occupancy			 	 	ļ	
ďβ	21	Travel, conferences, and meetings			 			
au	22	Printing and publications	л. 4	F10				
ing	23	•	it 4	517.	<u> </u>	0.	0.	0.
Operating and Administrative Expens	24	Total operating and administrative		1717		^	_	^
င္မီ		expenses. Add lines 13 through 23		1717.		0.	0.	11500.
		Contributions, gifts, grants paid		11500.	•			11500.
	26	Total expenses and disbursements.		12217		0.	0.	11500.
	-	Add lines 24 and 25		13217.	<u> </u>	<u> </u>	0.	11300.
	1	Subtract line 26 from line 12		20022				
		Excess of revenue over expenses and disburse		29822.		4203.		
		Net investment income (if negative, enter			 	4203.	0.	
	<u> </u>	Adjusted net income (if negative, enter -0-	·)	<u> </u>	_L			£

12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010)

GROWFOU

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	29377.	22640.	22640.
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		1	
			
9 Prepaid expenses and deferred charges			
9 Prepaid expenses and deferred charges	 		
10a Investments - U.S. and state government obligations	107005	100454	240521
b Investments - corporate stock Stmt 5	197895.	199454.	249531.
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less: accumulated depreciation			· · · · · · · · · · · · · · · · · · ·
12 Investments - mortgage loans			
13 Investments - other Stmt 6	0.	35000.	35000.
14 Land, buildings, and equipment basis			
Less: accumulated depreciation		İ	
15 Other assets (describe ►)		
			· <u>-</u>
16 Total assets (to be completed by all filers).	227272.	257094.	307171.
17 Accounts payable and accrued expenses			
18 Grants payable			
lan me i	•		
19 Deferred revenue		· · · · · · · · · · · · · · · · · · ·	
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable	,		
22 Other liabilities (describe >	_/		
		0	
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here	1	1	
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
25 Temporarily restricted			
26 Permanently restricted	_		
Foundations that do not follow SFAS 117, check here 🕨 🗓]		
and complete lines 27 through 31.	1		
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Retained earnings, accumulated income, endowment, or other funds	227272.	257094.	
30 Total net assets or fund balances	227272.	257094.	
•			
31 Total liabilities and net assets/fund balances	227272.	257094.	

Part III Analysis of Changes in Net Assets or Fund	d Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a),	line 30		
(must agree with end-of-year figure reported on prior year's return)		1	227272.
2 Enter amount from Part I, line 27a	•	2	29822.
3 Other increases not included in line 2 (itemize)	• •	3	0.
4 Add lines 1, 2, and 3		4	257094
5 Decreases not included in line 2 (itemize)	•	5	237034.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part	II. column (h). line 20	6	257094
o rotar net assets or inno varances at enu or year (line 4 fillius lifte 5) - Part	ii, column (b), inte 30		Form 990-PF (2010)
			rorm 990-PF (201

		es for Tax on Ir		Income	(b) I	How acquire	d 1		40.5
) of property sold (e.g ommon stock, 200 sh			[P	- Purchase - Donation	((*	c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a									
b NO	NE				_				
<u>c</u>					-				
d					-		-		
<u>e</u>	/f) Dong	eciation allowed	(a) Cos	t or other basis	1			(h) Gain or (loss)	
(e) Gross sales price		allowable)		xpense of sale				(e) plus (f) minus (
a									
b									
<u>c</u>		· - ·	<u> </u>						
<u>d</u>	 								
e Complete only for assets showi	no gain in colu	mn (h) and owned by	the foundation	on 12/31/69			//\ C	Gains (Col (h) gain	minus
	T	djusted basis		cess of col (I)			col (l	k), but not less that	1 -0-) ar
(I) F M V as of 12/31/69		of 12/31/69		col (j), if any			l	Losses (from col (h))
a									
b	 	·	<u> </u>					···	· - · - · - · - · - · - · - · - · - · -
<u>c</u>	 			 _					
de			-	 -					 -
	.1	∫ If gain, also ente	r in Part I line	7	7				· -
Capital gain net income or (net c	apital loss)	if (loss), enter -(3- in Part I, line 3- in Part I, line	7	}	2			
Net short-term capital gain or (lo	ss) as defined								
If gain, also enter in Part I, line 8	l, column (c)	(.,	\' ',		}				
If (loss), enter -0- in Part I, line & Part V Qualification I		tion 4940(a) fo	r Reduced	Tay on Not	Llow	3 estment	Inco		
							11100		N/A
For optional use by domestic priva	te ionidations	subject to the section	4940(a) tax on	i net misezunent i	HCOHR	.)			N/A
f section 4940(d)(2) applies, leave	this part blank								
Was the foundation liable for the se	ction 4942 tax	on the distributable ai	mount of any y	ear in the base pe	nod?				Yes N
f "Yes," the foundation does not gu									<u>-</u> -
1 Enter the appropriate amount in (a)	each column t		ructions before	making any entr					(d)
Base periód years	auna in\	(b) Adjusted qualifying di	stributions	Net value of n	(c) oncha		ssets	Distrit	oution ratio rided by col. (c))
Calendar year (or tax year beginn 2009	ing iii)							(coi. (b) div	idea by cor (c))
2008									
2007									
2006									
2005								 	
7. Total of line 1. column (d)								2	
Total of line 1, column (d)Average distribution ratio for the	e 5-vear hase n	eriod - divide the total	I on line 2 by 5	or by the numbe	r of ve	Pars		-	
the foundation has been in exist	-				,	20.0		3	
			•				•		
4 Enter the net value of noncharita	able-use assets	for 2010 from Part X	, line 5					4	
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment inco	omo /1% of Day	t I. lino 27h)						6	
• Entor 170 OF HEL HIVESLINEHL INCO	ли о (170 OI Pat	(), IIII 2/U)							
7 Add lines 5 and 6								7	
•			•	-	•	•••			
8 Enter qualifying distributions fro	om Part XII, line							8	
If line 8 is equal to or greater the	an line 7, check	the box in Part VI, lir	ie 1b, and com	plete that part us	ng a 1	1% tax rate			
See the Part VI instructions									

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
······································	of service	(c) Compensation
N/A		
		0.
		
		<u></u>
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		. 0
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	uie	Expenses
1 N/A		
2		
		
3		
		
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.		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
		0.
Total. Add lines 1 through 3	<u>▶ </u>	rm 990-PF (2010)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	244338.
	Average of monthly cash balances	1b	17269.
	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	261607.
e	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	261607.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3924.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	257683.
6	Minimum Investment return. Enter 5% of line 5	6	12884.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	12884.
2a			
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12884.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	12884.
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	12884.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4-	11500.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	0-	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	11500.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	11300.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
	income. Enter 1% of Part I, line 27b	5	0. 11500.
6	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 (4940(e) reduction of tax in those years	qualifies for f	The section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		. , , , , , , , , , , , , , , , , , , ,		
line 7				12884.
2 Undistributed income, if any, as of the end of 2010	······································	. 	11111 1 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Enter amount for 2009 only			0.	
b Total for prior years		111111111111111111111111111111111111111		,
		0.		
3 Excess distributions carryover, if any, to 2010	· · · · · · · · · · · · · · · · · · ·			
a From 2005				
b From 2006				
c From 2007 1867.				
d From 2008 670 •				
e From 2009				
f Total of lines 3a through e	2537.			
4 Qualifying distributions for 2010 from				
Part XII, line 4. ▶\$ 11500.				
a Applied to 2009, 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		,, ,, , , ,,, ,, ,, ,, ,,	1 · · · · · · · · · · · · · · · · · · ·	
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount		'hanha	**************************************	11500.
e Remaining amount distributed out of corpus	0.	······································		
5 Excess distributions carryover applied to 2010	1384.	<u> </u>		1384.
(If an amount appears in column (d), the same amount must be shown in column (a)	10011			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1153.			
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 2009 Subtract line	·····			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010 Subtract		······		
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of	· · · · · · · · · · · · · · · · · · ·	7.7 T. 1. 14-73		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	1153.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007 483.				
c Excess from 2008 670 .				
d Excess from 2009				
e Excess from 2010				
		<u> </u>		Form 990-PF (2010)

MARGARET M GROW CHARITABLE FOUNDATION

20-6149518

Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year BAPTIST CHILDRENS VILLAGE O BOX 11308 DELTA STATION JACKSON, MS B9213	N/A	n/a CHURCH	GENERAL OPERATIONS	1000
BODINE SCHOOL 2432 YESTER OAKS DR BERMANTOWN, TN 38139	n/a	n/a school	GENERAL OPERATIONS	1000
	N/A	N/A	GENERAL OPERATIONS	
CATCH-A-DREAM FOUNDATION C/O DR. BRUNSON P O BOX 5280 MISSISSIPPI STATE, MS 397626280	N/A	N/A	GENERAL OPERATIONS	2500
CLYDSDALE CHRISTMAS STORE C/O R. LUTHER 843 PEYTON RD HOLLY SPRINGS, MS 38635	N/A	N/A	GENERAL OPERATIONS	2250
EMORY INDEPENDENT METHODIST CHURCH 872 WATSON RD BYHALIA, MS 38611	N/A	N/A CHURCE	GENERAL OPERATIONS	4750
Total			▶ 3a	11500
Total b Approved for future payment		•	- Ja	11300
2 · pp				
None				
Hone				

023611 12-07-10

Form 990-PF (2010) MARGARET M GR Part XVI:A Analysis of Income-Proc			NOITAC	20-	-6149518 Page 12
		ousiness income	l entrara	510 510 as 514	
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue.	code		code	- Autount	Ignotion moonic
a b	-				
c					
d					
e			_		<u> </u>
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	•	-			
3 Interest on savings and temporary cash investments					144.
4 Dividends and interest from securities					4059.
5 Net rental income or (loss) from real estate		·········		· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory 9 Net income or (loss) from special events	 				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C	1 1				
d	1				-
е					1202
12 Subtotal Add columns (b), (d), and (e)			0.	0	4000
13 Total. Add line 12, columns (b), (d), and (e)	• 1			13	4203.
(See worksheet in line 13 instructions to verify calculations			Everent D		
Part XVI-B Relationship of Activitie	es to the Accor	npiisnment of	Exempt P	urposes	
Line No Explain below how each activity for which i				d importantly to the acco	omplishment of
the foundation's exempt purposes (other to	han by providing fund	s for such purposes	<u> </u>		
INVESTMENT INCOME					
					
				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
					
1					

023621 12-07-10

Page 13

Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	nips With None	charitable		
1 Did the d	organization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in section	on 501(c) of		Yes	No
				7, relating to political organ					
	s from the reporting found								1
(1) Cas	· · · · · · · · · · · · · · · · · · ·		and available of	jumenton or			1a(1)		X
• •	er assets	• •		•			1a(2)		X
		•	• •	•			10(2)		-43
b Other tra									v
	es of assets to a noncharita						1b(1)		<u>X</u>
• •	chases of assets from a no	•	•				1b(2)		<u>X</u>
(3) Ren	tal of facilities, equipment,	or other assets					1b(3)		X
(4) Reir	nbursement arrangements				•		1b(4)		X
(5) Loa	ns or loan guarantees	•		•			1b(5)		_X_
(6) Perl	formance of services or me	embership or fundrai	sing solicitatio	ns .			16(6)		X
	of facilities, equipment, ma						10		X
-	• •	-		dule Column (b) should al	ways show the fair m	arket value of the one	ods other ass	ets .	
	-		_	ed less than fair market valu		-		,	
	(d) the value of the goods,			od 1000 (Hall lall Hall Charlet Vale	transaction	or onaring arrangeme	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
(a) Line no	(b) Amount involved	,		exempt organization	(d) Decembles	of transfers transactions			
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions	, and snaring arr	angeme	nus
		ļ	N/A						
		<u> </u>							
						· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·					
		 		 	- 				
		ļ							
		<u> </u>							
2a is the fo	undation directly or indirec	thy affiliated with or	related to one	or more tax-exempt organ	izations described				
	·	-		-	izations described		Yes	T] No
	on 501(c) of the Code (other)(3)) or iii seci			• •	L res	LA	טאו ר
b if Yes,	complete the following sch			(h) Time of accompanies	,	a) December of rela			
	(a) Name of org	ganization		(b) Type of organization		c) Description of rela	tionsnip		
	N/A								
					<u></u>				
Ur	nder penalties of perjury, I declar	re that I have examined t	his return, includ	ing accompanying schedules an	nd statements, and to the	best of my knowledge a	nd belief, it is tn	је, сопе	ct,
Sign an	d complete Declaration of prep	arer to the than taxpayer	or fiduciary) is b	ased on all information of which	preparer has any knowle	edge			
Here	11 1 1		7.	tec 14-1-		Tanalas			
nele	Tuga 1	7065 AK	· /we		— — —	/nustee			
	Signature of officer or tr			Date		itle			
	Print/Type preparer's n		Preparer's s	ignature	Date		TIN		_
Paid	Byron	lover	1 / 2	CPA	3/3/11	self- employed	P0087	<u> 345</u>	18_
Prepare									
Use Onl		VER & GIA	VER CP	'A's		Firm's EIN ▶ 6	2-1376	38	4
	Firm's address ► 20					Phone no 61	5-370-	034	<u>1</u>
		RENTWOOD,				I none no	2 2 7 0	1	-
	<u> </u>	THE HOOD,	114 3/U	<u> </u>		<u> </u>	Form 990	DE	(2010)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

MARGARET M GROW CHARITABLE FOUNDATION

Employer identification number

20-6149518

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 X 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$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 line 2 of its Form 990-PF, to certify

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) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

(d)

Name of organization

Employer identification number

MARGARET M GROW CHARITABLE FOUNDATION

20-6149518

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	
1	MARGARET M GROW CHARITABLE LEAD TRUST		

No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	MARGARET M GROW CHARITABLE LEAD TRUST 2749 HIGHWAY 309 SOUTH BYHALIA, MS 38611	\$ <u>38,836</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.
(a)	(b)	(c)	(d)
N _o .	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) <u>N</u> o.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II if there is a noncash contribution.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions \$	Person Payroll Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
——		\$	Person Payroll Noncash

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

is a noncash contribution.)

Form 990-PF Interest on Savi	ings and Tem	porary Ca	sh I	nvestments	Statemen	t 1	
Source					Amoun	t	
CITIZENS BANK					144.		
Total to Form 990-PF, Part I, line 3, Column A						144.	
Form 990-PF Dividend	ds and Inter	est from	Secui	rities	Statemen	t 2	
Source	Gross	Amount		ital Gains ividends	Column Amoun		
WELLS FARGO-5644		4059.		0.		4059.	
Total to Fm 990-PF, Part I, 1	In 4	4059.		0.		4059.	
Form 990-PF	Accounti	ng Fees			Statemen	t 3	
Description	(a) Expenses Per Books			(c) Adjusted Net Incom		able	
TAX PREPARATION	1200.		0.		0.	0.	
To Form 990-PF, Pg 1, ln 16b	1200.		0.		0.	0.	
Form 990-PF	Other E	xpenses			Statement	: 4	
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incom		able	
SUPPLIES BANK SERVICE CHGS	502. 15.		0.		0.	0.	
To Form 990-PF, Pg 1, ln 23	517.		0.		0.	0.	

Form 990-PF	Corporate S	Statement	5	
Description		Book Value		
CORPORATE STOCKS COST WELLS	199454.	249531.		
Total to Form 990-PF, Part II	199454.	199454. 249		
Form 990-PF	Other Invest	ments	Statement	6
Description	Valua Meth		Fair Marke Value	t
STOCK MARSHALL FINANCIAL	COS	T 35000.	35000.	
Total to Form 990-PF, Part II	14 10	35000.	350	