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

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

| For | calen | dar year 2014 or tax year beginning | | , and ending | | |
|----------------|------------|--|------------------------------------|---------------------------------------|--|---|
| Na | me of | foundation | | | A Employer identification | number |
| N | IAR | GARET M GROW CHARITABLE | FOUNDATION | | 20-6149518 | |
| | | nd street (or P O box number if mail is not delivered to street | | Room/suite | B Telephone number | |
| _ 2 | 47 | 9 HIGHWAY 309 SOUTH | | | 662-838-20 | 56 |
| | - | own, state or province, country, and ZIP or foreign p ALIA, MS 38611 | ostal code | | C if exemption application is p | ending, check here |
| | | all that apply: Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organizations | , check here |
| | | Final return | Amended return | , | | |
| | | Address change | Name change | | Foreign organizations me check here and attach co | eting the 85% test, mputation |
| Н | Check | type of organization: X Section 501(c)(3) ex | empt private foundation | | E If private foundation sta | tus was terminated |
| | Se | ction 4947(a)(1) nonexempt charitable trust | Other taxable private founda | tion | under section 507(b)(1) | |
| 1 8 | air ma | arket value of all assets at end of year J Accounti | ng method: X Cash | Accrual | F If the foundation is in a | 60-month termination |
| (f | rom I | Part II, col. (c), line 16) | her (specify) | | under section 507(b)(1) | (B), check here ► |
| | <u>-\$</u> | | mn (d) must be on cash b | asis.) | | T |
| [<u>P</u> | art I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 38836. | | | |
| | 2 | Check if the foundation is not required to attach Sch. B | | | | |
| <u></u> | 3 | Interest on savings and temporary cash investments | 139. | 139 | | Statement 1 |
| | 4 | Dividends and interest from securities | 10080. | 10080 | · | Statement 2 |
|)) | 5a | Gross rents | | | | |
| > | b | Net rental income or (loss) | | | | <u> </u> |
| 9 | Ба | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | | |
| | 7 | assets on line 6a Capital gain net income from Part V. iline 2) | | 0 . | <u> </u> | <u></u> |
| | 8 | Net short-term capital gain | | | <u>'</u> | |
| しいとうてい | 1 - | Income modifications | | ., | | |
| 2 | 10a | Income modifications Gross sales less returns and allowances \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | - | |
| | | Less Cost of goods sold | | | | |
| 2 | | Gross profit of (loss) | | · · · · · · · · · · · · · · · · · · · | | |
| 1 | 11 | Other income (| | | | |
| | 12 | Total. Add lines 1 through 11 | 49055. | 10219 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | 0 | 0. | 0. |
| | 14 | Other employee salaries and wages | | | | ļ |
| ų | 15 | Pension plans, employee benefits | | | | |
| Š | 16a | Legal fees | 2400. | 0 | . 0. | |
| Fynansa | | Accounting fees Stmt 3 Other professional fees Stmt 4 | 15. | 0 | | 0. |
| | | Interest | 13. | | | 0. |
| Administrative | 18 | Taxes | | | | |
| غ و | 19 | Depreciation and depletion | | | | |
| E | 20 | Occupancy | | | | |
| ~ | 21 | Travel, conferences, and meetings | | | | |
| ۲ د | 22 | Printing and publications | | | | |
| | | Other expenses | | | | |
| į | 24 | Total operating and administrative | | | | |
| | 1 | expenses. Add lines 13 through 23 | 2415. | 0 | 0. | 0. |
| (| 25 | Contributions, gifts, grants paid | 25750. | | ļ | 25750. |
| | 26 | Total expenses and disbursements. | 004.5- | • | | |
| | 1- | Add lines 24 and 25 | 28165. | 0 | 0. | 25750. |
| | 1 | Subtract line 26 from line 12: | 20000 | | | |
| | Į. | 1 Excess of revenue over expenses and disbursements 2 Net investment income (if negative, enter -0-) | 20890. | 10219 | | |
| | 1 |) Net investment income (if negative, enter -0-) : Adjusted net income (if negative, enter -0-) | | 10219 | 0. | |

LHA For Paperwork Reduction Act Notice, see instructions.

| Dort III | Analysis | of Chan | iges in Net | Accate | or Fund | Ralances |
|------------|-----------|----------|--------------|--------|---------|----------|
| Part III I | Milalysis | OI Cilan | iges ili Nei | MOSELS | or Fund | Dalances |

| | | 000 55 10011 |
|---|----------|--------------|
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 347007. |
| 5 Decreases not included in line 2 (itemize) | 5 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 347007. |
| 3 Other increases not included in line 2 (itemize) | 3 | 0. |
| 2 Enter amount from Part I, line 27a | 2 | 20890. |
| (must agree with end-of-year figure reported on prior year's return) | 1 | 326117. |
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | } | |

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | (p) | How ac | quired hase ation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr) | | |
|--|--|----------------------------------|--|----------|-------------------------|--|---|--|--|
| 1a | | | | | Done | | | | |
| b NONE | } | | | | | | | | |
| C | | | | | - | | | | |
| d | | | | | | | | | |
| <u>e</u> | | • | | <u> </u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | expense of sale | | | | (h) Gain or (loss (e) plus (f) minus (| | |
| <u>a</u> | | | | | | | | | |
| <u>b</u> | | | | | | | | | |
| <u>c</u> | | | | | | | | | |
| d | | | - - | | _ | | | | |
| Complete only for assets showing g | ain in column (h) and owned by | the foundation | n on 12/21/60 | | | | n 0 10 -1 /h | | |
| Complete only for assets showing g | (j) Adjusted basis | | | | | | I) Gains (Col. (h) gain I (k), but not less thai | | |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | | xcess of col. (1) r col. (j), if any | | | | Losses (from col (| h)) | |
| a | | | (),, | | | | | | |
| ь | · · · · · · · · · · · · · · · · · · · | | | | - | | | | |
| c | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| | (If nam, also ente | r in Part I. line | 7 |) | | | | *************************************** | |
| 2 Capital gain net income or (net capital | If gain, also ente If (loss), enter -(|)- in Part I, line | e 7 | • | 2 | | | | |
| 3 Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, coling (loss), enter -0- in Part I, line 8 | as defined in sections 1222(5) a umn (c). | nd (6): | | } | 3 | | | | |
| Part V Qualification Und | ler Section 4940(e) for | r Reduced | d Tax on Net | Inv | estm | ent In | come | | |
| (For optional use by domestic private for if section 4940(d)(2) applies, leave this properties the foundation liable for the section If "Yes," the foundation does not qualify if Enter the appropriate amount in each | oart blank. 4942 tax on the distributable ar under section 4940(e). Do not c | mount of any y omplete this p | rear in the base pei art. | rıod? | | | | N/A Yes No | |
| (a) Base period years | (b) | | | (c) | | | Dietrib | (d) | |
| Calendar year (or tax year beginning i | n) Adjusted qualifying dis | stributions | Net value of no | ncha | rıtable- | table-use assets Distribution ratio (col. (b) divided by col. (c)) | | | |
| 20 <u>13</u> 2012 | | | | | | | | | |
| 2012 | - | | | | | | | | |
| 2010 | | | | | | | | · | |
| 2009 | | | | | - | | | - · · · · · · · · · · · · · · · · · · · | |
| | | | · | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | |
| 3 Average distribution ratio for the 5-ye | ear base period - divide the total | on line 2 by 5 | , or by the number | of ye | ars | • • | | | |
| the foundation has been in existence | | | | - | | _ | 3 | | |
| 4 Enter the net value of noncharitable-t | use assets for 2014 from Part X, | line 5 | | | | | 4 | | |
| | | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | |
| 6 Enter 1% of net investment income (| 1% of Part I, line 27b) | | | | | | 6 | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | | |
| 8 Enter qualifying distributions from Pa | · | | | | | | 8 | | |
| 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 Part VI instructions. | | | | | | | | | |

| orm 990-PF (2014) MARGARET M GROW CHARITABLE FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4 | 940(e), or 4 | 20-614 948 - see | | | Page 4 |
|--|--|---------------------|------|----------|-------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1. | ,] | | | - | |
| Date of ruling or determination letter: 11/22/04 (attach copy of letter if necessary-see instruction in the control of the con | • | | NT / | 7 | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% | ľ | 1 | N/ | <u> </u> | |
| of Part I, line 27b | /b) | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col | . (D). J | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 | | 3 | | | |
| 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | _ | | |
| | | 5 | | | 0. |
| 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments: | | | | | <u> </u> |
| a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a | | | | | |
| b Exempt foreign organizations - tax withheld at source 6b | | | | | |
| c Tax paid with application for extension of time to file (Form 8868) | | | | | |
| d Backup withholding erroneously withheld 6d | | | | | |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | | | 0. |
| and the second s | | 8 | | | <u> </u> |
| 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | _ | 9 | | | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 10 | | | <u> </u> |
| 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax | Refunded | 11 | | | |
| Part VII-A Statements Regarding Activities | Liverannea - | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participates | nate or intervene | in | T . | Yes | No |
| any political campaign? | Date of intervente | *** | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions | for the definition | | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma | | - | 10 | | |
| distributed by the foundation in connection with the activities | teriais publisi re | a or | | | |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | | Х |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | , | | 10 | | |
| (1) On the foundation ► \$ O . (2) On foundation managers. ► \$ | 0. | | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | | | |
| managers. > \$ 0. | iouridation | | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | х |
| If "Yes," attach a detailed description of the activities | • | • | - | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | funcorporation of | ŊΓ | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | · ····os.pordiioii, c | • | 3 | | Х |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | • | • | 4a | | X |
| b if "Yes," has it filed a tax return on Form 990-T for this year? | • | N/A | 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | , | 5 | | X |
| If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| By language in the governing instrument, or | | | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conf | lict with the state | : law | | | |
| remain in the governing instrument? | | | 6 | | Х |
| 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 | Х | |
| ,,, | -,, : | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) None | : | | | | |
| | | | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or d | esignate) | | | | |
| 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 4 | 942(ı)(5) for cale | ndar | | | |
| year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV | (,,, , , , , , , , , , , , , , , , , , | | 9 | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and | d addresses | • • | 10 | | X |
| and the second was marked and | | | | DE | |

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| orm 990-PF (2014) MARGARET M GROW CHARITAB | | | <u> 20-61495</u> | 18 P | age 6 |
|--|--------------------------------|-----------------------------|--|--|--------------|
| Part VII-B Statements Regarding Activities for Which F | Form 4720 May Be F | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | | _ | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | Y6 | es 🗶 No |)) | |
| (2) Influence the outcome of any specific public election (see section 4955); o | ectly, | | | | |
| any voter registration drive? | | Ye | s X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | s X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | ı | [[| |
| 4945(d)(4)(A)? (see instructions) | | ☐ Ye | s X No | ìì | |
| (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 unc | fer the exceptions described i | | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b | |
| 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? | | I/A □ Y€ | s No | | |
| If "Yes," attach the statement required by Regulations section 53.4945 | | ., | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | | |
| a personal benefit contract? | pay promising on | □ v ₄ | es X No | 1 1 | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal hanefit contract? | | 3 A 10 | 6b | х |
| If "Yes" to 6b, file Form 8870. | ci sonai beneni contract. | | | - | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | halter transaction? | □ v _e | s X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| Part VIII Information About Officers, Directors, Trusto | | nagers Highly | | 70 | |
| Paid Employees, and Contractors | ees, i oundation wa | magers, riigini | , | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expe | ense |
| (a) Name and address | hours per week devoted | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred | account, allowan | other |
| FLOYD HOBBS JR. | to position TRUSTEE | enter-0-j | compensation | allowall | 1063 |
| 2749 HIGHWAY 309 SOUTH | ILVOSIEE | | | | |
| BYHALIA, MS 38611 | 2.00 | 0. | 0. | | · 0 • |
| DIRAUIA, MS 30011 | 2.00 | <u> </u> | | | <u> </u> |
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| | | | | Ì | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 4) If some | onton IINONIE II | | <u>!</u> | |
| 2 Compensation of tive riighest-paid employees (other than those inc | (b) Title, and average | enter NONE. | (d) Contributions to | (a) Evn(| nco |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expe account, | other |
| 27027 | devoted to position | 1 | compensation | allowan | ces |
| NONE | | | | | |
| <u></u> | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | 1 | |
| | | | | | |
| | | 1 | | | |
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| | Į | | | | |
| | | | | <u> </u> | |
| Total number of other employees paid over \$50,000 | | | > | | 0 |
| | | | Form | 990-PF (| 2014) |

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| Form 990-PF (2014) MARGARET M GROW CHARITABLE FOUN | DATION20-6 | 6149518 Page 7 |
|--|---------------------------------|------------------|
| Part VIII . Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | ation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, ent | er "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| N/A | | |
| | | 0. |
| | | |
| | | |
| | _ | |
| | | |
| | _ | |
| | | |
| | _ | |
| 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 stat | istical information such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers pr | oduced, etc. | Expenses |
| 1N/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 of | n lines 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| <u> </u> | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |

| P | Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | 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 | 1a | 496415. |
| b | Average of monthly cash balances | 1b | 34756. |
| C | Fair market value of all other assets | 1c | |
| ď | Total (add lines 1a, b, and c) | 1d | 531171. |
| | 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 | 531171. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 7968. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 523203. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 26160. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 26160. |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | | |
| b | Income tax for 2014. (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 | 26160. |
| 4 | Recoveries of amounts treated as qualifying distributions · | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 26160. |
| 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 | 26160. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 25750. |
| 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 charitable, 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 Part XIII, line 4 | 4 | 25750. |
| 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. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 25750. |
| | 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 | the section |

Part XIII Undistributed Income (see instructions)

| | (a) | (b) | (c) | (d) |
|--|--------|---------------------|------|--------------------|
| | Corpus | Years prior to 2013 | 2013 | 2014 |
| Distributable amount for 2014 from Part XI, tine 7 | | | | 26160. |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | |
| a From 2009 | | | | |
| b From 2010 c From 2011 | | | | |
| d From 2012 | | | | |
| e From 2013 1272. | | | | |
| f Total of lines 3a through e | 1272. | | | |
| 4 Qualifying distributions for 2014 from | | | | |
| Part XII, line 4· ▶ \$ 25750 . | | | | |
| a Applied to 2013, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2014 distributable amount | | | | <u>25750.</u> |
| e Remaining amount distributed out of corpus | 0. | | | 410 |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) | 410. | | | 410. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 31, 4c, and 4e Subtract line 5 | 862. | | | |
| 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 2013. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2014. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2015 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | _ 0. | | | |
| 8 Excess distributions carryover from 2009 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2015. | | | | |
| Subtract lines 7 and 8 from line 6a | 862. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2010 | | | | |
| b Excess from 2011 | | | İ | |
| c Excess from 2012 | ļ | | | |
| d Excess from 2013 862. | | | | |
| e Excess from 2014 423581 | | | | Form 990-PF (2014) |

| Form 990-PF (2014) MARGARET | M GROW C | HARITABLE F | OUNDATION | | 49518 Page 10 |
|---|-------------------------|-----------------------------|------------------------------|------------------------------------|---------------------------|
| Part XIV Private Operating Fo | | | | N/A | |
| 1 a If the foundation has received a ruling or | | | | | |
| foundation, and the ruling is effective for : | | • | ▶ └ | | |
| b Check box to indicate whether the founda | | ing foundation described | | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | 41,0040 | Prior 3 years | | 4 |
| income from Part I or the minimum | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | <u> </u> | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | İ | | |
| exempt activities | · | | | | |
| e Qualifying distributions made directly | | | | | <i>'</i> |
| 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 (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 | | | | | |
| Part XV Supplementary Infor | mation (Compl | ete this part only | if the foundation | n had \$5,000 or me | ore in assets |
| at any time during th | e year-see ins | tructions.) | | | |
| 1 Information Regarding Foundation | Managers: | | | | |
| a List any managers of the foundation who | have contributed more | e than 2% of the total co | ntributions received by th | e foundation before the clo | se of any tax |
| year (but only if they have contributed mo | ore than \$5,000). (See | section 507(d)(2).) | | | |
| None | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | ı (or an equaliy large port | ion of the ownership of a p | artnership or |
| None | | | | | |
| 2 Information Regarding Contribution | on, Grant, Gift, Loai | n, Scholarship, etc., I | Programs: | | |
| Check here X if the foundation on the foundation makes gifts, grants, etc. (s | ly makes contributions | s to preselected charitabl | e organizations and does | not accept unsolicited requipments | ests for funds If I d. |
| a The name, address, and telephone numb | er or e-mail address of | f the person to whom app | olications should be addre | essed: | |
| - | | | | | |
| b The form in which applications should be | supmitted and inform | ation and materials they | snould include; | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards, | such as by geographi | cal areas, charitable field | s, kinds of institutions, or | other factors: | |
| | | | | | |
| 423801 11-24-14 | | | | | Form 990-PF (2014) |

GROWFOU1

| Part XVI-A | Analy | sis of I | ncome-F | Producing | Activities |
|------------|-------|----------|---------|-----------|-------------------|
| | | | | | |

| Enter gross amounts unless otherwise indicated | Unrelate | d business income | | Excluded by section 512, 513, or 514 (e) | | | |
|--|--|-------------------------|----------|--|-----------------------------------|--|--|
| • | (a) Business | (b) Amount | Exclu- | (d) Amount | Related or exempt function income | | |
| 1 Program service revenue: | code | | code | 7 Hillouit | | | |
| a | | | <u> </u> | | | | |
| ь | | | | | | | |
| c | | | | | | | |
| d | l l | | - | | | | |
| e | | | | | | | |
| | | | <u> </u> | | | | |
| g Fees and contracts from government agencies | | | | | | | |
| 2 Membership dues and assessments | | | | | | | |
| 3 Interest on savings and temporary cash | | | | | 120 | | |
| investments | | | | | 139. | | |
| 4 Dividends and interest from securities | | | | | 10080. | | |
| 5 Net rental income or (loss) from real estate: | | | <u> </u> | | | | |
| a Debt-financed property | | | <u> </u> | | | | |
| b Not debt-financed property | | | | | | | |
| 6 Net rental income or (loss) from personal | | | | | | | |
| property | | | <u> </u> | - | | | |
| 7 Other investment income | | | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | | |
| than inventory | | | | | | | |
| 9 Net income or (loss) from special events | | | <u> </u> | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | <u> </u> | | | | |
| 11 Other revenue: | | | | | | | |
| a | | | | | | | |
| b | | | - | | | | |
| C | | | | | | | |
| d | | | | | | | |
| e | | | | | 10010 | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 0. | | | |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 10219. | | |
| (See worksheet in line 13 instructions to verify calculation | ns.) | | | | | | |
| Part XVI-B Relationship of Activiti | es to the Acco | mplishment of Ex | emp | t Purposes | | | |
| Line No. Explain below how each activity for which | | | contrib | outed importantly to the accord | plishment of | | |
| the foundation's exempt purposes (other | than by provioling ful | nas for such purposes). | | | | | |
| INVESTMENT INCOME | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| - | | | | | | | |
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| Sign a | Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bind belief, it is frue correct, and completely eclaration of preparer (other than taxpayer) is based on all information of which preparer to the statements of other than taxpayer) is based on all information of which preparer to the statements of other than taxpayer. It is also to the statements and to the bind belief, it is frue to the statements and to the bind belief, it is frue to the statements and to the bind belief, it is frue to the statements and to the bind belief, it is frue to the bind belief to the bind belief. | | May the IRS discuss this return with the preparer shown below (see instr)? X Yes No |
|--------------------------|--|---|---|
| Paid Prepar Use Or | Byron Glover CPA Byron Glover CPA 3/15/15 er Firm's name > GLOVER & GLOVER CPA's | Check X if PT self- employed Firm's EIN ▶ 62- | 00873498 |
| | Firm's address ► 206 WILSON PIKE CR BRENTWOOD, TN 37027 | Phone no 615- | -370-0341 Form 990-PF (2014) |

423622

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

| Name of | the | organization |
|---------|-----|--------------|
|---------|-----|--------------|

Employer identification number

| <u>M</u> | MARGARET M GROW CHARITABLE FOUNDATION | 20-6149518 |
|--|--|--|
| Organization type (check | cone) | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | , |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| Note. Only a section 501(| n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R | ule. See instructions. |
| General Rule | | |
| | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor Complete Parts I and II. See instructions for determining a contributo | |
| Special Rules | | |
| sections 509(a)(any one contribu | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount and Complete Parts I and II. | , or 16b, and that received from |
| year, total contri | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eduly for cruelty to children or animals. Complete Parts I, II, and III | = |
| year, contributio is checked, ente purpose. Do not | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from this exclusively for religious, charitable, etc., purposes, but no such contributions totaled refer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because table, etc., contributions totaling \$5,000 or more during the year | nore than \$1,000. If this box s, charitable, etc , |
| but it must answer "No" ocertify that it does not me | on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its let the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | Form 990-PF, Part I, line 2, to |
| LHA For Paperwork Re | duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule | B (Form 990, 990-EZ, or 990-PF) (2014) |

Name of organization

Employer identification number

MARGARET M GROW CHARITABLE FOUNDATION

20-6149518

| <u> </u> | KET H GROW CHARTIABLE POUNDATION | | -0142210 |
|------------|--|----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MARGARET M GROW CHARITABLE LEAD TRUST 2749 HIGHWAY 309 SOUTH BYHALIA, MS 38611 | \$38836. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Onncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Onncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

| 3 Grants and Contributions Paid During the | | | | |
|--|---|--|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | America |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| NEW BETHELEM CEMETARY | N/A | N/A | GENERAL OPR | |
| P O BOX 291 HORN LAKE, MS 38637 | | | | 2: |
| MISSISSIPPI FISH & WILDLIPE FOUNDATION | N/A | 501C | GEN OPERATIONS | |
| PO BOX 10 STONEVILLE, MS 38776 | | | | 50 |
| HOLY SPIRIT CATHOLIC CHURCH P O BOX 454 | N/A | CHURCH | GEN OPERATIONS | |
| HERNANDO, MS 38632 | | | | 75 |
| RALPH DOXEY JR BENEFIT FUND 843 PEYTON RD | N/A | | GEN OPR | |
| HOLLY SPRINGS, MS 38535 | _ | | | 200 |
| | | | | |
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| | | | | |
| | | | | |
| Total from continuation sheets | | | | 350 |

| Form 990-PF Interes | st on Savir | ngs and Temp | porary | Cash In | vestments | St | atement | 1 |
|-------------------------------------|-----------------|------------------------------|-------------------|------------------------|---------------------------------------|------|------------------------------|----------|
| Source | | (a Reve Per B | nue | | (b) vestment come | | (c) Adjusted et Income | . |
| CITIZENS BANK | 777.CM | | 136. | | 136. | | 136. | |
| WELLS FARGO-5644 CLEARING LLC | FIRST | | | | | | | |
| Total to Part I, line 3 | | 139. | | 139. | | 139. | | |
| Form 990-PF | Dividends | s and Inter | est fro | om Secur | ities | St | atement | 2 |
| Source | Gross Amount | Capital Gains Dividend | Re | (a) evenue Books | (b) Net Inves ment Inco | | (c) Adjuste Net Inco | |
| MARSHALL FINANCIAL WELLS FARGO-5644 | 1378 | | 0. | 1378. | 137 | 8. | 137 | 78. |
| FIRST CLEARING LLC | 8702 | • | 0. — — | 8702. | 870 | 2. | 870 |)2. |
| To Part I, line 4 | 10080 | • | 0. | 10080. | 1008 | 0. | 1008 | 30. |
| Form 990-PF | | Accounti | ng Fees | | | St | atement | 3 |
| Description | | (a) Expenses Per Books | Net In | | (c) Adjusted Net Incom | | (d) Charital Purpose | |
| TAX PREPARATION | _ | 2400. | | 0. | · · · · · · · · · · · · · · · · · · · | 0. | | 0. |
| To Form 990-PF, Pg | 1, ln 16b | 2400. | | 0. | | 0. | | 0. |

| Form 990-PF O | ther Profes | | Statement 4 | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| BANK CHGS | 15. | 0. | 0 | . 0. |
| To Form 990-PF, Pg 1, ln 16c = | 15. | 0. | 0 | . 0. |
| Form 990-PF | Corporat | e Stock | | Statement 5 |
| Description | | Вос | ok Value | Fair Market Value |
| CORPORATE STOCKS COST WELLS STOCK MARSHALL FINANCIAL STOCK W A TAYLOR | | 271410. 35000. 2100. | 481066. 35000. 2100. | |
| Total to Form 990-PF, Part II | - | 308510. 51816 | | |