

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**

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.lrs.gov/form990pf.

Depa	rtmen		r social security numbers on irm 990-PF and its separate				Open to Public Inspection
		ndar year 2015 or tax year beginning		, and e		<u></u>	1 Open to rable mapection
		foundation		, , , , , ,	<u>.</u>	A Employer identification	number
		. MCCARTY, JR. FAMILY				64-0865125	
		and street (or P O box number if mail is not delivered to streing $0_$ $1-55$ NORTH	et address)		Room/suite	B Telephone number 601-991-01	0.0
		own, state or province, country, and ZIP or foreign	postal code		1200	C If exemption application is p	
_J	AC	KSON, MS 39211					
G (Check	all that apply: Initial return	Initial return of a fo	ormer public	charity	D 1 Foreign organizations	s, check here
		Final return Address change	Amended return Name change			Foreign organizations me check here and attach co	eting the 85% test,
H (heck		exempt private foundation			E If private foundation stat	
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation		under section 507(b)(1)	
1 Fa	air ma	arket value of all assets at end of year J Accoun	ting method: X Cash	Acc	rual	F If the foundation is in a (60-month termination
(fi	rom l		Other (specify)			under section 507(b)(1)	
_	-\$	211 , 133 . (Part I, col	umn (d) must be on cash i	basis)			
Pa	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		ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	399,866.			N/A	· · · · · · · · · · · · · · · · · ·
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary					
	3	cash investments					
	4	Dividends and interest from securities					
	1.	Gross rents					ECEIVED -
	p		-				O
Ģ	Ι.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				F	FB 26 2016 Q
Revenue	b 7	assets on line 6a Capital gain net income (from Part IV, line 2)			0.		FD 4 4 2010 19
Re	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross coles loss returns				i hun.	7
	١.	Less Cost of goods sold					
	l	Gross profit or (loss)					
	11	Other income					
ឲ្	12	Total. Add lines 1 through 11	399,866.		0.		
Š	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
7	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					·
€.	16a	Legal fees	4.050				
ĕĕ	b	Accounting fees STMT 1	4,250.		0.		0.
<u>-</u>	_ C	Other professional fees		···-			
¥.	17	Interest COMO 2	1,628.		0.		0.
str	18 19	Taxes STMT 2	1,020.				<u> </u>
達	20	Depreciation and depletion Occupancy	4,345.		0.		0.
곂	21	Travel, conferences, and meetings	4,343.				
ē	22	Printing and publications		_			
g	23	Other expenses STMT 3	15.		0.		0.
atin	24	Total operating and administrative					
Operating and Adhillistrative Expenses NNW S		expenses. Add lines 13 through 23	10,238.		0.		0.
Ō	25	Contributions, gifts, grants paid	188,000.				188,000.
	26	Total expenses and disbursements					
	<u> </u>	Add lines 24 and 25	198,238.		0.		188,000.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	201,628.		<u></u>		
		Net investment income (if negative, enter -0-)			0.		
_	C	Adjusted net income (if negative, enter -0-)				N/A	

Form **990-PF** (2015)

		H.F. MCCARTY, JR. FAMILY	Beginning of year		365125 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	End of ye (b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		. ,	· · · · · · · · · · · · · · · · · · ·
	1	Savings and temporary cash investments	9,505.	211,133.	211,133.
	1	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			
	ļ	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
र	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ğ	1	Investments - U.S. and state government obligations			
	ſ	Investments - corporate stock			
	ŀ	Investments - corporate bonds			
	i i	Investments land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 4,870.			
	`	Less accumulated depreciation STMT 4 > 4,870.			
	15	Other assets (describe)			
	1	Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item I)	9,505.	211,133.	211,133.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
Ë	ſ	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			
ă	25	Temporarily restricted			
Bal	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
Ť		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	9,505.	211,133.	
é	30	Total net assets or fund balances	9,505.	211,133.	
-	1				
	31	Total liabilities and net assets/fund balances	9,505.	211,133.	
P	art		lances		
_					
1		I net assets or fund balances at beginning of year - Part II, column (a), line 3	U		0 505
^	•	st agree with end-of-year figure reported on prior year's return)			9,505.
		r amount from Part I, line 27a	2	201,628.	
		r increases not included in line 2 (itemize)		3	$\frac{0.}{211,133.}$
		lines 1, 2, and 3		4	211,133.
		eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımı (h) line 20	5 6	211,133.
<u>6</u>	rota	i net assets or iunu palances at enu or year (line 4 minus line 5) - Part II, colt	anni (u), iiile so	101	211,133.

523521 11-24-15

Form 990-PF (2015)

See the Part VI instructions.

	1990-PF (2015) H.F. MCCARTY, JR. FAMILY FOUNDATION 6	<u>4 – </u>	08651	25		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 -	see in:	stru	ctior	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					•
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	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-)	2				0.
3	Add lines 1 and 2	3				0.
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				0.
6	Credits/Payments:					
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a	j				
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld					•
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				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
		10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ rt VII-A Statements Regarding Activities	11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in				Yes	No
14	any political campaign?		 -	1a		X
h	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 materials published		<u> </u>	-	<u> </u>	
	distributed by the foundation in connection with the activities.	0,		-	ļ	
c	Did the foundation file Form 1120-POL for this year?		}	1c	i	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-			
•	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.		Ì	- 1		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		- 1			
·	managers. ►\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		İ	2		X
	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 incorporation, or		ŀ		ĺ	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4a		<u>X</u>
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?		L	5		<u>X</u> _
	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:				1	
	By language in the governing instrument, or		1			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la	ΙW				
	remain in the governing instrument?		<u> </u>	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
_	Faterity and the highest control of the highe					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	—				
	MS If the annuary a Novel to line 3, has the foundation formulated a copy of Form 200 PE to the Atternacy Congress (or decorate).		—		1	
0	If 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 G2 If "No," attach explanation SEE STATEME	יחוא	5	oh		Y
O			, -	8b		<u>X</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	ıdı		9		Х
10		TM	6	10	X	
	D 1	<u></u>				(2015)

Form **990-PF** (2015)

X

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

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

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

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

orm 990-PF (2015) H.F. MCCARTY, JR. FAMILY	FOUNDATION		<u>64-08651</u>	25 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	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 (sectio	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indir	ectly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			1 1
the prevention of cruelty to children or animals?	, , , , ,		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described			
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 f		ined	_	
expenditure responsibility for the grant?		. —	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				1 1
a personal benefit contract?	pay promisino on	[] Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal benefit contract?			66 X
If "Yes" to 6b, file Form 8870	or bornar bornarit bornarati			" "
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chelter transaction?		es X No	ĺĺ
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust		nagers. Highly		
Paid Employees, and Contractors	000, 1 0411441011 1110		•	
List all officers, directors, trustees, foundation managers and their	compensation.			*****
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
SEE STATEMENT 7		0.	0.	0.
	1			
	1	1	ļ	
	1			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
4.11	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
	1		[
	1]	
		 		
	1			
		 		
	1]	
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	·		0
77.00			Form	990-PF (2015)

523551 11-24-15

orm 990-PF (2015) H.F. MCCARTY, JR. FAMILY FOUNDATION 6	4-08651	25 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		_
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e (d	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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ex	penses
N/A		
		-
Dort IV P. C		
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.	Ι Δ	mount
N/A		nount
N/A		
	_	
All other program-related investments. See instructions.		
otal, Add lines 1 through 3	>	0.
	Form 9	990-PF (2015)

	m 990-PF (2015) H.F. MCCARTY, JR. FAMILY FOUNDATION	64	1-0865125 Page 8
<u> P</u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations	s, 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	0
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation) 1e 0.	j	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6_	Minimum investment return. Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	id certain	
	foreign organizations check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0,
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	188,000.
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.		
а	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	188,000.
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	188,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies f	or the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
line 7				0.
2 Undistributed income, if any, as of the end of 2015		·	0	
a Enter amount for 2014 only			0.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 261, 380.				
b From 2011 2017, 300.				
c From 2012 154,750.				
dFrom 2013 182,250.				
e From 2014 422, 250.				
f Total of lines 3a through e	1,191,380.			
4 Qualifying distributions for 2015 from	1,191,300.			
Part XII, line 4: ►\$ 188,000.	İ			
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		•	0.	
		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
· · ·	188,000.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,379,380.			
b Prior years' undistributed income Subtract		·		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				<u> </u>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		·		
section 170(b)(1)(F) or 4942(g)(3) (Election	:			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	261,380.			<u></u> -
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	1,118,000.			
10 Analysis of line 9:	:			
a Excess from 2011 170,750.				
b Excess from 2012 154,750.	•	!		
c Excess from 2013 182, 250.				
d Excess from 2014 422, 250.				
e Excess from 2015 188,000.				Earm 990-DE (2015)

523581 11-24-15

Form 990-PF (2015) H.F. MC	CARTY, JR.	FAMILY FOUN	DATION	64-08	65125 Page 1
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo		•	▶ ∟		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				_	<u></u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	L				·
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying		-			
under section 4942(j)(3)(B)(i)					· · · · · · · · · · · · · · · · · · ·
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,				1	
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	·				<u></u>
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 or mo	re in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received by th	e foundation before the clos	e of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large por	tion of the ownership of a pa	rtnership or
other entity) of which the foundation has	s a 10% or greater interes	St.			
NONE					
2 Information Regarding Contributi					
Check here ► X If the foundation o					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	inder other conditions,	complete items 2a, b, c, and	d
a The name, address, and telephone num	ber or e-mail address of t	the person to whom appl	cations should be addr	essed.	
b The form in which applications should b	an cultural and informa	tion and materials they st	ould include:		
• The form in which applications should b	e submitted and midma	mon and materials mey si			
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
500004 14 0 4 45					Form 990-PF (2015
523601 11-24-15					1 01111 330-FF (2013

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ÞС MEDICAL RESEARCH AMERICAN HEART ASSOCIATION 4830 MCWILLIE CIRCLE 3,500, JACKSON, MS 39206 ÞС SUPPORT FOR LOW INCOME HABITAT FOR HUMANITY 615 STONEWALL ST HOUSING 30,000. JACKSON, MS 39213 SUPPORT OF FINE ARTS ÞС MISSISSIPPI OPERA 201 EAST PASCAGOULA STREET 27,500. JACKSON, MS 39215 SECONDARY EDUCATION ST. ANDREWS EPISCOPAL SCHOOL ÞС 370 OLD AGENCY ROAD 65,000, RIDGELAND MS 39157 THE MIND CENTER - UM MED CENTER ÞC MEDICAL RESEARCH 2500 NORTH STATE STREET 10.000. JACKSON MS 39216 SEE CONTINUATION SHEET(S) ▶ 3a 188,000. Total b Approved for future payment HABITAT FOR HUMANITY ÞС SUPPORT FOR LOW INCOME HOUSING 615 STONEWALL ST 60,000. JACKSON, MS 39213 PC SUPPORT OF FINE ARTS MISSISSIPPI OPERA 201 EAST PASCAGOULA STREET 37,500, JACKSON MS 39215 ÞС MEDICAL RESEARCH THE WILSON RESEARCH FOUNDATION 1350 E WOODROW WILSON AVE

523811

▶ 3b

40,000,

337 500.

SEE CONTINUATION SHEET(S)

JACKSON MS 39216

Total

iter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c			_		
d	_				
e					
f	_				
g Fees and contracts from government agencies			_		
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14		
Dividends and interest from securities					
Net rental income or (loss) from real estate:	<u> </u>				
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property Other investment income			18		
Gain or (loss) from sales of assets other			- - - 		
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a			_		
b					
C					
d					· ·- ·
e	_				
Subtotal. Add columns (b), (d), and (e)		(<u>)</u>	0.	····
Total. Add line 12, columns (b), (d), and (e)				13	
ee worksheet in line 13 instructions to verify calculations.		·			
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt P	urposes	
ine Ne Cyclein below how each activity for which	nome is reported to a	olumn (a) of Dort VI	II-A contributor	I importantly to the sees-	lichment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the	•			тинроганиу то тие ассотр	MISHINGHL OF
The restriction of extended (office the		parpood)	· · · · · · · · · · · · · · · · · · ·		

LINE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).
523621 11-24-	Form 990-PF (20

5) H.F. MCCARTY, JR. FAMILY FOUNDATION 64-0865125 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Form 990-PF (2015) 64-0865125 Page 13 **Exempt Organizations**

	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		l .	
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions.	Ì		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		Х
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		_X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X
d	If the answer to any of the above is "Yes." complete the following schedule. Column (b) should always show the fair market value of the goods, of	her ass	sets,	

or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	
	·		
	- · · · · · · · · · · · · · · · · · · ·		

in section 501(c) of the Code (other than section 501(c)(3	3)) or in section 527?	LYes L&_ No
b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
		,
	-ti and statement	a and to the heat of my knowledge

Sign Here	and be	penalties of perjury, I declare that I have examined the dief, it is mue, correct, and complete. Declaration of personal declaration of personal declaration of personal declaration of personal declaration of personal declaration of personal declaration of personal declaration declaration of personal declaration decla	nis return, including accompanying sche proparer (other than taxpayer) is based o	dules and statements, and to the nall information of which prepar 2//6 PRESI Title	er has any knowledge	May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check X If	PTIN
Paid		T.M. SULLIVAN	J.M. Sullian	2/11/16	self- employed	P01259820
Prepa Use C		Firm's name ► REYNOLDS BON	NE & GRIESBECK	PLC	Firm's EIN ► 6	2-0428728
			IS DRIVE, SUITE N 38117-4568	300	Phone no. (9	01)682-2431
						Form 990-PF (2015)

523622 11-24-15

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	H.F. MCCARTY, JR. FAMILY FOUNDATION	64-0865125
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ral Rule See instructions.
	ation filing Form 990, 990 EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a 0-EZ, line 1 Complete Parts I and II	, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals Complete Parts I, II, and III	
year, contribut is checked, en purpose Do no	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ions exclusively for religious, charitable, etc., purposes, but no such contributions total ter here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000 If this box igious, charitable, etc,
but it must answer "No certify that it does not n	on that is not covered by the General Rule and/or the Special Rules does not file Sched" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	ı ıts Form 990-PF, Part I, line 2, to
LHA For Paperwork R	Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Sche	aule & (Form 990, 990-EZ, or 990-PF) (2015):

Name of organization

Employer identification number

MCCARTY, JR. FAMILY FOUNDATION

64-0865125

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	l space is needed	-0005125
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY ANN MCCARTY - IRA 6360 I-55 NORTH-SUITE 480 JACKSON, MS 39211	\$ <u>346,586</u> .	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
2	PATTI M. SULLIVAN 110 WINDSONG COVE RIDGELAND, MS 39157	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash Ocomplete Part II for noncash contributions)

Name of organization

Employer identification number

H.F. MCCARTY, JR. FAMILY FOUNDATION

64-0865125

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-I

t III	Exclusively religious, charitable, etc., con the year from any one contributor Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the tollowing is	DE EDITY For organizations
	Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less to nail space is needed	THE YEAR (CIRCI WIS INTO DIRECT F
lo.			
m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— ·			
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo.			
n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ .			
- 1			
F		(a) Transfer of gift	
		(e) Transfer of gift	- In
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
Ja.	Transferee's name, address, a		Relationship of transferor to transferee
lo.	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held
lo. m		nd ZIP + 4	
lo. m t l		nd ZIP + 4	
lo. m		nd ZIP + 4	
lo. m t l		nd ZIP + 4	
lo. n t l		nd ZIP + 4	
lo. m t l	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
lo. n t l		(c) Use of gift (e) Transfer of gift	
lo. m t l	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
do. m t l	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
lo.	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
O.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
O.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
lo.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
lo.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (c) Use of gift (d) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee
lo.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
O. n	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
Jo. m t I	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held

FORM 990-PF	ACCOUNTI	NG FEES	2	STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	(C) - ADJUSTED E NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	4,250.		0.	0.
TO FORM 990-PF, PG 1, LN 16B	4,250.		0.	0.
FORM 990-PF	TAX	ES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	(C) - ADJUSTED E NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES PROPERTY TAXES	1,601. 27.		0. 0.	0.
TO FORM 990-PF, PG 1, LN 18	1,628.		0.	0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	(C) - ADJUSTED E NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	15.		0.	0.
TO FORM 990-PF, PG 1, LN 23	15.		0.	0.
FORM 990-PF DEPRECIATION OF	F ASSETS NOT	HELD FOR I	NVESTMENT S	TATEMENT 4
DESCRIPTION			CCUMULATED EPRECIATION	BOOK VALUE
OFFICE FURNITURE OFFICE EQUIPMENT	 .	250. 4,620.	250. 4,620.	0.
TOTAL TO FM 990-PF, PART II,	LN 14	4,870.	4,870.	0.

FORM 990-PF	EXPLANATION	CONCERNING	рарт	VLL - V	LINE	8 B	STATEMENT	5
LOWN 330-EL	EVERWINGTION	COMCENTATIO	LWLI	ATT-W'	71 77 77 77	OD	DIVIDUI	

EXPLANATION

BASED UPON PRIOR COMMUNICATIONS WITH THE MISSISSIPPI SECRETARY OF STATE OFFICE, SINCE THE FOUNDATION DOES NOT SOLICIT CONTRIBUTIONS FROM THE PUBLIC, IT IS NOT REQUIRED TO FILE A COPY OF THE 990-PF WITH THE STATE.

FORM 990-PF I	IST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	6
NAME OF CONTRIBUTOR	ADDRESS		
MARY ANN MCCARTY (ESTAT	7E) 6360 I-55 NORTH, SUITE 480 JACKSON, MS 39211		

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
JOHN R. MCCARTY 113 SPRINGDALE DRIVE TERRY, MS 39170	PRESIDENT 2.00	0.	0.	0.	
ASHLEY W. HULLENDER 1362 KINGS PARK PLACE NW KENNESAW, GA 30305	VICE-PRESIDENT 2.00	0.	0.	0.	
PATTI M. SULLIVAN 110 WINDSONG COVE RIDGELAND, MS 39157	TREASURER 2.00	0.	0.	0.	
ELIZABETH ANN BUYAN 4006 OAKRIDGE DRIVE JACKSON, MS 39216	SECRETARY 2.00	0.	0.	0.	
MARY HELEN GRIFFIS 129 CANTERBURY PLACE RIDGELAND, MS 39157	AT-LARGE BOARD 1.00	MEMBER 0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.	

Part XV Supplementary Information				r-
3 Grants and Contributions Paid During the Ye		-1		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HE WILSON RESEARCH FOUNDATION		PC	MEDICAL RESEARCH	
350 E WOODROW WILSON AVE				
ACKSON, MS 39216		·		40,00
AGNOLIA SPEECH SCHOOL		PC		
33 N. FLAG CHAPEL ROAD			SPECIAL EDUCATION	
ACKSON MS 39209				10,00
YSTIC FIBROSIS MISSISSIPPI		PC	MEDICAL RESEARCH	
907 DUNBARTON DR. SUITE C				
ACKSON, MS 39216		<u></u>		2,00
				-
				1

Supplementary Information 3 Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient ST. ANDREWS EPISCOPAL SCHOOL ₽C SECONDARY EDUCATION 370 OLD AGENCY ROAD RIDGELAND, MS 39157 200,000. Total from continuation sheets 200,000.