Form 990-PF	return of Private Fou or Section 4947(a)(1) Trust Treated as Pi		ا .ر. ا		1040-00	-
Department of the Treasury	Do not enter social security numbers on this for	m as it may be m	ade public. りり)	ZU) []	
Internal Revenue Service	▶ Information about Form 990-PF and its separate instruct		s.gov/form990pf. 1/ L	Open to Put	olic Inspe	ction
Nome of Numbers	rtax year beginning , a	nd ending	A F1id4id4i			
Name of Mundation THE DR. C.	H. RAMSAY TRUST		A Employer identification num	nder		
OZ TRIIGHMARK N	NATIONAL BANK, TRUSTEE		64-6028902			
Number and street (or P O bo	x number if mail is not delivered to street address)	Room/suite	B Telephone number			
(3 ,	APITOL STREET	580	601-208-5956			
-7	vince, country, and ZIP or foreign postal code	1500	C If exemption application is pendin		are	
JACKSON, MS			The exemption application is pendin	ig, check ne	×10 P	
Check all that apply:	Initial return Initial return of a former pu	blic charity	D 1 Foreign organizations, chi	eck here		
⊘ ₩1	Final return Amended return	,				
ma.	Address change Name change		Foreign organizations meeting check here and attach comput	the 85% te	st,	
Check type of organiza	tion: Section 501(c)(3) exempt private foundation		E If private foundation status v		_	
	nonexempt charitable trust Other taxable private foundation		under section 507(b)(1)(A),			
		Accrual	7 ,			
and enter the amoun	t of tax exempt interest received or accrued during the year		▶ 15	N	/Λ	
	elendar year 2015, did the foundation have an interest in or a signature of	or other authority				No
•	nancial account in a foreign country?		· · · · · · · · · · · · · · · · · · ·	16		X
•	for exceptions and filing requirements for FinCEN Form 114. If "Yes," ent	ter the name of the	e			-
foreign country						
Part VII-B State	ments Regarding Activities for Which Form 4720	May Be Re	equired			
File Form 4720 if	any item is checked in the "Yes" column, unless an exception	on applies.			Yes	No
1a During the year did the	ne foundation (either directly or indirectly):					
(1) Engago in the sa	le or exchange, or leasing of property with a disqualified person?		Yes X No	•	Ì	
(2) Borrow money f	rom, lond money to, or otherwise extend credit to (or accept it from)					1
a disqualified pe	rson?		Yes X No			1
• • •	corvices, or facilities to (or accept them from) a disqualified person?		Yes X No	' 1	٠	
	on to, or pay or reimburse the expenses of, a disqualified person?		X Yes No		.	
, ,	ome or assets to a disqualified person (or make any of either available		Yes X No			
	use of a disqualified person)?		Yes A No			•
, , -	ney or property to a government official? (Exception Check "No"					
	agreed to make a grant to or to employ the official for a period after overnment service, if terminating within 90 days.)		Yes X No			į
_	to 1a(1) (6), did any of the acts fail to qualify under the exceptions des	eribed in Degulati			ŀ	
	for in a current notice regarding disaster assistance (see instructions)?		0113	1b		X ,
	on a current notice regarding disaster assistance check here		▶□	''		
	ngage in a prior year in any of the acts described in 1a, other than excep	ted acts, that were				i i
	f the tax year beginning in 2015?	tod doto, mat mon	3 1101 001100100	10	•	Χ,
	stribute income (section 4942) (does not apply for years the foundation	was a private opi	erating foundation			1
	42(j)(3) or 4942(j)(5)):	ac a private opi				i
	2015, did the foundation have any undistributed income (lines 6d and	6c, Part XIII) for t	ax ycar(s) beginning		.	+
before 2015?		,,,	Yes X No			
If "Yes," list the years	>	,				1
	sted in 2a for which the foundation is not applying the provisions of sec	tion 4942(a)(2) (i	relating to incorrect			į
	o the year's undistributed income? (If applying section 4942(a)(2) to al		=			
statement - see instri			N/A	2b		
. 16 tha annunciana af a	ection 4942(a)(2) are being applied to any of the years listed in 2a, list the	he veors here				. 1

32 Did the foundation half mare than 2 2% direct or indirect interest in any historics enterorise at any time



THE DR. C. H. RAMSAY TRUST

64-6028902 Page 3 Form 990-PF (2015) TRUSTMARK NATIONAL BANK, TRUSTEE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold · (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a PUBLICLY TRADED SECURITIES - SHORT TERM b PUBLICLY TRADED SECURITIES - LONG TERM c CAPITAL GAINS DIVIDENDS d е (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale <1,034.> 46,558 47,592 1,209. 7,657. 6,448. 2,273. 2,273. d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (k) Excess of col. (i) (j) Adjusted basis Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any <1 N34 DIVIDENDS AND INTEREST FROM SECURITIES 1 FORM 990-PF STATEMENT (C) (B) CAPITAL (A) NET INVEST-ADJUSTED GAINS REVENUE GROSS NET INCOME PER BOOKS MENT INCOME SOURCE AMOUNT DIVIDENDS 3,317. 5,590. 2,273. 3,317. DIVIDENDS 3,317. 3,317. TO PART I, LINE 4 5,590. 2,273. 2 FORM 990-PF LEGAL FEES STATEMENT (C) (D) (A) (B) CHARITABLE NET INVEST-ADJUSTED **EXPENSES PURPOSES** PER BOOKS MENT INCOME NET INCOME DESCRIPTION 508. 0. 508. LEGAL FEE

508.

TO FM 990-PF, PG 1, LN 16A

0.

508.

C. H. RAMSAY TRUST THE DR. 64-6028902 TRUSTMARK NATIONAL BANK TRUSTEE Form 990-PF (2015) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 84. b Domèstic foundations that meet the section 4940(e) requirements in Part V; check here 🕒 📖 and enter 1% 1 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-) 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 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 7 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 84. Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded > 11 Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? X 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. 0 . (2) On foundation managers. > \$

FUND

12,565.

11,427.

(1) On the foundation. > \$

THE DR. C. H. RAMSAY TRUST 64-6028902 Page 5 TRUSTMARK NATIONAL BANK, Form 990-PF (2015) Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any timo during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X 12 If "Yes," attach statement (see instructions) N/A 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A Website address 14 The books are in care of ► TRUSTMARK NATIONAL BANK C/O C. TODD Telephone no. ► 601-208-5956

Located at ▶ 248 EAST CAPITOL STREET, SUITE 580, JACKSON, MS____

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here

ZIP+4 ▶39201

THE DR. C. H. RAMSAY TRUST TRUSTMARK NATIONAL BANK, TRUSTEE 64-6028902 Form 990-PF (2015) Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 🗌 Yes 🕱 No 7a At any timo during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b. If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deterred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances (If not paid, enter -0-) (a) Name and address TRUSTMARK NATIONAL BANK TRUSTEE SUITE 248 EAST CAPITOL STREET, 3,700 0 2.00 0. JACKSON, MS 39201 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (c) Compensation (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position allowances NONE

THE DR. C. H. RAMSAY TRUST 64-6028902 TRUSTMARK NATIONAL BANK, TRUSTEE Form 990-PF (2015) 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 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

1a 1b 1c 1d 2 3 4 5 6 d certain 1 2 2 3 4 5 5	119,393 2,287 121,680 1,825 119,855 5,993 5,993
1b 1c 1d 2 3 4 5 6 d d certain 1 2c 3 4 4	121,680 121,680 1,825 119,855 5,993 5,993
1c	121,680 121,680 1,825 119,855 5,993 5,993
2 3 4 5 6 d certain 1 2c 3 4 4	121,680 1,825 119,855 5,993 5,993
2 3 4 5 6 d certain 1 2c 3 4	121,680 1,825 119,855 5,993 5,993
3 4 5 6 d d certain 1 2c 3 4 4	121,680 1,825 119,855 5,993 5,993
3 4 5 6 d d certain 1 2c 3 4 4	121,680 1,825 119,855 5,993 5,993
3 4 5 6 d d certain 1 2c 3 4 4	121,680 1,825 119,855 5,993 5,993
4 5 6 d d certain 1 2c 3 4	1,825 119,855 5,993 5,993 84 5,909
5 6 d d certain 1 2c 3 4	119,855 5,993 5,993 84 5,909
6 d certain 1	5,993 5,993 84 5,909
1 2c 3 4	5,993 84 5,909
1 2c 3 4	84 5,90 <u>9</u>
3 4	84 5,90 <u>9</u>
3 4	84 5,90 <u>9</u>
3 4	5,90 <u>9</u>
3 4	5,90 <u>9</u>
3 4	5,90 <u>9</u>
	(
5	5.909

THE DR. C. H. RAMSAY TRUST

f Total of lines 3a through e 4 Qualifying distributions for 2015 from

Part XII, line 4: ►\$

5,998.

TRUSTMARK NATIONAL BANK,

Part XIII Undistributed Income (see instructions) (a) (b) (c) 2014 2015 Corpus Years prior to 2014 1 Distributable amount for 2015 from Part XI, 5,909. line 7 2 Undistributed income, if any, as of the end of 2015 0. a Enter amount for 2014 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2015: a From 2010 **b** From 2011 c From 2012 d From 2013 e From 2014 <u>.</u>

64-6028902

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TRÜSTMARK NATIONAL BANK, TRUSTEE

64-6028902 Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation 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 PUBLIC CHARITY SCHOLARSHIPS THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR 3,000, HATTIESBURG, MS 39406 **▶** 3a 3,000. b Approved for future payment NONE Total

Form **990-PF** (2015)

Form 990-PF (2015) TRUSTMARK NATI				64-6	5028902 Page 12
Part XVI-A Analysis of Income-Produ		λ .			· · · · · · · · · · · · · · · · · · ·
Enter gross amounts unless otherwise indicated.	(a) Business	business income (b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
b					
c					
d	-				
e					
g Fees and contracts from government agencies			+-+-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1-1-		
investments					
4 Dividends and interest from securities			14	3,317.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property					
7 Other investment income	ļ		_		
8 Gain or (loss) from sales of assets other than inventory			18	2,448.	
9 Net income or (loss) from special events	-	· · · · · · · · · · · · · · · · · · ·	+ 10	2,440.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		 			,
a					
b					
C	l ,				
d	_	• • •			
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0	<u></u>	5,765.	0. 5,765.
13 Total Add line 12, columns (b), (d), and (e)				13	5,/65.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nplisnment of t	exempt P	urposes 	<u> </u>
Line No. Explain below how each activity for which inc			-A contributed	i importantly to the accomp	olishment of
the foundation's exempt purposes (other that	in by providing fund	s for such purposes).			
-					
					· ·- ·· ··
			-		
					· · · · · · · · · · · · · · · · · · ·
	 				
	 				
F					

Form **990-PF** (2015)

Form 990-PF (2015) TRUSTMARK NATIONAL BANK, TRUSTEE 64-6028902

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organ	izations					
1 Did the		rectly engage in any of the followin	ng with any other organization	on described in section	on 501(c) of	Ye	s No
	-)(3) organizations) or in section 52	-		• •		
		ation to a noncharitable exempt or					
(1) Ca:			94			1a(1)	X
	ner assets					1a(2)	X
٠,,	ransactions:					1812/	
_		ble everet everentes				16(1)	Х
	les of assets to a noncharital					1b(2)	X
- •		ncharitable exempt organization					X
	ntal of facilities, equipment,					1b(3)	X
, ,	imbursement arrangements					1b(4)	
	ans or loan guarantees					1b(5)	X
		mborship or fundraising solicitatio				1b(6)	X
		uling lists, other assets, or paid em				10	
		"Yes," complete the following sche					1
		oundation. If the foundation receive		ie in any transaction	or snaring arrangement, sr	iow in	
	· · · · · · · · · · · · · · · · · · ·	other assets, or services received.		(4) -		 	
a) Line no (b) Amount involved (c) Name of noncharitable exempt organization			e exempt organization	(0) Description	of transfers, transactions, and s	haring arrang	ements
		N/A					
							
				<u> </u>			
-	-						
		<u> </u>					
					<u>.</u> .		
			· · · · · · · · · · · · · · · · · · ·				
					. <u> </u>		
							
		tly affiliated with, or related to, one		zations described	_	- ,	
ın secti	on 501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?		L.	Yes	X No
b If "Yes,"	complete the following sch		,				
	(a) Name of org	janization	(b) Type of organization	(c) Description of relationsh	ip	
	N/A						
							<u> </u>
	Touchenorie Ale	tional Bank, Trustee		L .			
	der penalties di USA PAR CELARE	that I have examined this return, includin	ng accompanying schedules and	statements, and to the	best of my knowledge May	the IRS discu	
OIMII !	o belief, it is true, correct, and con	polete Declaration of preparer (other than	in taxpayer) is based on all inform	nation of which preparer	retur	n with the pre vn below (see	aparer e instr)?
Here	By_ <i></i>	1) Cul	1/10/19	VICE P	RESIDENT X] Yes	☐ No
Š	ignature of officer or trusted	ust Officer	Date /	Title			
<u>-</u>	Print/Type preparer's na	me Preparer's,s	ignature	Date	Check if PTIN		
			- , /,		self- employed		-
Paid	TED B. EDW	ARDS, CPA	& HMAR CID	06/27/19	P00	95710) 5
Prepare		DOX REID EUBANK			Firm's EIN ► 64-04		
Use Onl	У				<u> </u>		
	Firm's address ▶ 18	8 EAST CAPITOL	STREET, STE	500			
		CKSON, MS 39201			Phone no. 601-94	8-292	24
·							F (2015)

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Form **990-PF** (2015)

523511 11-24-15

2 13120627 756205 073395001 2015.06000 THE DR. C. H. RAMSAY TRUST 07339501

THE DR. C. H. RAMSAY TRUST TRUS	TMARK NAT		, 64-6028902
PRUDENTIAL SHORT-TERM CORPORATE BOND FUND	COST	34,711.	33,800.
NATIXIS LOOMIS SAYLES STRATEGIC	COST	34,711.	33,000.
INCOME FUND		0.	0.
MFS VALUE FUND	COST	0.	0.
MAINGATE MLP FUND	COST	0.	0.
RIDGEWORTH CEREDEX MID CAP VALUE	COST		
EQUITY FUND		0.	0.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	116,946.	114,066.
FORM 990-PF	OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
			
DIFFERENCE IN INCOME/EXPENSE RECOGNITION AND POSTING DATE TO	_		4.0
	0.	18.	18.