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## 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.lrs.gov/form990pf. OMB No 1545-0052 2016

FOR	calen	dar year 2016 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
М	AR	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
City	y or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_ <u>B</u>	YH	ALIA, MS 38611				
GC	Check	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2 5-40/00 01-00/00-00-00-00	ating the 95% test
		Address change	Name change	·	Foreign organizations me check here and attach co	mputation
H_C	_	type of organization: X Section 501(c)(3) ex	kempt private foundation		E If private foundation sta	tus was terminated
<u></u>	<u> Se</u>		Other taxable private founda	ation	under section 507(b)(1)	(A), check here
Fa	air ma	rket value of all assets at end of year   J   Accounti	-	Accrual	F If the foundation is in a	60-month termination
(fr	rom F	Part II, col. (c), line 16)	ther (specify)	<del> </del>	under section 507(b)(1)	(B), check here
	<u>  \$                                  </u>	622230 . (Part I, colu	mn (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	(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	30000			- ; ;
	3	Interest on savings and temporary cash investments	212.	212.		Statement 1
	4	Dividends and interest from securities	12240.	12240.		Statement 2
2017	5a	Gross rents			· · · · · · · · · · · · · · · · · · ·	
~ ~	1	Net rental income or (loss)			- ,	-
_	] _	Net gain or (loss) from sale of assets not on line 10	1296.		,	
MAY ®	Ь	Gross sales price for all assets on line 6a 1296.		A Array Till		
<b>₹</b>	7	Capital gain net income (from Part IV, line 2)	£	1296.	REC	CEIVED
	8	Net short-term capital gain	· , , , , , , , , , , , , , , , , , , ,	7	m	Cu.sa.
Q	9	Income modifications	- 1 2 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	745 Feb. 1	181 APR	
	10a	Gross sales less returns and allowances		·		13. 18. 14 B
SCANNED	ι.	Less Cost of goods sold		The first the state of the	The same	13 to 1/1 1 1 102
S	C	Gross profit or (loss)		Marie Professional Control of the Co		JEIY, WY
W)	11	Other income				4
	12	Total, Add lines 1 through 11	52584.	13748.	0.	
_	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
Expens	b	Accounting fees Stmt 3	2450.	0.	0.	0.
Ä	C	Other professional fees				
ť	17	Interest				
tra	18	Taxes				
Ĕ	19	Depreciation and depletion				.,
Ē	20	Occupancy				
٧	21	Travel, conferences, and meetings				
a	22	Printing and publications	25.64			
ing	23	Other expenses Stmt 4	2564.	0.	0.	0.
era Ta	24	Total operating and administrative	5014	_		
Operating and Administrative		expenses. Add lines 13 through 23	5014.	0.	<u>.                                    </u>	0.
•	25	Contributions, gifts, grants paid	30500.		, , , , , , , , , , , , , , , , , , ,	30500.
	26	Total expenses and disbursements.	35514.	0.	0.	20500
	07	Add lines 24 and 25 Subtract line 26 from line 12:	33314.		· · · · · ·	30500.
			17070.	,		
	1	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	1/0/0.	13748.		<del> </del>
	4	Adjusted net income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	13/40	0.	<del> </del>
8025		1-23-16 LHA For Paperwork Reduction Act Notice	e see instructions	L	122	Form <b>990-PF</b> (2016)

					O - 6149518 Page 2 End of year			
L <u>P</u>	<u>art</u>	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
_	1	Cash - non-interest-bearing	49488.	51597.				
		Savings and temporary cash investments						
	ì	Accounts receivable			<u></u>			
		Less; allowance for doubtful accounts						
	4	Pledges receivable ▶	ا استان المنظم المن المنظم المنظم					
		Less: allowance for doubtful accounts						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
	ļ	disqualified persons			A X			
	7	Other notes and loans receivable	High or the same					
		Less; allowance for doubtful accounts	ļ					
ste	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
•	l	Investments - U.S. and state government obligations	210000	222041	F70C22			
	] ~	Investments - corporate stock Stmt 5	318880.	333841.	570633.			
		Investments - corporate bonds	, ,, <u>"</u> , "		1- / , 5- 2			
	11	Investments - land, buildings, and equipment: basis		1 ( )	·- *			
		Less accumulated depreciation		<u>                                     </u>				
		Investments - mortgage loans						
	13	Investments - other  Land, buildings, and equipment basis		以後 医乳素酸 達				
	14	Less accumulated depreciation	· · · · · · · · · · · · · · · · · ·		a la differencia			
	15	Other assets (describe		<u> </u>				
	1	Total assets (to be completed by all filers - see the						
	"	instructions. Also, see page 1, item I)	368368.	385438 •	622230.			
_	17				ed to the control of			
	18	Grants payable			ر در این براهیا و اور استان العماد العما العماد العماد العما			
တ္သ	19	Deferred revenue			The state of the s			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			و مواجع المواجع			
æ	21	Mortgages and other notes payable						
=	22	Other liabilities (describe )						
					Mark the second			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
		Foundations that follow SFAS 117, check here						
S	İ	and complete lines 24 through 26 and lines 30 and 31.			1, 1 mars 1 mars			
ဦ	24	Unrestricted	}					
<u>a</u>	25	Temporarily restricted						
д В	26	Permanently restricted  Foundations that do not follow SFAS 117, check here						
ᆵ		•						
6	27	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0.				
ets	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	368368.	385438.	interior			
et/	30	Total net assets or fund balances	368368.	385438 •				
Z	"	Forth Hot added of fally adjulated						
	31	Total liabilities and net assets/fund balances	368368.	385438.				
	art	Analysis of Orlanges in Net Assets of Fund t			<del></del>			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30					
	•	st agree with end-of-year figure reported on prior year's return)		1	368368.			
2	Ente	r amount from Part I, line 27a		2	17070.			
3		er increases not included in line 2 (itemize)			0.			
4		lines 1, 2, and 3	•	4	385438.			
5		reases not included in line 2 (itemize)		5	0.			
<u>6</u>	Tota	i net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6_	385438.			
					Form <b>990-PF</b> (2016)			

	SARET M GROW CHA			TI	ON	20-61	.49518 Page 3
(a) List and descri 2-story brick ward	be the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs	, real estate, . MLC Co.)		(b) t	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Capital Gains I	ividends						
b							
<u>c</u>				-			
<u>d</u>		<del></del> _	·	├			<del></del>
<u>e</u>	(f) Depreciation allowed	(a) Cos	t or other basis	<del>'</del> -T		(h) Gain or (lo	nce)
(e) Gross sales price	(or allowable)		xpense of sale	į		(e) plus (f) mini	
a 1296.							1296.
b							
<u>c</u>							
d							
Complete only for accept abouting	gain in column (h) and owned by t	the foundation	on 19/21/60	-+		(I) Ones (Onl. (b) -	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)		d	(I) Gains (Col. (h) g ol. (k), but not less t Losses (from co	han -0-) or
	as of 12/3 1/09	over	col. (j), if any				
<u>a</u>							1296.
<u>b</u>							
d					<del></del>		
6							<del></del>
2 Capital gain net income or (net cap	If gain, also enter If (loss), enter -0-			}	2		1296.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		id (6):					
If (loss), enter -0- in Part I, line 8				<b> </b>	3	N/	'A
Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estment Ir	come	
(For optional use by domestic private	foundations subject to the section 4	4940(a) tax on	net investment in	come	1.)		N/A
If section 4940(d)(2) applies, leave the	s nart hlank						
Was the foundation liable for the section		• •		riod?			Yes No
If "Yes," the foundation does not qualif	y under section 4940(e). Do not co ach column for each year; see the ir			ntries	···		<del></del>
(a)	(b)	ioti dotiono poi	ore making any c	(c)	•	<u>-</u>	(d)
Base periód years Calendar year (or tax year beginnin	المناها المناها	tributions	Net value of no	nchar	itable-use asse	ts (col. (b)	tributión ratio divided by col. (c))
2015							(-//
2014							
2013							
2012							· <del>·····</del>
2011							
2 Total of line 1, column (d)					••	2	
3 Average distribution ratio for the 5		on line 2 by 5,	or by the number	of yea	ars		
the foundation has been in existen	ce ii iess than 5 years				·· ·· ·	3	
4 Enter the net value of noncharitable	e-use assets for 2016 from Part X,	line 5				4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6	
7 Add lines 5 and 6						7	
8 Enter qualifying distributions from	Part XII, line 4					8	
• • •	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	% tax rate.	<u> </u>	<del></del> -
						·	

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	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗶 and entitled			)	= 5	15 To 15	· 7/ - E-	15	<u>,</u>
	Date of ruling or determination letter: 11/22/04 (attach copy of letter if nece			ons)	1.12				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	_		-	1	1	N/	Α	
	of Part I, line 27b			[	,	, ru - E '	(2 <u>0</u>	-	7 0
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part	I. line 12. co	l. (b).				2	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth			. (0)-	2	1			
	Add lines 1 and 2				3	1			
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers en	iter -0-)	••••	4				
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	.,,,,			5	†			0.
	Credits/Payments:				- ,	- 12. 72		-,-	.1
	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1				, .,	-" <u>-</u>	- ,
	Exempt foreign organizations - tax withheld at source	6b			.,			, ; (2),	25.24
	Tax paid with application for extension of time to file (Form 8868)	6c			25	1		15 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c'
	Backup withholding erroneously withheld	6d			1.5.	Take 1			:
	Total credits and payments. Add lines 6a through 6d		·		7	1775	۸ م	iata ta	0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	hed			8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9	1			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10	<del> </del>			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax		•	Refunded	11	<del> </del>			
	art VII-A Statements Regarding Activities		•	1 ite i di i de d	<u> </u>	٠			
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation o	r did it nartici	nate or intervene	ın.		, ;; ;,	Yes	No
	any political campaign?	u.i.o., o.	olo il partioi	paro 61 milo 70m			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see	instructions	for the definition	12		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an								}
	distributed by the foundation in connection with the activities.	, <b>u</b> 00p	100 O. u.i.y ii	atorialo publici	.00 0.		-	_	
	Did the foundation file Form 1120-POL for this year?						10		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear.		••					<del></del>
	(1) On the foundation. > \$ 0 • (2) On foundation managers.			0.					l
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditi				-		- '	' '	1
6	managers. > \$ 0 •	ui o tax	imposed on	ioungation					
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?					2		Х
	If "Yes," attach a detailed description of the activities.			••••	•		- 150gg	#4( <sub>200</sub> )	
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstruma	ent articles o	f incorporation	٦r			1, 10 2, 11 2, 11 3, 12 3, 13	يُؤْلِدُ وَ
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		,,, u,,,,,, o	· moor por attory	<b>-</b> 1		3		X
Αo	Did the foundation have unrelated business gross income of \$1,000 or more during the year						4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	•			N	I/A	4b		- <del></del> -
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			• •	-	.,	5		X
٠	If "Yes," attach the statement required by General Instruction T.			-			<u> </u>	-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her:						,_ <u>.</u>	
Ŭ	By language in the governing instrument, or						- 4	2 - 4(c)	· - '-
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	/ directi	ons that con	flict with the state	e law		, 55.		
	remain in the governing instrument?	u					6		x
7	The state of the s	nlete i	Part II col i	c) and Part XI	,	•	7	X	
•	Did the foundation have at least 40,000 in about at any time during the year. If you	.p.c.c .	unt 11, 001.	oy, arra r arra			, ,		1.5
Ra	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨	None	<u> </u>			3 3	,-,	
vu	CONTROL TO SECOND TO WHICH THE ISSUED TO POST OF STATE OF	.0, -	210220	<del></del>					-
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	tornev	General (or d	esignate)				<b>,</b> ,	
•	of each state as required by General Instruction G? If "No," attach explanation						8b	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 49	342(ı)(3) or 4	942(ı)(5) for cal	endar		1.		
•	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," co			()/(-) 101 0011			9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	•		addresses			10		X
						Fo		)-PF	(2016)

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orm 990-PF (2016) MARGARET M GROW CHARITAB			<u> 20-61495</u>	18 Page 6
Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be F	Required (continu	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		-	s X No	·
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			: 1.
any voter registration drive?	••	· —	s 🗶 No 🖫	
(3) Provide a grant to an individual for travel, study, or other similar purposes		. L Ye	s 🗶 No 🚽	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in se <b>ction</b>			
4945(d)(4)(A)? (see instructions)			s 🗶 No 🖺	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	•••		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		n Regulations	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	<del>-</del>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			<sup>2</sup>	45 J
expenditure responsibility for the grant?	•	I/A L Ye	s L 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	pay premiums on		s X No	
a personal benefit contract?	···	L Y6		Ch HEL Y
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	•	-	6b X
If "Yes" to 6b, file Form 8870.	holter transaction?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s b if "Yes," did the foundation receive any proceeds or have any net income attribution.				7b
Part VIII Information About Officers, Directors, Trusto		nagers Highly		70
Paid Employees, and Contractors	ood, i odiidaatioii iii	inagoro, riigini	,	
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
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
FLOYD HOBBS JR.	TRUSTEE			
2749 HIGHWAY 309 SOUTH				
BYHALIA, MS 38611	2.00	0.	0.	0.
			1	
		<u> </u>	1	ļ
2. Company of State bight and resident and state of the s	looded C 4) If con-			<u> </u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Evnança
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
NAME OF THE PROPERTY OF THE PR	devoted to position		compensation	allowances
NONE				
		<del> </del>		<del> </del>
		1		
				<del></del>
				ĺ
		<del> </del>		
	1			
Total number of other employees paid over \$50,000			<b>•</b>	0
	,		Form	990-PF (2016)

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Form 990-PF (2016) MARGARET M GROW CHARITABLE FOUNDA Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)		149518 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 statistics number of organizations and other beneficiaries served, conferences convened, research papers product	al information such as the ced, etc.	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		<del> </del>
3		
<u> </u>		
Trans Add Ison 1 through 2		0.
Total. Add lines 1 through 3	·	Form <b>990-PF</b> (2016)

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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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6

5

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	, , , , , , , , , , , , , , , , , , , ,			
line 7	<u> </u>		-	28912.
2 Undistributed income, if any, as of the end of 2018			- '	- '
a Enter amount for 2015 only			0.	
b Total for prior years:		_	r*.	
a Franco distributions company of any to 0010		0.	1	-
3 Excess distributions carryover, if any, to 2016:		1	, ,	
a From 2011 b From 2012	•			i ide i en
c From 2013 714.			/ *** / 5	
d From 2014	-		-	,
e From 2015	-			
f Total of lines 3a through e	714.			
4 Qualifying distributions for 2016 from	/ 14 •	<del></del>		5. 72
Part XII, line 4: ► \$ 30500 .	·	ر ر		
a Applied to 2015, but not more than line 2a	]	,	` '`	
<b>b</b> Applied to undistributed income of prior	مح <u>ن :</u>			and the state of t
years (Election required - see instructions)		0.		加速 化邻基定式
c Treated as distributions out of corpus	<u> </u>			
(Election required - see instructions)	0.		_	
d Applied to 2016 distributable amount		-		28912.
e Remaining amount distributed out of corpus	1588.	·		
•	0.	,		0.
5 Excess distributions carryover applied to 2018 (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	2302.			* * *
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'			ر جس ہے ۔	34 34
undistributed income for which a notice of deficiency has been issued, or on which	<del> </del>		, , , , , , , , , , , , , , , , , , ,	
the section 4942(a) tax has been previously assessed	·	0.		
d Subtract line 6c from line 6b. Taxable	5 7	U •		<u> </u>
amount - see instructions	_	0.	7-I.s	my the section of
e Undistributed income for 2015. Subtract line	···	0.		4
4a from line 2a. Taxable amount - see instr.			0.	~
f Undistributed income for 2016. Subtract	-			
lines 4d and 5 from line 1. This amount must			] <del>-</del>	
be distributed in 2017				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 2011				,•
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	2302.			<u>.                                    </u>
10 Analysis of line 9:	-			
a Excess from 2012	•		'	, ,
b Excess from 2013 714.			• ;	,
c Excess from 2014 d Excess from 2015		,	•	
_ <del></del>		_		
e Excess from 2016 1588.	<del></del>	·		

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Part XIV Private Operating Fo	oundations (see ins			N/A	149316 Fage 10
1 a If the foundation has received a ruling of			, , , ,		
foundation, and the ruling is effective for					
b Check box to indicate whether the found			n section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig iodiidadoii addaiibaa i	Prior 3 years	-10 12(I)(O) OI	1012())(0)
Income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(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					
d Amounts included in line 2c not			<del> </del>		<del></del>
used directly for active conduct of					
· .					
exempt activities  e Qualifying distributions made directly			<u> </u>		<del></del>
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)	* * 1				
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)) are registron.					
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 Info	motion (Comple	to this next entri	f the formulation	had \$5 000 ar	
Part XV Supplementary Info at any time during t			ir the foundation	nau \$5,000 or i	nore in assets
		4000000			
Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed in	o have contributed more		ibutions received by the	foundation before the	close of any tax
None					
<ul> <li>b List any managers of the foundation who other entity) of which the foundation has</li> </ul>			or an equally large portic	on of the ownership of	a partnership or
None					
2 Information Regarding Contribution Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions t	to preselected charitable	organizations and does in	ot accept unsolicited re	equests for funds. If
a The name, address, and telephone num	per or e-mail address of t	he person to whom appli	cations should be addres	ssed:	
The farm which and links are about he				···	
b The form in which applications should b	e annimited and intorma	uon anu materiais they st			· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or c	other factors:	
e23801 11-23-16					Form <b>990-PF</b> (2016)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year N/A N/A CHURCH GENERAL OPERATIONS BAPTIST CHILDRENS VILLAGE P O BOX 11308 DELTA STATION JACKSON, MS 39213 1000. GENERAL OPERATIONS N/A N/A BYHALIA AREA ARTS COUNCIL C/O FAYE WOODS P O BOX 388 3500. BYHALIA, MS 38611 N/A N/A GENERAL OPERATIONS CATCH-A-DREAM FOUNDATION C/O DR. BRUNSON P O BOX 6280 MISSISSIPPI STATE, MS 397626280 10000. EMORY INDEPENDENT METHODIST CHURCH N/A N/A CHURCH GENERAL OPERATIONS 872 WATSON RD 3500. BYHALIA MS 38611 MISSISSIPPI FISH & WILDLIFE N/A 501C GEN OPERATIONS FOUNDATION PO BOX 10 STONEVILLE MS 38776 1000. See continuation sheet(s) ➤ 3a 30500 Total b Approved for future payment None

Total

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**▶** 3b

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	------------

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		ded by section 512, 513, or 514	(e)	
•	(a) Business code	(b) Amount	Exclu- sion code	( <b>d)</b> Amount	Related or exempt function income	
1 Program service revenue:	Code		Code			
å			+			
b						
<u> </u>			┼┈┤			
d			+			
e			+	<del></del>	·····	
			┼		<del></del>	
g Fees and contracts from government agencies						
2 Membership dues and assessments			+		<del></del>	
3 Interest on savings and temporary cash					212	
investments			ļi	·····	212. 12240.	
4 Dividends and interest from securities	7 4				12240.	
5 Net rental income or (loss) from real estate:						
a Debt-financed property			<del> </del> -		<del></del>	
b Not debt-financed property			ļ			
6 Net rental income or (loss) from personal						
property			1			
7 Other investment income			<b>_</b>	·	· · · · · · · · · · · · · · · · · · ·	
8 Gain or (loss) from sales of assets other			] '			
than inventory			ļ		1296.	
9 Net income or (loss) from special events	ļ		ļ			
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a			<del> </del>	<u> </u>	<del></del>	
b			ļ			
C			ļ		· · · · · · · · · · · · · · · · · · ·	
d			<del>                                     </del>			
e	77.		<b>.</b>			
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>	, ,	0.	13748.	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	13748.	
Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A			aplishment of	
INVESTMENT INCOME						
		· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>	
				<u></u>		
		<del></del>				
_						
					5 000 DE (0040)	

Form **990-PF** (2016)

Phone no. 615-370-0341

Use Only

Firm's address ▶ 206 WILSON PIKE CR

BRENTWOOD, TN 37027

Grants and Contributions Paid During the	Year (Continuation)			<u></u>
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	Of Cabolantial Contributor	100.510.11		
				!
ISSISSIPPI FORESTRY FOUNDATION	N/A	N/A	GENERAL OPR	
20 NORTH STATE STR				
ACKSON, MS 39202				35
				1
T JUDE CHILDRENS HOSP		501C		
01 ST JUDE PLACE				
EMPHIS, TN 38105				300
HRINERS HOSPITAL FOR CHILDREN				
900 ROCKY POINT				
AMPA FL 33607				500
				: 
				ļ <u> —</u> —
				i 
				(
				i I
		<del> </del>		
				!
Total from continuation sheets	<del></del>	<del></del>		1150

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

**Employer identification number** 

**2016** 

20-6149518 MARGARET M GROW CHARITABLE FOUNDATION Organization type (check one): Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MARGARET	M	GROW	CHARITABLE	FOUNDATION

MANGA	RET M GROW CHARITABLE FOUNDATION		-0149310
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al 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	\$3883 <b>6.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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 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
		\$Sahadula B / Farm	Person Payroll Occupation (Complete Part II for noncash contributions )

Form 990-PF Interes	st on Savii	ngs and Tem	porary	Cash In	vestments	Sta	atement	1
Source		(a Reve Per B	nue		(b) vestment come		(c) Adjusted et Income	e
CITIZENS BANK		210. 2. 212.		210.		210.		
WELLS FARGO-5644 CLEARING LLC				2.	2.			
Total to Part I, lin				212.		212.		
Form 990-PF	Dividends	s and Inter	est fro	om Secur	ities	Sta	atement	2
Source	Gross Amount	Capital Gains Dividend	Re	(a) evenue r Books	(b) Net Inves ment Inco		(c) Adjuste Net Inco	
MARSHALL FINANCIAL WELLS FARGO-5644	1378	•	0.	1378.	137	78.	13	78.
FIRST CLEARING LLC	12158	. 129	6.	10862.	1086	52.	1086	52.
To Part I, line 4	13536	. 129	1296. 12240		12240.		12240.	
Form 990-PF		Accounti	ng Fees	3		Sta	atement	3
Description		(a) Expenses Per Books	Net In	o) nvest- Income	(c) Adjusted Net Incom		(d) Charital Purpose	
TAX PREPARATION		2450.		0.		0.		0.
To Form 990-PF, Pg	1, ln 16b	2450.		0.	·····	0.	·····	0.

Form 990-PF	Other E	xpenses		Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
SHRINER HOSPITAL ADVERTISING COMPUTER/OFFICE SUPPLIES	1250. 1314.			0. 0.		
To Form 990-PF, Pg 1, ln 23	2564.	0.	(	0.		
Form 990-PF	Corporat	e Stock		Statement 5		
Description		Во	ook Value	Fair Market Value		
CORPORATE STOCKS COST WELLS STOCK MARSHALL FINANCIAL STOCK W A TAYLOR		293941. 37800. 2100.	528633. 39900. 2100.			
Total to Form 990-PF, Part II		333841.				