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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491132024157

2016

OMB No 1545-0052

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-2	016 , a	nd ending 12-31		
		indation FOUNDATION			lentification numbe	er
			s) Room/suite	64-0616731		
	O BOX	I street (or P O box number if mail is not delivered to street address 40	B Telephone no (662) 326-248	umber (see instructio 1	ns)	
		, state or province, country, and ZIP or foreign postal code 38646	1	C If exemption	application is pendir	ng, check here
G Ch	neck al	I that apply	a former public charity	2. Foreign o	rganizations, check h organizations meeting ck here and attach co	the 85% □
1 Ch	neck ty	pe of organization Section 501(c)(3) exempt private	foundation		undation status was on 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust			(- /(- /(- // - // - // - /	
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 1,356,205	Cash Accru		ation is in a 60-mont on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(h) Niststarsast	(-) Admirbs direct	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	8,000			
	2	schedule) Check ▶ ☐ if the foundation is not required to attach				
	3	Sch B Interest on savings and temporary cash investments	20:	201	+	
	4	Dividends and interest from securities	29,102			
	5a	Gross rents				
	ь	Net rental income or (loss)	_			
ЖIе	6a	Net gain or (loss) from sale of assets not on line 10	2,55:	L		
Revenue	ь 7	Gross sales price for all assets on line 6a 112,55 Capital gain net income (from Part IV, line 2)	1	2,551		
ш.	8	Net short-term capital gain				
	9	Income modifications				
	10a b	Gross sales less returns and allowances Less Cost of goods sold				
	°	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	-1,778	3 -1,778	3	
	12	Total. Add lines 1 through 11	38,076	ļ	<u> </u>	
	13	Compensation of officers, directors, trustees, etc)	0
	14	Other employee salaries and wages				
Š	15	Pension plans, employee benefits				
386	16a	Legal fees (attach schedule)				
× E	ь	Accounting fees (attach schedule)	2,500	0)	2,500
e F	c	Other professional fees (attach schedule)				
È	17	Interest				
Operating and Administrative Expenses	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion				
Ξ	20	Occupancy				
Ă	21	Travel, conferences, and meetings				
and	22	Printing and publications				
Ď.	23	Other expenses (attach schedule)				
⊒	24	Total operating and administrative expenses.				
<u>8</u>		Add lines 13 through 23	2,500) ()	2,500
)	25	Contributions, gifts, grants paid	60,646	5		60,646
	26	Total expenses and disbursements. Add lines 24 and 25	63,146	5 ()	63,146
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-25,070)		
	ь	Net investment income (If negative, enter -0-)		30,076	,	
	С	Adjusted net income(If negative, enter -0-)		L	<u> </u>	
or	Paner	work Reduction Act Notice, see instructions.		Cat No. 11280	v ===	rm 000-DF (2016)

1,083,064

79,900

1,178,963

1,178,963

1,178,963

1,178,963

0

[وف

1,015,104

80,381

1,153,893

1,153,893

1,153,893

1,153,893

2

3

4

5

6

1,178,963

1,153,893

1,153,893

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-25,070

1,217,416

80,381

1,356,205

	ь
	7
c2	8
Assets	9
As	10a
	ь
	c
	11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

26

28 29

31

Part III

2 3

Liabilities

Balances

Fund

5

Assets 27

Net 30 Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

	(a) kind(s) of property sold (e g , rea se, or common stock, 200 shs M	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a See Additional Data Table						
b						
с						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)	
a See Additional Data Table						
b						
С						
d						
e						
Complete only for assets sho	wing gain in column (h) and own	ed by the foundation (on 12/31/69		<u> </u>	
(i) F M V as of 12/31/69	(i) (j)			Gains (Col(h)gain minus col(k), but not less than -0-) or Losses (from col (h))		
a See Additional Data Table						
b						
С						
d						
e						
2 Capital gain net income or (3 Net short-term capital gain		If gain, also enter in P If (loss), enter -0- in P 222(5) and (6)		2	2,551	
If gain, also enter in Part I, in Part I, line 8	line 8, column (c) (see instructio	ns) If (loss), enter -0	}	3		
Part V Qualification Unde	er Section 4940(e) for Red	duced Tax on Net	Investment Ir	come		
(For optional use by domestic privat	e foundations subject to the sect	ion 4940(a) tax on ne	t investment incor	ne)		
If section 4940(d)(2) applies, leave	this part blank			_		
Was the foundation liable for the sec If "Yes," the foundation does not qu			in the base period	J? ∐ Y∂	es 🔽 No	
1 Enter the appropriate amoun			making any entri	25		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	e-use assets	(d) Distribution rati (col (b) divided by c		

61,816

52,923

46,528

46,508

42,974

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

.

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

1,300,439

1,252,585

1,023,993

947,453

946,727

2

3

4

5

6

7

8

Page 3

0 047535

0 042251

0 045438

0 049087

0 045392

0 229703

0 045941

1,209,857

55,582

55,883

63,146

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2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(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. Incluorganizations and other beneficiaries served, conferences convened, research papers		Expenses
1 NONE		0
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation di	uring the tax year on lines 1 and 2	Amount
1		
2		
All other program valeted investments. Can instruction		
All other program-related investments See instructions 3 %		0
Total. Add lines 1 through 3		0
		Form 990-PF (2016)

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

1a

1b

2

За 3b

4

5

63,146

63.146

62.845

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Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

b

2

3

4

5

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Page 9

60.192

2.500

57,692

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٠	А	ч		4		ı		

Form

990-PF (2	016)
rt XIII	Und

990-PF (2	016)	
t XIII	Undistributed Income	(see instructions)

90-PF (2016)				
XIII	Und			

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only. **b** Total for prior years
- Excess distributions carryover, if any, to 2016 From 2011.

c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must

6 Enter the net total of each column as

be distributed in 2017 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) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

- **b** From 2012. c From 2013. . . **d** From 2014.

(a)

Corpus

0

(b)

Years prior to 2015

(c)

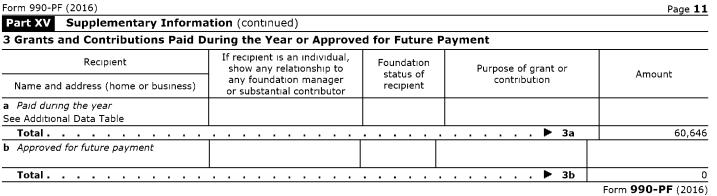
2015

60,646

60.646

- e From 2015. f Total of lines 3a through e.
- 4 Qualifying distributions for 2016 from Part
- XII, line 4 ▶ \$ a Applied to 2015, but not more than line 2a
- **b** Applied to undistributed income of prior years
 - (Election required—see instructions).

same amount must be shown in column (a))



er aross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exem
		(a)	(b)	(c)	(d)	function income
-	service revenue	Business code	Amount	Exclusion code	Amount	(See manachon.
:						
	and contracts from accommont against					
	and contracts from government agencies ship dues and assessments.					
Interes	st on savings and temporary cash			14	201	
	ds and interest from securities			14	29,102	
	tal income or (loss) from real estate					
	inanced property			-		
	ntal income or (loss) from personal property					
	vestment income					
	r (loss) from sales of assets other than					
	pry			18	2,551	
	ome or (loss) from special events rofit or (loss) from sales of inventory					
Gross p Other r	, ,					
	ERSHIP INCOME(LOSS)			14	-1,778	
_						
	Add columns (b) (d) and (a)				20.076	
	Add line 12, columns (b), (d), and (e).		(30,076	
Subtota Total. / worksh	Add line 12, columns (b), (d), and (e) det in line 13 instructions to verify calculations.	ns)		13	30,076	30,0
Subtota Total. / worksh	Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculatio Relationship of Activities to th	^{ns}) e Accomplish	ment of Exem	pt Purposes		30,0
Subtota Fotal. A worksh rt XVII e No.	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio Belationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	13 pt Purposes of Part XVI-A contribut	ed importantly to	30,0
Subtota Total. A worksh	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which	ns) e Accomplish Income is reporte	ment of Exem	13 pt Purposes of Part XVI-A contribut	ed importantly to	30,0
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Subtota Fotal. A worksh rt XVII e No.	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio Belationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	13 pt Purposes of Part XVI-A contribut	ed importantly to	30,0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Exempt Organi	zations									
1		rganization directly or in Code (other than sectio								on 501	Yes	No
а	Transfers	from the reporting foun	dation to a no	oncha	rıtable ex	empt organizatio	n of					
	(1) Cash	h								. 1a(1)		No
	(2) Othe	er assets								. 1a(2)		No
b	Other tra	nsactions										
		es of assets to a nonchar	•	-						. 1b(1)		No
	(2) Purc	thases of assets from a n	oncharitable	exem	pt organiz	zation				1b(2)		No
	(3) Rent	tal of facilities, equipmer	nt, or other as	sets.						1b(3)		No
	(4) Rein	nbursement arrangemen	ts							. 1b(4)		No
	(5) Loar	ns or loan guarantees.								. 1b(5)		No
	(6) Perfo	ormance of services or m	embership or	fund	raising sol	licitations				. 1b(6)		No
С	Sharing o	of facilities, equipment, n	nailing lists, c	ther a	assets, or	paid employees.				. 1c		No
d		swer to any of the above										
		ods, other assets, or ser ansaction or sharing arra										
	in any cre	ansaction or sharing arra	ngement, sh	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	column (c	ay the value of th	ic goods,	other asse	its, or services receiv			
(a)	Line No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	(d) De	escription of	transfers, transactions,	and sharing arra	ingemen	ıts
	-											
2 a	Is the fou	undation directly or indire	ectly affiliated	with	, or relate	d to, one or mor	e tax-exe	mpt organ	ızatıons			
	described	in section 501(c) of the	Code (other	than	section 50	01(c)(3)) or in se	ction 527	·		. 🗆 Yes	✓ N	lo
ь	If "Yes,"	complete the following so	chedule									
		(a) Name of organization	n		(1	b) Type of organiza	ition		(c) Description	of relationship		
		der penalties of perjury, my knowledge and belief										
Si		ich preparer has any kno		iiiect,	and com	piete Deciaratio	погрієра	rer (other	than taxpayer, is ba	sea on an imo	imatio	1 01
	ere 👠	*****	_			2017-05-04		*****	М	ay the IRS discu	ss this r	eturn
) .			ith the preparer		
		Signature of officer or ti	rustee			Date	7	Title	(9	see instr)? 🗹	res 🗆 N	٧o
	·	Print/Type preparer's	name	Dran	arer's Sıgr	nature	D-+-			TIN		
		Tring type preparers	uiiic	, ep	a. c. 3 3igi	iatui c	Date		Check if self-			
		1555 D TABVED							employed ▶ □	P0136	0959	
Pä	aid	JEFF R TARVER										
	epare	Firm's name ► TAR\	 /ER TARVER I	KIDDA	/ 8, 1ACKS	ON						
	se Only		ZEN TARVER I	VIKDI	M JACKS	ON			F	irm's EIN ▶64	-03258	383
_,	· · · ·)		5 WASHINGT	ON A	VENUE							
					7047545				P	hone no (662	1) 378-	8113
		GREENVILLE, MS 387013617							- (3	,		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation GS LINKED TO INDUSTRIAL SELECT Р 2016-01-22 2014-03-25 Ρ GS GROUP LINKED TO S&P EQL WGT 2015-01-20 2016-02-25 Р GS GROUP LINKED TO STXE 600 EUR 2014-04-22 2016-03-25 DEUTSCHE BANK AG LONDON LINKED TO STOXX 50 Р 2014-09-23 2016-04-19 DEUTSCHE BANK AG LONDON LINKED MSCI GERMANY Ρ 2014-08-12 2016-08-15 Р SOCIETE GENERALE LINKED TO MSCI EAFE 2014-10-07 2016-10-20 Р SOCIETE GENERALE LINKED TO S&P 500 2015-09-15 2016-12-20 Р Capital Gains Dividends Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (f) (g) plus expense of sale (h) (e) plus (f) minus (g) 10.000 10.000 0 11,977 15,000 -3,02313,694 15,000 -1,30627,363 25,000 2,363 26,873 25,000 1,873 10,000 10,000 10.660 10,000 660 1,984 1,984 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 -3,023-1,3062,363 1.873 660 1,984

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount				
or substantial contributor							
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,000				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,000				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	150				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,250				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	100				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	2,500				
N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,500				
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A N/A N/A N/A N/A N/A N/A N/	If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A PUBLIC N/A PUBLIC	If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A PUBLIC SUPPORT OF CHARITABLE OPERATIONS N/A PUBLIC SUPPORT OF CHARITABLE OPERATIONS				

Total .

60,646

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
FRIENDS OF THE MUSEUM UNIV OF MS UNIVERSITY AVENUE OXFORD, MS 38655	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	750		
FRIENDS OF THE SHELTER 990 E F HALE DRIVE SENATOBIA, MS 38668	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500		
GRAHAM CARSON MEMORIAL SCHOLARSHIP FUND 511 LOCUST ST MARKS, MS 38646	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,000		
GRIOT ARTS INC 278 SUNFLOWER AVE CLARKSDALE, MS 38614	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250		
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE WASHINGTON, DC 20002	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250		
JOAN & WM KING SELF MEMORIAL 511 LOCUST ST MARKS, MS 38646	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500		
LEBONHEUR CHILDRENS HOSPITAL 848 ADAMS AVENUE MEMPHIS, TN 38103	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,500		
LULA RICH EDUCATIONAL FOUNDATION 415 LEE DRIVE CLARKSDALE, MS 38614	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONSSUPPORT OF CHARITABLE OPERATIONS	2,000		
MAKE A WISH FOUNDATION 4742 N 24TH STREET PHOENIX, AZ 85016	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250		
MARKS PRESBYTERIAN CHURCH 511 LOCUST ST MARKS, MS 38646	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	16,096		
MARKS- QUITMAN COUNTY LIBRARY 315 MAIN STREET MARKS, MS 38646	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500		
MD ANDERSON CANCER CENTER 1515 HOLCOMBE AVE HOUSTON, TX 77030	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,000		
METHODIST CHILDREN'S HOME 805 N FLAG CHAPEL ROAD JACKSON, MS 39209	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500		
METHODIST FLOWERS MANOR 1251 LEE DRIVE CLARKSDALE, MS 38614	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	2,000		
METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	150		
			·			

Total . 3a 60,646

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year		<u></u>			
MS CHILDREN'S HOME P O BOX 1078 JACKSON, MS 39215	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500	
MS FOUNDATION OF PUBLIC BROADCASTING 3825 RIDGEWOOD ROAD JACKSON, MS 39211	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	150	
MS MUSEUM OF ART 380 S LAMAR ST JACKSON, MS 39201	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	2,000	
NATURE CONSERVATORY 4245 FAIRFAX DRIVE ARLINGTON, VA 22203	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,500	
PALMER HOME FOR CHILDREN 422 MS 12 STARKVILLE, MS 39759	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	650	
PARALYZED VETS 801 EIGHTEENTH STREET WASHINGTON, DC 20006	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500	
QUITMAN COUNTY EDUCATIONAL SYSTEM 310 PECAN STREET MARKS, MS 38646	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	6,500	
REFORMED THEOLOGICAL SEMINARY 5422 CLINTON BLVD JACKSON, MS 39209	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500	
SPRING INITIATIVE INC P O BOX 1759 CLARKSDALE, MS 38614	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250	
ST JUDES CHILDRENS RESEARCH 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	2,500	
TEACH FOR AMERICA 25 BROADWAY NEW YORK, NY 10004	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	4,500	
THE SALVATION ARMY 2649 W OXFORD LOOP OXFORD, MS 38655	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,000	
UNIVERSITY OF MS - FORD CENTER FOR PERFORMING ARTS P O BOX 1848 UNIVERSITY, MS 38677	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	750	
UNIVERSITY OF MS - ROBERT KHAYAT SCHOLARSHIP P O BOX 1848 UNIVERSITY, MS 38677	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	250	
UNIVERSITY OF MS MUSEUM P O BOX 1041 UNIVERSITY, MS 38677	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	1,000	

Total . 3a 60,646

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WKNO PUBLIC TELEVISION N/A PUBLIC SUPPORT OF CHARITABLE 100 7151 CHERRY FARMS ROAD OPERATIONS

JACKSONVILLE, FL 32256				
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD	N/A	PUBLIC	SUPPORT OF CHARITABLE OPERATIONS	500
CORDOVA, TN 38016				

			_	
JACKSONVILLE, FL 32256				
4899 BELFORT ROAD			OPERATIONS	
WOUNDED WARRIOR PROJECT	N/A	PUBLIC	SUPPORT OF CHARITABLE	5

60,646 Total .

3а

4899 BELFORT ROAD		OPERATIONS	
JACKSONVILLE, FL 32256			_
		-	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491132024157						
TY 2016 Accounting Fees Schedule						
		YOUNGER F 64-0616731	OUNDATION			
Category	Amo	unt N	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING & TAX PREP FEES		2,500	0		2,500	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 934911	L32024157
TY 2016 All Other Program Re	lated Investm	ents Schedule	
Name:	YOUNGER FOUN	DATION	
EIN:	64-0616731		
	Category	Ame	ount
NONE			0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491132024157
TY 2016 Investments Corporat	te Stock Sche	dule
Name: \	YOUNGER FOUND	ATION

EIN: 04-0010/31		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
GOLDMAN SACHS SECURITIES	1,015,104	1,217,416

ETN: 64 0616721

Name: YOUNGER FOUNDATION EIN: 64-0616731

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
CRECHE	68,640	70,899	70,899			
PARTNERSHIP INVESTMENT - ENTERPRISE PROD	11,260	9,482	9,482			

DLN: 93491132024157

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: YOUNGER FOUNDATION

PARTNERSHIP INCOME(LOSS)

EIN: 64-0616731

Other Income Schedule

Description

Revenue And

-1,778

Expenses Per Books

Net Investment

-1,778

Income

Adjusted Net Income

DLN: 93491132024157

-1.778

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -		DLN: 93491132024157			
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at 2016					
Name of the organizat	ion	Employer id	dentification number			
		64-0616731				
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust not treated as a private founda	ition				
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation						
						141
Special Rules						
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), P ny one contributor, during the year, total contributions of the greater of (1) \$5,000 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Part II, line 13,	16a, or 16b, and that			
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, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
during the year. If this box is che purpose Do no	ition described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reconstributions exclusively for religious, charitable, etc., purposes, but no such consecked, enter here the total contributions that were received during the year for an transfer any of the parts unless the General Rule applies to this organization bable, etc., contributions totaling \$5,000 or more during the year	ntributions tota exclusively re pecause it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>			
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file tit must answer "No" on Part IV, line 2, of its Form 990, or check the box on line Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements o	H of its				
For Paperwork Reduction for Form 990, 990-EZ, or 9		ule B (Form 990	, 990-EZ, or 990-PF) (2016)			

Person Payroll Payroll	YOUNGER FOUND		64-0616731	number
No. Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Type of contributions Person	Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
Section Payroll Payr				(d) Type of contribution
(a) No. Name, address, and ZIP + 4 Complete Part II for nor contributions Type of contributions	1		<u>\$ 5,000</u>	Payroll
No. Name, address, and ZIP + 4 ETHEL G GIBBES 144 COPPERHEAD ROAD		CLARKSDALE, MS38614		(Complete Part II for noncash contributions)
ETHEL G GIBBES 144 COPPERHEAD ROAD ST MATTHEWS, SC29135 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (c) Type of contributions Person Payroll Noncash (Complete Part II for non contributions) (c) Type of contributions (c) Type of contributions (complete Part II for non contributions) (c) Type of contributions (c) Type of contributions (complete Part II for non contributions)				(d) Type of contribution
(a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) (d) Total contributions Person Payroll S Noncash (Complete Part II for nor contributions) (a) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for nor contributions) (Domplete Part II for nor contributions)	2	144 COPPERHEAD ROAD	\$ 3,000	Payroll
Person Payroll Noncash (Complete Part II for non contributions) (a) No. Name, address, and ZIP + 4 Person Payroll S Noncash (Complete Part II for non contributions) S Noncash (Complete Part II for non contributions) (Complete Part II for non contributions) (Complete Part II for non contributions) (A) No. Name, address, and ZIP + 4 S Noncash (Complete Part II for non contributions) S Noncash (Complete Part II for non contributions) (Domplete Part II for non contributions) (Complete Part II for non contributions)		(b)	(c)	(d)
No. Name, address, and ZIP + 4 Person	-			Person Payroll Noncash (Complete Part II for noncash
Payroll S Noncash (Complete Part II for non contributions) (a) Name, address, and ZIP + 4 Payroll Total contributions Person Payroll Noncash (Complete Part II for non contributions) (Domplete Part II for non contributions)		(b) Name, address, and ZIP + 4		(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncontributions) (a) No. Name, address, and ZIP + 4 Person Total contributions Person Payroll Person Payroll			<u>\$</u>	Payroll Noncash (Complete Part II for noncash
(a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 Payroll (Complete Part II for non contributions) (d) Total contributions Person Payroll			(c) Total contributions	(d) Type of contribution
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person Payroll			<u>\$</u>	Payroll Noncash (Complete Part II for noncash
Payroll			(c) Total contributions	, ,
	-		<u>\$</u>	Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization YOUNGER FOUNDATION		Employer ident	ification number
		64-06	16731
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page 4	
Name of organization YOUNGER FOUNDATION			Employer identification number 64-0616731	
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, charit actions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP 4 F	Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)