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2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

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

For	caler	ndar year 2016, or tax year beginning 01-01-20)16 , ar	nd er	nding 12-31-	2016		
		ndation	·			entification numbe	•	
SS	S FOUN	IDATION	72-1393930					
		street (or P O box number if mail is not delivered to street address) FICE BOX 1346	Room/suite		B Telephone nu	s)		
					(601) 446-9900	ı		
		, state or province, country, and ZIP or foreign postal code IS 391211346			C If exemption	application is pending	g, check here	
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	re 📘 🗍	
		Final return Amended return				ganizations meeting k here and attach cor		
		☐ Address change ☐ Name change				ındatıon status was t	· -	
_	•	pe of organization $lacksquare$ Section 501(c)(3) exempt private for 4947(a)(1) nonexempt charitable trust $lacksquare$ Other taxable				n 507(b)(1)(A), chec		
			Cash Accru	al	F If the founda	ition is in a 60-month	termination	
		rom Part II, col (c), \$ 1,262,522				n 507(b)(1)(B), checl		
Рa	rt I	Analysis of Revenue and Expenses (The total			1		(d) Disbursements	
r u		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	195,000					
	2	Check ► ☐ if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments	20		20	20		
	4	Dividends and interest from securities	20,346		20,346	20,346		
	5a	Gross rents						
	ь	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-7,138					
ķ	ь	Gross sales price for all assets on line 6a 164,094						
Re	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				0		
	9	Income modifications					_	
	10a b	Gross sales less returns and allowances Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	9 86		86	86		
	12	Total. Add lines 1 through 11	208,314		20,452	20,452		
	13	Compensation of officers, directors, trustees, etc	0		0	0	0	
	14	Other employee salaries and wages						
Ş	15	Pension plans, employee benefits						
1156	16a	Legal fees (attach schedule)						
Expenses	ь	Accounting fees (attach schedule)	3,825		3,825	0	0	
e) e)	С	Other professional fees (attach schedule)	11,790		11,790	0	0	
Administrative	17	Interest						
Stra	18	Taxes (attach schedule) (see instructions)	1,933		1,933	0	0	
ੂ	19	Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
ק ק	21	Travel, conferences, and meetings						
등	22	Printing and publications	as 1					
ing	23	Other expenses (attach schedule)	150		150	0	0	
Operating and	24	Total operating and administrative expenses.	47.000		17.000	_	•	
ă	25	Add lines 13 through 23	17,698 38,950		17,698	0	38,950	
_	25 26	Total expenses and disbursements. Add lines 24 and	30,950				30,330	
		25	56,648		17,698	0	38,950	
	27	Subtract line 26 from line 12	454.666					
	a	Excess of revenue over expenses and disbursements	151,666					
	ь	Net investment income (If negative, enter -0-)			2,754			
	С	Adjusted net income(If negative, enter -0-)				20,452		

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(**49**)

4,417 4,417

946,073

946,073

950,490

950,490

108

1,262,522

1,097,739

1,097,739

1,097,739

1,097,739

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946,073

151,666

1,097,739

1,097,739

Form 990-PF (2016)

0

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.

Foundations that do not follow SFAS 117, check here ▶

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

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 beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

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) ▶ _

Other increases not included in line 2 (itemize) ▶ _____

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

Mortgages and other notes payable (attach schedule).

12

13

14

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18

19

20 21

22

23

24

25

26

28

29

30

31

Part III

2

3

Liabilities

Balances

Fund

ō

Assets 27

Net

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1aSee Additional Data Table	e				
b					
С .					
d					
<u>e</u>					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss)) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(j)	i i	(k)	Gains (Col (h) gain minus
(i) FMV as of 12/31/69	Adjusted basis		of col (i)		less than -0-) or
	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))
a See Additional Data Table	e				
b					
с					
d					
e					
If gain, also enter in Pa in Part I, line 8	gain or (loss) as defined in sections rt I, line 8, column (c) (see instruct	ions) If (loss), enter -0	}	3 3 come	-7,138
	rivate foundations subject to the se				
If section 4940(d)(2) applies, le	·			··- ,	
	e section 4942 tax on the distributant qualify under section 4940(e) Do		ın the base period	7 🗹 Y	es 🗌 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	!S	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c	
2015					
2014					
2013					
2012					
2 Total of line 1, column (4)		2		
3 Average distribution ration number of years the four	o for the 5-year base period—divide idation has been in existence if less	the total on line 2 by 5, than 5 years	, or by the		
	ncharitable-use assets for 2016 fror	·	4		
5 Multiply line 4 by line 3			5		
	ent income (1% of Part I, line 27b)		6		
	ons from Part XII, line 4 ,			10/ 1	
If line 8 is equal to or gre instructions	eater than line 7, check the box in P	art VI, line 1b, and com	piete that part usii	ng a 1% tax rate Se	e the Part VI
mod dedollo				Fo	orm 990-PF (2016)

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? H I STAHLMAN III 75 MELROSE-MONTEBELLO PARKWAY NATCHEZ, MS 39120 JUDITH E STAHLMAN 75 MELROSE-MONTEBELLO PARKWAY NATCHEZ, MS 39120 JACQUELYN M STAHLMAN 75 MELROSE-MONTEBELLO PARKWAY NATCHEZ, MS 39120 Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE." Contributions to Title, and average (a) employee benefit Expense account. Name and address of each employee paid hours per week (c) Compensation plans and deferred (e) other allowances more than \$50,000 (b) devoted to position (d) compensation NONE Form 990-PF (2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(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 Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the 3 За

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

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.

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

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

4

5

3b

4

5

38.950

38.950

Form 990-PF (2016)

Form **990-PF** (2016)

orm 990-PF (2016)				Page 9
Part XIII Undistributed Income (see instruction	ons)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
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 20				
3 Excess distributions carryover, if any, to 2016				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
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

same amount must be shown in column (a))

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 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

6 Enter the net total of each column as

indicated below:

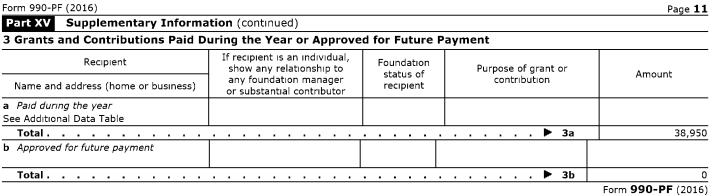
d Applied to 2016 distributable amount.

e Remaining amount distributed out of corpus

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors



Form 990-PF (2016)					Page 12
Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
d					
e					
f g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash investments			14	20	
4 Dividends and interest from securities			14	20,346	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					86
8 Gain or (loss) from sales of assets other than inventory			14	1,654	-8,792
9 Net income or (loss) from special events			17	1,034	0,752
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
с					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		22,020	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	ne)		1	3	13,314
Part XVI-B Relationship of Activities to the		ment of Exem	pt Purposes		
Explain below how each activity for which				ited importantly to	
the accomplishment of the foundation's exinstructions)					
3 PROVIDES FUNDS FOR OPERATING COST					
4 PROVIDES FUNDS FOR OPERATING COST					
8 PROVIDES FUNDS FOR OPERATING COST					
		<u> </u>			
				F	rm 990-PF (2016)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Pari	XVI	Exempt Organ	-	iaiis	1613 10 6	and mansacti	1011	is allu Kelatio	iisiiips Witii No	iiciiaiita	DIC		
		rganization directly or Code (other than sect								on 501		Yes	No
a Tra	nsfers	from the reporting fou	indation to a n	oncha	arıtable ex	empt organizatio	on c	of					
(1) Cash	1								. 1	.a(1)		No
(2) Othe	er assets								. [1	.a(2)		No
b Oth	ner tra	nsactions											
(1) Sale	s of assets to a noncha	ırıtable exemp	t orga	inization.					<u> 1</u>	b(1)		No
(2) Purchases of assets from a noncharitable exempt organization										1	.b(2)		No
		tal of facilities, equipme	· ·								.b(3)		No
		nbursement arrangeme									b(4)		No
•		ns or loan guarantees.									.b(5)		No
(6) Performance of services or membership or fundraising solicitations											b(6)		No
	_	or racilities, equipment, swer to any of the abov			•					· L	1c		No
		ods, other assets, or se									iue		
ın a	any tra	insaction or sharing arr	angement, sh	ow in	column (c	d) the value of th	he g	goods, other asse	ts, or services recei	ived			
(a) Lin-	a No I	(b) Amount involved	(c) Name of	nonch	aritahlo ovo	mpt organization	l	(d) Description of	transfers, transactions	and charir	o arra	naemen	nte
(4)	110	(b) Amount involved	(c) Name of	Horien	antable exe	mpt organization		(d) Description of	cransiers, cransactions	, and sharii	ig arra	ngemen	163
	-												
	_												
3 - T - I				al	1 - 4 -	4.5							
		indation directly or indi	•		•	•					Yes	☑ N	1=
		I in section 501(c) of th	•	tnan	section 50)1(c)(3)) or in se	ectio	on 52//		⊔	res	I ▼ I N	10
D II	Yes,	complete the following (a) Name of organizat			1 0	b) Type of organiza	ation	. 1	(c) Description	of relation	shin		
		(a) Name of organization			,	by Type of Organiza	1011		(c) Bescription	1 Of Telation	3111P		
		der penalties of perjury my knowledge and belie											
Sign		ch preparer has any kr		onect	, and com	piete Deciaration	11 0	i preparer (other	chan caxpayer) is b	asea on a	111101	mation	1 01
Here		*****	_			2017-03-18	*****			May the IRS			
	1	<u> </u>				<u> </u>		—) — —		with the pre			
	<u>'</u>	Signature of officer or	trustee			Date		/ Title	L	(see instr)?	. 🔼 A	'es ⊔ N	ło
		Print/Type preparer	's name	Prep	arer's Sıgı	nature		Date		PTIN			
				'	,			-	Check if self-		00038	8681	
		BENNETT M JEAN	ISONNE					2017-03-18	employed ▶ 📙		00050	,001	
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Prep		THE STATE OF	AS SIMMONS	LLP						Firm's EIN	I ► €4	-02107	001
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		Firm's address ► F	O BOX 1027										
			NATCHEZ, MS	3912	11027					Phone no	one no (601) 442-7411	7411	
			·										

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 35 SHS WISDOMTREE TRUST JAPAN Р 2016-01-07 2016-08-11 Р 163 SHS WISDOMTREE TRUST JAPAN 2013-04-25 2016-08-11 40 SHS ISHARES TR S&P GLOBAL Р 2012-08-09 2016-01-07 42 153 SHS RS GLOBAL NATURAL RESOURCES Ρ 2014-12-19 2016-01-07 83 SHS ISHARES TR S&P GLOBAL Р 2011-08-12 2016-01-07 Ρ 2016-01-07 308 SHS RS GLOBAL NATURAL RESOURCES 2011-12-16 Ρ 2,000 SHS SP500 ARN ISSUER HSBC 2015-02-26 2016-04-29 2,000 SHS SP500 ARN ISSUER BAC Р 2015-05-28 2016-07-29 2,000 SHS SP500 ARN ISSUER BAC Ρ 2014-11-25 2016-01-29 2,200 SHS SP500 ARN ISSUER BAC Р 2015-07-30 2016-09-30 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,475 1,570 -95 6,870 7.842 -972 1,674 2,296 -622 613 1,265 -652 3,473 5,749 -2,2764,481 -7,801 12,282 19,832 19,976 -144 21,397 20.000 1,397 20,000 -1,779 18,221 23,677 22,000 1,677 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 (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -95 -972 -622 -652 -2,276-7,801 -144 1,397 -1,7791,677

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) (d) (c) (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 Ρ 2015-10-29 2.180 SHS SP500 ARN ISSUER BAC 2016-12-30 1729 295 SHS FIRST TRUST SABRIENT Р 2016-06-27 2016-08-19 500 SHS APARTMENT INV&MGMT Р 2011-07-26 2016-02-22 500 SHS JERNIGA CAPITAL Р 2015-03-26 2016-04-06 CAPITAL GAINS DIVIDENDS Ρ 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) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (q) 28,787 21,800 6,987 13,583 14,640 -1.05712.379 12,125 254 5,978 9,687 -3,709 1.654 1,654 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 (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 6.987 -1,057 254 -3.7091,654

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							
ADAMS COUNTY CHRISTIAN SCHOOL 300 CHINQUAPIN LANE NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
ADAMS COUNTY SEARCH & RESCUE TEAM 201 SOUTH WALL STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
ADDIE MCBRYDE REHAB 2550 PEACHTREE STREET JACKSON, MS 39296			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
AMERICAN CANCER RELAY FOR LIFE PO BOX 1027 NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
ARTS NATCHEZ INC 425 MAIN STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
CATHEDRAL SCHOOL TRUST FUND 701 N MARTIN LUTHER KING STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
CATHOLIC CHARITIES 200 NORTH CONGRESS SUITE 100 JACKSON, MS 39201			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
CHILDREN'S MIRACLE NETWORK 2500 NORTH STATE STREET JACKSON, MS 39201			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
CONSUMERS UNION 101 TRUMAN AVE YONKERS, NY 10703			TO SUPPORT CHARITABLE ACTIVITIES	500			
FIRST PRESBYTERIAN CHURCH 405 STATE STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	3,000			
FOR NATCHEZ 101 N COMMERCE STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	3,500			
FRENCH CAMP ACADEMY ONE FINE PLACE FRENCH CAMP, MS 39745			TO SUPPORT CHARITABLE ACTIVITIES	500			
GLOBAL WILDLIFE FOUNDATION 26389 HWY 40 FOLSOM, LA 70437			TO SUPPORT CHARITABLE ACTIVITIES	250			
INT'L ROYAL ORDER OF JESTERS PO BOX 1027 NATCHEZ, MS 39121			TO SUPPORT CHARITABLE ACTIVITIES	1,000			
KNIGHTS TEMPLAR EYE FOUNDATION 1033 LONG PRAIRIE ROAD SUITE 5 ELOWER MOUND TX 750224230			TO SUPPORT CHARITABLE ACTIVITIES	1,000			

38,950

FLOWER MOUND, TX 750224230

Total . 3a

Form 990PF Part XV Line 3 - Grant	s 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				
LEADER DOG FOR THE BLIND 10395 ROCHESTER ROAD ROCHESTER, MI 483073115			TO SUPPORT CHARITABLE ACTIVITIES	2,000
MAKE A WISH FOUNDATION OF MS 576 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157			TO SUPPORT CHARITABLE ACTIVITIES	1,000
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030			TO SUPPORT CHARITABLE ACTIVITIES	1,000
MEDICAL UNIVERSITY OF SOUTH CAROLINA 18 BEE STREET CHARLSTON, SC 29428			TO SUPPORT CHARITABLE ACTIVITIES	1,000
NATCHEZ ADAMS HUMANE SOCIETY 392 LIBERTY ROAD NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	2,500
NATCHEZ COMMUNITY STEWPOT 69 E FRANKLIN STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	1,000
NATCHEZ FESTIVAL OF MUSIC PO BOX 2207 NATCHEZ, MS 39121			TO SUPPORT CHARITABLE ACTIVITIES	1,000
NATCHEZ LITERARY & CINEMA PO BOX 1307 NATCHEZ, MS 39121			TO SUPPORT CHARITABLE ACTIVITIES	2,000
NATCHEZ MASONIC BODIES PO BOX 1027 NATCHEZ, MS 39121			TO SUPPORT CHARITABLE ACTIVITIES	1,700
PLEASANT ACRE DAY SCHOOL 335 LIBERTY ROAD NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	1,000
PRESERVATION SOCIETY 215 S PEARL STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	2,000
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607			TO SUPPORT CHARITABLE ACTIVITIES	1,000
ST JUDES CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105			TO SUPPORT CHARITABLE ACTIVITIES	2,000
ST MARY BASILICA FAMILY LIFE CENTER 107 SOUTH UNION STREET NATCHEZ, MS 39120			TO SUPPORT CHARITABLE ACTIVITIES	2,000
Total				38,950

efile GRAPHIC print - DO NOT P	DL	.N: 93491107009547								
TY 2016 Accounting Fees Schedule										
Name: SSS FOUNDATION										
	EIN: 72-1393930									
1	1									
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable						
		Income	Income	Purposes						
ACCOUNTING	3,825	3,825	0	0						

TY 2016 Investments Corporate Stock Schedule

DLN: 93491107009547

133,439

131,880

Name: SSS FOUNDATION

EIN: 72-1393930

WUNDERLICH #7640-4600

Name of Stock	End of Year Book Value	End of Year Fair Market Value		
MERRILL LYNCH #535-04C63	129,787	136,131		
MERRILL LYNCH #535-02097	663,499	820,379		

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Name: SSS FOUNDATION

As Filed Data -

DIVIDENDS RECEIVABLE

	EIN:	72-1393930	
Other Assessed Calendal In			

Other Assets Schedule

Description

Beginning of Year -

Book Value

End of Year - Book

108

Value

DLN: 93491107009547

End of Year - Fair Market Value

108

efile GRAPHIC print - DO NOT PROCESS	ESS As Filed Data - DLN: 93491107009547				
TY 2016 Other Expenses Schedule					
Name:	Name: SSS FOUNDATION				
EIN:	IN: 72-1393930				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
MISCELLANEOUS	150	150	0	0	

Name: SSS FOUNDATION

ETN:	72-1393930

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Other Income Schedule Description Revenue And Net Investment Adjusted Net Income Expenses Per Books Income MERRILL LYNCH #535-02097 42 42 42 OTHER INCOME 44 44 44

DLN: 93491107009547

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	D	LN: 93491107009547	
TY 2016 Other Liabilities Schedule				
Name:	SSS FOUNDAT	TON		
EIN:	72-1393930			
Description	n	Beginning of Year - Book Value	End of Year - Book Value	
INVESTMENTS - PRIOR YEAR		4,417	0	

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	N: 93491107009547		
TY 2016 Other Professional	TY 2016 Other Professional Fees Schedule					
Name: SSS FOUNDATION EIN: 72-1393930						
1						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

11,790

MANAGEMENT

11,790

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491107009547						
TY 2016 Taxes Schedule						
Name: SSS FOUNDATION EIN: 72-1393930						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAX	195	195	0	0		
FEDERAL TAX	1,738	1,738	0	0		

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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 www irs gov/form990	2016				
Name of the organizat SSS FOUNDATION	ion En	nployer identification number				
	<u> </u>	-1393930				
Organization type (ch	eck 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	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
V	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II. See instructions for determined to the contributor of the contributor.	• ,				
Special Rules						
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^13\%$ sup 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part I ny one contributor, during the year, total contributions of the greater of (1) \$5,000 or (ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	I, 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	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions exclusively for religious, charitable, etc., purposes, but no such contributed each, enter here the total contributions that were received during the year for an exclusive to the parts unless the General Rule applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	utions totaled more than \$1,000 lusively religious, charitable, etc., use it received nonexclusively				
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file Schot it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Sc	fits				
For Paperwork Reduction for Form 990, 990-EZ, or 9		(Form 990, 990-EZ, or 990-PF) (2016)				

SSS FOUNDATION		72-1393930	Humber
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACQUELYN M STAHLMAN PO BOX 1346	\$ 195,000	Person Payroll Noncash
	NATCHEZ, MS391211346		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll
	-	\$	Noncash
(2)	(6)	(0)	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll
		<u>\$</u>	Noncash
(2)	(h)	(a)	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Payroll
		<u> </u>	Noncash
(2)	(h)	(0)	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Payroll
		<u> </u>	Noncash
(2)	(b)	(a)	(Complete Part II for noncash contributions) (d)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution Person
-			Payroll
		<u> </u>	Noncash
		Sahadula B /F	(Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization SSS FOUNDATION		Employer identification number	
333 TOONDATION		72-13	93930
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
		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 organizat SSS FOUNDATION	ion		Employer identification number 72-1393930
than \$1, organiza the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more
(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	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(s) r dipose of gift	(e) esc or gill	(a) besomption of new gift is field
	Transferee's name, address, and	(e) Transfer of gift	t 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	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	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)