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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.irs.gov/form990pf.

		of the Treasury enue Service			n 990-PF and its					f.	Open to Public Inspec	tion
			or tax year beginning				, and ei		MAY 31,	2017		
Nan J.	ne of	foundation	HOMAS AND						A Employer ide			
		NDATION							72-139			
		•	box number if mail is not d		address) UNIT 8			Room/suite	B Telephone nu (318)!		952	
City	or to	wn, state or pr	ovince, country, and Z	IP or foreign p	ostal code			_	C If exemption app	olication is pe	ending, check here	
_0	XF(ORD, MS	38655								_	
_G_C	heck	all-that apply:-	Initial retur	n	Initial re	turn_of_a_fo	rmer-public c	harity	D_1. Foreign org	ganizations	, check here	
			Final returi	n	Amende	ed return			2 Foreign organ	nizatione me	eting the 85% test F	
			X Address cl		Name ct				check here a	nd attach coi	eting the 85% test, mputation	
H C	_	type of organization 4947(a)(1	zation: X Section 1) nonexempt charitable		empt private four Other taxable priv		tion				tus was terminated (A), check here	
I Fa	ır ma	rket value of al	l assets at end of year	J Accounts	ng method: 🔼	C ash	Accr	ual	F If the foundat	ion is in a 6	60-month termination_	
(fr	om F	Part II, col (c),			her (specify)				under section	507(b)(1)	(B), check here 🕨	
			3,862,494.	(Part I, colu	mn (d) must be	on cash t	oasis.)					
Pa	rt I	" (The total of am	Revenue and Expenses ounts in columns (b), (c), and the amounts in column (nd (d) may not	(a) Revenue expenses pe			vestment ome	(c) Adjuste income		 (d) Disbursements for charitable purpose (cash basis only) 	es
,	1	Contributions,	gifts, grants, etc., rece	eived .					N/A			
201/	2		if the foundation is not required	to attach Sch B								
	3	Interest on savin cash investments	gs and temporary s			1.		1.			STATEMENT	1_
7 7	4	Dividends and	interest from securitie	s .	79	416.	7	<u>9,416.</u>			STATEMENT	2_
	5a	Gross rents										
AUG	b	Net rental income	e or (loss)									
≪ ໑	6a	Net gain or (loss)) from sale of assets not on		18	,060.						
	b	Gross sales price assets on line 6a	254	1,722.				0.00				
₩	7		income (from Part IV, line 2)			1	<u>8,060.</u>				
72	8	Net short-term	, -									
SCANNED	9	Income modifications are sales less				\longrightarrow						
	10a	and allowances										
90		Gross profit of										
	11	Other income	(1033)							-	··-	
	12		es 1 through 11		97	,477.	9	7,477.				
				es> etc		0.		0.				0.
	14	Other employe	e salaries and wages)								
	15	1	, employee benefits									
Expenses	16a	Legal fees	AUG 2 1 201	7								
Sen	b	Accounting te	es .									
Ä	С	Other professi	onal fees	TT								
ĬΥ	17	Interest	OGDEN, L									
trat	18	Taxes .	=	гмт 3	2	,198.		0.				0.
Operating and Administrative	19	Depreciation a	and depletion									
ᇴ	20	Occupancy										
φÞ	21		ences, and meetings	•	<u> </u>							
au	22	Printing and p		Dager 4		40	 ,	4.0				0.
ting	23	Other expense		rmt 4		40.		40.				<u> </u>
era	24	-	ng and administrative ld lines 13 through 23		2	,238.		40.				0.
ŏ	25	•	, gifts, grants paid	•		,650.		±0.			230,65	
			, gnts, grants paid es and disbursements		230	, 0000					230,00	<i>.</i>
	20	Add lines 24 a		•	232	,888.		40.			230,65	50.
	27		26 from line 12:		232	, 555.					200,00	
			ue over expenses and disb	ursements	<135	,411.	>					
	1		nt income (if negative, en					7,437.			-	
	1		income (if negative, enter						N/A			



JAMES M. THOMAS AND LUVIE C. THOMAS FOUNDATION

Form 990-PF (2016) FOUNDATION 72-1394262 Pa					
Dart	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of		
Fait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing				
2	Savings and temporary cash investments	2,385.	1,999.	1,999.	
3	Accounts receivable		ł		
	Less: allowance for doubtful accounts				
4	Pledges receivable ►				
}	Less: allowance for doubtful accounts			<u> </u>	
5	• -				
6	Receivables due from officers, directors, trustees, and other		į		
<u></u>	_disqualified.persons				
7	Other notes and loans receivable				
	Less: allowance for doubtful accounts ▶			· · · · · · · · · · · · · · · · · · ·	
इं 8	Inventories for sale or use				
V2)	Prepaid expenses and deferred charges			· 	
▼ 10:	a Investments - U.S. and state government obligations				
	b Investments - corporate stock				
	c Investments - corporate bonds				
11	Investments - land, buildings, and equipment basis		1		
	Less accumulated depreciation				
12	Investments - mortgage loans				
13	Investments - other STMT 5	2,508,852.	2,373,827.	3,860,495.	
14	Land, buildings, and equipment basis ▶				
	Less accumulated depreciation				
15	Other assets (describe)				
16	Total assets (to be completed by all filers - see the	Ì	. (
	instructions. Also, see page 1, item I)	2,511,237.	2,375,826.	<u>3,862,494.</u>	
17	Accounts payable and accrued expenses				
18	Grants payable				
န္မ 19	Deferred revenue .				
Liabilities 02 02 13 05 05 05 05 05 05 05 05 05 05 05 05 05	Loans from officers, directors, trustees, and other disqualified persons				
뎦 21	Mortgages and other notes payable				
ے ₂₂	Other liabilities (describe				
Ì					
23		0.	0.		
ļ	Foundations that follow SFAS 117, check here				
_{so}	and complete lines 24 through 26 and lines 30 and 31.				
24	Unrestricted .				
[25	· · · · · · · · · · · · · · · · · · ·				
26	· · · · · · · · · · · · · · · · · · ·				
or Fund Balances	Foundations that do not follow SFAS 117, check here				
느	and complete lines 27 through 31.		_		
27 ع چ	· · · · · · · · · · · · · · · · · · ·	0.	0.		
Assets 58		0.	0.		
Ž 29		2,511,237.	2,375,826.		
₹ 30	Total net assets or fund balances	2,511,237.	2,375,826.		
		0 511 005	0.055.006		
31	Total liabilities and net assets/fund balances	2,511,237.	2,375,826.		
Par	Analysis of Changes in Net Assets or Fund Ba	alances			
	al net assets or fund balances at beginning of year - Part II, column (a), line 3	10			
	ar het assets of tuno balances at beginning of year - Part if, column (a), line s Ust agree with end-of-year figure reported on prior year's return)	,		2,511,237.	
•	er amount from Part I, line 27a		2	<135,411.>	
	er amount from Part I, line 27a er increases not included in line 2 (itemize)		. 2	<135,411.5 0.	
	d lines 1, 2, and 3			2,375,826.	
	creases not included in line 2 (itemize)	٠	5	2,313,626.	
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (h) line 30	6	2,375,826.	
<u>6 10t</u>	ar not 2330to or tone balances at end of year finite 4 minus line 3) - Part II, Col	unin (u), inie ou		Form 990-PF (2016)	

6

7

974.

170,158.

230,650.

7 Add lines 5 and 6

See the Part VI instructions.

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

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.

Enter qualifying distributions from Part XII, line 4

JAMES M. THOMAS AND LUVIE C. THOMAS

Form 990-PF (2016) FOUNDATION			94262		Page 4
Part VI Excise Tax Based on Investment Income (Section 4)	940(a), 4940(b), 4940(e), c	r 4948 - se	e instrı	uction	<u>ns)</u>
1a Exempt operating foundations described in section 4940(d)(2), check here an	d enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if	necessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1		9	74.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	4% of Part I, line 12, col. (b).	1 1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2			0.
3 Add lines 1 and 2	,	3		9	74.
4 Sūbtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	v. Others enter -0-)	4	 -		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5		9	74.
6 Credits/Payments:		- <u>*</u> -			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a 1,72	0	<u> </u>		
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				
		7		1,7	20
		. 8		<u> </u>	6.
	allactieu				_
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			40.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpain	1	10			
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	740. Refunded	11			0.
Part VII-A Statements Regarding Activities				Vac	- No
1a During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or did it participate or interv	ene in	<u> </u>	Yes	
any political campaign?			<u> 1</u> a	 	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pul			1b	ļi	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activitie	s and copies of any materials pui	olished or			1
distributed by the foundation in connection with the activities.					ł
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year:				ł
(1) On the foundation. ► \$ (2) On foundation manage	gers. > \$	<u>0.</u>			ĺ
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	enditure tax imposed on foundation				ĺ
managers. ► \$ 0 .			}		[
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?		2		X
If "Yes," attach a detailed description of the activities.					l
3 Has the foundation made any changes, not previously reported to the IRS, in its governi	ng instrument, articles of incorporation	on, or			1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	inges .		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?	•	5		X
If "Yes," attach the statement required by General Instruction T.	•				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	d either:				}
By language in the governing instrument, or					}
By state legislation that effectively amends the governing instrument so that no manda	atory directions that conflict with the	state law			l
remain in the governing instrument?	atory unconoring that commet with the	iuto iuvi	6	x	l
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"		t XI/	7	X	
7 Dio the loundation have at least \$0,000 in assets at any time during the year? If Tes,	complete rait ii, coi. (c), and rai		-		
8a Enter the states to which the foundation reports or with which it is registered (see instru	ctions)				
	ctions) -		-		1
MS	na Attornou Ganeral (or decignate)		-		1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	, - ,		۸,	v	
of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9 is the foundation claiming status as a private operating foundation within the meaning o		caien dar	9		7.7
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV					X
10 Did any persons become substantial contributors during the tax year? # "Yes," attach a set	nedule listing their names and addresses		10		X
			Form 99 0	リートト	(2016)

JAMES M. THOMAS AND LUVIE C. THOMAS

	990-FF (2016) FOUNDATION 1/2-1394	<u> </u>		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			 -
	·		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			_
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	<u> </u>
	Website address ► N/A			
14	The books are in care of ► CAROL T. BARNES Telephone no. ► 318-51		<u>952</u>	
	Located at ► 1755 JACKSON AVENUE EAST, UNIT 8, OXFORD, MS ZIP+4 ►38	<u>655</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	ł
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):	1 1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?		!	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			Ì
i	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			1
	before 2016? Yes X No			
	If "Yes," list the years			
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		}
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			
	b if "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			l
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3ь		
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	b Did the foundation mivest during the year any amount in a mariner that would jeopardize its charitable purpose that	"		
	had not been removed from leggardy before the first day of the tax year beginning in 2016?	_{4h}		v

Form **990-PF** (2016)

JAMES 'M. THOMAS AND LUVI' orm 990-PF (2016) FOUNDATION	E C. THOMAS		72-13942	62 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F			OZ rage O
5a During the year did the foundation pay or incur any amount to:	orm 4720 May Bo I	icquired (contin	Bec)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1015(a)\2	□ v.	es X No	
(2) Influence the outcome of any specific public election (see section 4955); or	,		:S _A_ 140	
any voter registration drive?	to carry on, unecting or mulit		es X No	
	- 1	· —	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		L 16	es LALINO	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section	г, , ,	[]	
4945(d)(4)(A)? (see instructions)			es X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		I	
the prevention of cruelty to children or animals?		•	es X No-	-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check hi	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?	N	/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	i-5(d).			.
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on			
a personal benefit contract?	•	Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			66 Х
If "Yes" to 6b, file Form 8870.		• • •	–	
7a At any time during the tax year, was the foundation a party to a prohibited tax si	nelter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		18		7b
Part VIII Information About Officers, Directors, Truste		pagore Highly		
Paid Employees, and Contractors	es, roundation wa	nagers, riigin	y	
List all officers, directors, trustees, foundation managers and their	compensation			
Elst dif Officers, directors, d'ustees, foundation managers and their		/ \ Campagagagaga	(-1) 0	() Frances
1	(B) Time and average	i ici compensation	(CI) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deterred compensation	account, other
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
(a) Name and address SEE STATEMENT 6	hours per week devoted	(If not paid,	employee benefit plans and deferred compensation	account, other
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	account, other allowances
SEE STATEMENT 6	hours per week devoted to position	(If not paid, enter -0-)	compensation	account, other allowances
	hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	O .	account, other allowances
SEE STATEMENT 6	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	O .	account, other allowances
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •
SEE STATEMENT 6 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account, other allowances 0 •

Total number of other employees paid over \$50,000

JAMES M. THOMAS AND LUVIE C. THOMAS

Form 990-PF (2016) FOUNDATION	72-1	394262 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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 relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers pi	tistical information such as the roduced, etc.	Expenses
1N/A		
	<u> </u>	
2		
3		
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 of N/A	on lines 1 and 2.	Amount
- N/A		
2		
All other program-related investments. See instructions.		
3		
Taket Add lines 1 through 2		0

Form **990-PF** (2016)

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,736,558.
	Average of monthly cash balances	1b	3,309.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,739,867.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)	}	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3_	==Subtract line 2-from_line_1d	3	3,739,867.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	56,098.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,683,769.
6	Minimum investment return. Enter 5% of line 5	6	184,188.
Р	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	184,188.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)]	
		2c	974.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	183,214.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	183,214.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	183,214.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	230,650.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	}	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	230,650.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	974.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	229,676.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	r the section

FOUNDATION

	 			
·	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7	ŀ			183,214.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			19,839.	
b Total for prior years:				. =
		0.		
3 Excess distributions carryover, if any, to 2016:	·			
a From 2011				
b From 2012				
c From 2013		Ì		
d From 2014				
e From 2015	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from		J		
Part XII, line 4: \triangleright \$ 230,650.			40.000	
a Applied to 2015, but not more than line 2a			19,839.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			102 014
d Applied to 2016 distributable amount	05.505			183,214.
e Remaining amount distributed out of corpus	27,597.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		5		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	27,597.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0	
f Undistributed income for 2016. Subtract			Ï	
lines 4d and 5 from line 1. This amount must			ł	
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		İ		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	27,597.			
10 Analysis of line 9:				
a Excess from 2012			1	
b Excess from 2013				
c Excess from 2014				
d Excess from 2015 e Excess from 2016 27,597.				

JAMES M. THOMAS AND LUVIE C. THOMAS 72-1394262 Page 10 Form 990-PF (2016) FOUNDATION Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2016 (d) 2013 (b) 2015 (c) 2014 (e) Total income from Part I or the minimum 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 used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\) X \(\) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include:

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

c Any submission deadlines:

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3 Grants and Contributions Paid During the Yes		Payment	,	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
	•			
 AMERICAN RED CROSS	-	501(C)(3)	SUPPORT OF RED CROSS	_
805 BROOK HOLLOW DRIVE		1	DISASTER RELIEF	
SHREVEPORT, LA 71105		1	EFFORTS DUE TO	
			FLOODING IN LOUISIANA	10 000
BAPTIST HEALTH FOUNDATION		501(C)(3)	FUND THE NEEDS OF	
1225 NORTH STATE STREET			BAPTIST MEDICAL CENTER	
JACKSON, MS 39202			IN LEAKE COUNTY,	
		 	MISSISSIPPI	65,000
BOYS & GIRLS CLUB OF CARTHAGE / LEAKE		501(C)(3)	FUND SOCIAL &	
COUNTY		1	EDUCATIONAL SERVICES	
P.O. BOX 593			IN CARTHAGE	
CARTHAGE MS 39051			MISSISSIPPI	30,000
1				
EAST CENTRAL COMMUNITY COLLEGE		501(C)(3)	FUND SCHOLARSHIPS	
FOUNDATION		PUBLIC CHARITY	FUND THE NEEDS OF	
P.O. BOX 129			BAPTIST MEDICAL CENTER	
DECATUR, MS 39327			IN LEAKE COUNTY,	2 150
			MISSISSIPPI	2,150
FIRST BAPTIST CHURCH, CARTHAGE,		501(C)(3)	FUND SPECIAL PROJECTS	
MISSISSIPPI		PUBLIC CHARITY	OF FIRST BAPTIST	
402 N. VAN BUREN ST.		(CHURCH, CARTHAGE, MS	30 00
CARTHAGE, MS 39051 Total SEE CON	TINUATION SHEE	፲ የጥ (ፍ)	▶ 3a	30_000 230_650
b Approved for future payment	TINOATION SHE	1 (5)		230,650
s ypproved for latere payment				
NONE				
			1	
				
;				
-				
		<u> </u>		
			1	
1		1		

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Part XVI-A	Analysis of Inco	me-Producing /	Activities
------------	------------------	----------------	------------

False one of the control of the cont	Unrelated	ousiness income	Excluded b	y section 512, 513, or 514	
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	code		1000		
b					
c					
d	-				
e					·
g Fees and contracts from government agencies					
2 Membership dues and assessments			- - -		
3 Interest on savings and temporary cash investments			14	1.	
4 Dividends and interest from securities			14	79,416.	
5 Net rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·		77,410.	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			}		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	18,060.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	-				
b	-				
c	1 1				
d	- }				
e	-		0.	97,477.	0.
13 Total. Add line 12, columns (b), (d), and (e)	l		<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations.)				. ''	
		nolishment of	Exampt D	urnoses	
Part XVI-B Relationship of Activities	to the Accom	inplishine it of	Exempt F	poses	
Line No. Explain below how each activity for which in				importantly to the accomp	olishment of
the foundation's exempt purposes (other tha	in by providing fund	s for such purposes)	·		
		·			
					
					
					
					
	 -				
					
					
1					

JAMES M. THOMAS AND LUVIE C. THOMAS Form 990-PF (2016) 72-1394262 FOUNDATION Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/A

Sign Here	and be	penalties of perjury, I declare that I have examined this lief, it is true, correct, and complete. Declaration of pro-	eparer (other than taxpayer) is based on a		er has any knowledge	May the IRS discuss this return with the preparer shown below (see instr)? X Yes No
Paid Prepa Use C		Print/Type preparer's name BARRY S. SHIPP Firm's name ► COLE, EVANS	Preparer's signature & PETERSON	Date AUG 1 4 2077	self- employed	PTIN P00024584 -0506596
		Furm's address POST OFFICE SHREVEPORT,	DRAWER 1768 LA 71166-1768		Phone no. 〈31	8)222-8367 Form 990-PF (2016)

Part IV Capital Gains and Los	ses for Tax on Investment Income					
(a) List and 2-story br	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)				
1a VANGUARD GNMA				VARIOUS 08/04/16		
b VANGUARD GNMA				VARIOUS 08/16/16		
c VANGUARD GNMA				VARIOUS 08/22/16		
d VANGUARD GNMA				VARIOUS 08/22/16		
e VANGUARD GNMA		P	VARIOUS 08/26/16			
f VANGUARD GNMA			P	VARIOUS 08/30/16		
g VANGUARD GNMA		-	P	VARIOUS -01/11/17		
h VANGUARD GNMA			P	VARIOUS 02/28/17		
VANGUARD_GNMA_			P	VARIOUS 03/03/17		
VANGUARD GNMA			P	VARIOUS 03/07/17		
k VANGUARD GNMA			P	VARIOUS 03/10/17		
I VANGUARD GNMA			P	VARIOUS 03/14/17		
m CAPITAL GAINS	DIVIDENDS			111111111111111111111111111111111111111		
_n						
						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)		
a 2,000.		1,990.		10.		
b 10,000.		9,969.		31.		
c 20,471.		20,389.		82.		
d 4,529.		4,511.		18.		
15 000		14,954.		46.		
f 27,500.		27,390.		110.		
15 000		15,322.		<322.>		
CE 000		66,628.		<1,628.>		
				<1,020.> <805.>		
1 26,000.		26,805.				
15,000.		15,482.		<482.>		
<u>k 30,000.</u>		31,142.		<1,142.>		
1 2,000.		2,080.		<u><80.</u> >		
m 22,222.				22,222.		
n						
0		10/04/00				
(i) F.M.V. as of 12/31/69	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any			(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")		
a				10.		
b				31.		
c				82.		
d				18.		
e				46.		
1				110.		
0				<322.>		
y				<1,628.>		
"				<805.>		
!				<482.>		
K		 		<1,142.>		
1	 			<u><80.</u> >		
<u>m</u>			- 	22,222.		
n						
0						
2 Capital gain net income or (net ca	(1000), 011101	<u> </u>	2	18,060.		
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	column (c).	} }	3	N/A		
						

JAMES'M. THOMAS AND LUVIE C. THOMAS FOUNDATION

72-1394262

3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
LOUISIANA BAPTIST CONVENTION		501(C)(3)	SUPPORT OF SOUTHERN	
P.O. BOX 311	Ì	PUBLIC CHARITY	BAPTIST CONVENTION	
ALEXANDRIA, LA 71309	1		DISASTER RELIEF	
	j		EFFORTS DUE TO	
			FLOODING IN LOUISIANA	40.00
MICCICCIPAT DARRICH POVDRATION		501/01/31	FUND SCHOLARSHIPS FOR	
MISSISSIPPI BAPTIST FOUNDATION	1	501(C)(3)	1	
P.O. BOX 530	}	PUBLIC CHARITY	SEMINARY STUDENTS	25.00
JACKSON, MS 39205-0939				26,00
MISSISSIPPI COLLEGE		501 ⁻ (C)(3)	FUND CURRENT AND	
BOX 4005	1	1	ENDOWED SCHOLARSHIPS	
CLINTON, MS 39058		FORDIC CHARTIT	ERDOWED SCHOOLARSHIPS	15,00
MISSISSIPPI STATE UNIVERSITY		501(C)(3)	SUPPORT EDUCATIONAL	
FOUNDATION, INC.		i	SERVICES TO CHILDREN	
P.O. BOX 6149			AND FAMILIES THROUGH	
MISSISSIPPI STATE, MS 39762-6149			THE T.K. MARTIN CENTER	2,50
MISSISSIFF STATE, MS 32/02 0149			THE TAKE TEMPTER CONTENT	
TOM HARRISON PASTORAL MINISTRIES		501(C)(3)	FUND EDUCATIONAL	
P.O. BOX 1756		PUBLIC CHARITY	MINISTRIES	
SHREVEPORT LA 71166	<u> </u>	<u> </u>		10.00
				·
·———— ———				
	,			
Total from continuation sheets				93_50

FORM 990-PF INTERES	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE .		(A REVE PER Be	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOM	E
REGIONS BANK	-		1-		1		
TOTAL—TO—PART—I,—LII	NE_3		1.		1.		<u></u> -
FORM 990-PF	DIVIDENDS	AND INTER	EST FR	OM SECUR	ITIES	STATEMENT	 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM		
VANGUARD F/I GNMA FUND VANGUARD GROWTH &	5,448.		0.	5,448.	5,448	3.	
INCOME FUND	33,580.	22,15	1.	11,429.	11,429	· .	
VANGUARD STOCK MKT INDEX VANGUARD TOTAL BOND MARKET INDEX	49,918.		0.	49,918.	49,918	3.	
FUND	12,692.	7	1.	12,621.	12,621	L.	
TO PART I, LINE 4	101,638.	22,22	2.	79,416.	79,416	5.	
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME		
SEC. 4940 EXCISE TAINVESTMENT INCOME	X ON	2,198.		0.			0.
TO FORM 990-PF, PG	1, LN 18	2,198.		0.			0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM					
BANK CHARGES	- 40.	- 4	0.	0.			
TO FORM 990-PF, PG 1, LN 23	40.	4	0.	0.			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 5			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 5			
FORM 990-PF DESCRIPTION	VA	LUATION	BOOK VALUE	STATEMENT 5 FAIR MARKET VALUE			
	VA _M	LUATION	49,914. 432,267. 498,111. 1,393,535.	FAIR MARKET			

- · · · ·	IST OF OFFICERS, D ND FOUNDATION MANA		STATI	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
CAROL THOMAS BARNES 1755 JACKSON AVE E, UNIT 8 OXFORD, MS 38655	PRESIDENT 0.50	0.	0.	0.
JAMES K. DOSSETT, JR. P. O. BOX 14167 JACKSON, MS 39236	VICE-PRESIDENT 0.50	S/SECRETARY 0.	0.	0.
AMY THOMAS CRAWFORD 1004 NOTTINGHAM ROAD STARKVILLE, MS 39759	TREASURER 0.50	0.	0.	0.
ASHLEY CRAWFORD JONES 3324 FARING ROAD BIRMINGHAM, AL 35223	DIRECTOR 0.50	0.	0.	0.
LAURA CRAWFORD RACKLEY 103 SAWGRASS ROAD STARKVILLE, MS 39759	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.