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OMB No. 1545-0052

2019

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

	calor	ndar year 2019, or tax year beginning 01-01-20	110 21	nd ending 12-31	-2010				
		indation	, ai		entification numbe	ar .			
		CALDWELL FOUNDATION INC		64-0746933					
	ber and	street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone nu	ımber (see instruction	ns)			
P	JBUX	1137		(601) 932-210					
		, state or province, country, and ZIP or foreign postal code 392886137		· ,	application is pendin	ig, check here			
: C	ack al	I that apply:	former public charity	D 1 Foreign or	ganizations, check he	ere \Box			
	ieck ai	☐ Final return ☐ Amended return	Torrier public charity		rganizations meeting	▶ ⊔			
		☐ Address change ☐ Name change			ck here and attach co				
	eck ty	pe of organization: Section 501(c)(3) exempt private	foundation		undation status was t				
		14947(a)(1) nonexempt charitable trust \Box Other taxable		under section	on 507(b)(1)(A), chec	ck here			
			☑ Cash ☐ Accru	F If the found	ation is in a 60-montl	h termination 🖂			
of	year (f	rom Part II, col. (c), ►\$ 544,095 CPart I, column (d) must			on 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Expenses (The total	() 5			(d) Disbursements			
		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)							
	2	Check ► ✓ if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	2,296	2,296					
	4	Dividends and interest from securities	18,488	18,488					
	5a	Gross rents							
	ь	Net rental income or (loss)							
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	30,040						
	ь 7	Gross sales price for all assets on line 6a 617,382 Capital gain net income (from Part IV, line 2)		30,040					
~	8	Net short-term capital gain		30,010					
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less: Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	50,824	50,824					
	13	Compensation of officers, directors, trustees, etc.	0	C		C			
	14	Other employee salaries and wages							
V	15	Pension plans, employee benefits							
156	16a	Legal fees (attach schedule)							
Expenses	b	Accounting fees (attach schedule)	2,495	C		2,495			
Ĭ	c	Other professional fees (attach schedule)			1				
and Administrative	17	Interest			 				
<u> </u>	18	Taxes (attach schedule) (see instructions)	2,571	3		C			
Ē	19	Depreciation (attach schedule) and depletion	_						
	20	Occupancy							
Ĭ	21	Travel, conferences, and meetings							
	22	Printing and publications							
	23	Other expenses (attach schedule)	% 639	639		С			
Operating	24	Total operating and administrative expenses.							
i di		Add lines 13 through 23	5,705	642		2,495			
วี	25	Contributions, gifts, grants paid	670,000			670,000			
	26	Total expenses and disbursements. Add lines 24 and 25	675 705	642		672,495			
	27	Subtract line 26 from line 12:	675,705	042	 	6/2,493			
	a	Excess of revenue over expenses and							
		disbursements	-624,881						
	b	Net investment income (if negative, enter -0-)		50,182	-	-			
	С	Adjusted net income (if negative, enter -0-)			<u></u>				

Attached schedules and amounts in the description column

Beginning of year

1,085,061

460,180

1

2

3

4

5

6

1,085,061

-624,881

460,180

460,180 Form **990-PF** (2019)

0

0

Page 2

End of year

Form 990-PF (2019)

Balance Sheets

Part II

29 30

Part III

2

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

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

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

	3	Accounts receivable		
		Less: allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less: allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule) ▶		
		Less: allowance for doubtful accounts ▶		
S	8	Inventories for sale or use		
455ets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U.S. and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)		
	С	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment: basis ▶		
		Less: accumulated depreciation (attach schedule)		

	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	702,874	218,408	302,323
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	1,085,061	460,180	544,095
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
jak	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	0	0	

	13	Investments—other (attach schedule)	702,874 🔧	218,408	302,323
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	1,085,061	460,180	544,095
	17	Accounts payable and accrued expenses			
_	18	Grants payable			
Liabilities	19	Deferred revenue			
Σİİ	20	Loans from officers, directors, trustees, and other disqualified persons			
jat.	21	Mortgages and other notes payable (attach schedule)			
1	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	0	0	
ses		Foundations that follow FASB ASC 958, check here ▶			
anc		and complete lines 24, 25, 29 and 30.			
3a l	24	Net assets without donor restrictions			
g p	25	Net assets with donor restrictions			
or Fund Balance		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	1,626,281	1,626,281	
ssets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
As,	28	Retained earnings, accumulated income, endowment, or other funds	-541,220	-1,166,101	
Net	29	Total net assets or fund balances (see instructions)	1,085,061	460,180	
Z	30	Total liabilities and net assets/fund balances (see instructions).	1.085.061	460.180	

	ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
1a See Additional Data Tabl	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	(I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) . (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))
a See Additional Data Tabl	e				
b					
c					
d					
e					
2 Capital gain net income	e or (net capital loss)	If gain, also enter in Pa If (loss), enter -0- in P		2	30,04
·	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi	. ,	}	3	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come	
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	ne.)	
If section 4940(d)(2) applies, le	•				
If "Yes," the foundation does no	ne section 4942 tax on the distributal ot qualify under section 4940(e). Do	not complete this part.			es 🗹 No
	nount in each column for each year; I	see instructions perore	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl		(d) Distribution rati (col. (b) divided by c	ol. (c))
2018	149,522		1,187,636		0.125899
2017	190,226		1,260,895		0.150866
2016	157,745		1,268,120		0.124393
2015	155,894		1,355,322		0.115024
2014	159,963		1,453,188		0.110077
2 Total of line 1, column (•		2		0.626259
number of years the four	o for the 5-year base period—divide b ndation has been in existence if less oncharitable-use assets for 2019 fron	than 5 years . ´.	0, or by the 3		0.125252 1,084,228
5 Multiply line 4 by line 3		•	5		135,802
. , , ,	ent income (1% of Part I, line 27b)		6	1	502
			 0	†	136,304
	ions from Part XII, line 4 ,			+	672,495
	eater than line 7, check the box in Pa			<u>l</u> ng a 1% tax rate. Se	
mad dedona,					

	Circles and December 1		- 4-20 14 - 2	D = 1 (= 1 (= = 0)			
Pai		ling Activities for Which	Form 4/20 May Be	Requirea (continuea)			
5a	During the year did the foundation p	pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
	(2) Influence the outcome of any specific public election (see section 4955); or to carry						
on, directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?	☐ Yes 🗸	No		
	(4) Provide a grant to an organizati	on other than a charitable, etc	, organization described				
	in section 4945(d)(4)(A)? See ir	nstructions		· · □ Yes 🗸	No		
	(5) Provide for any purpose other the	han religious, charitable, scien	tific, literary, or	93 _			
	educational purposes, or for the	prevention of cruelty to child	en or animals?	· · 🗌 Yes 🗸	No.		
b	If any answer is "Yes" to $5a(1)-(5)$,	did any of the transactions fa	il to qualify under the ex	ceptions described in	"		
	Regulations section 53.4945 or in a	current notice regarding disas	ter assistance? See instr	uctions	5b		
	Organizations relying on a current n	otice regarding disaster assist	ance check here	▶ □			
С	If the answer is "Yes" to question 5a	a(4), does the foundation clair	n exemption from the				
	tax because it maintained expenditu	ire responsibility for the grant	?	· · □ Yes □	No		
	If "Yes," attach the statement requir	red by Regulations section 53.	4945-5(d).	□ les □	140		
6a	Did the foundation, during the year,	receive any funds, directly or	indirectly, to pay premiu	ıms on			
	a personal benefit contract?						
b	Did the foundation, during the year,	pay premiums, directly or inc	lirectly, on a personal be	nefit contract?	No 6b		No
	If "Yes" to 6b, file Form 8870.	, , ,	,, ,				
7a	At any time during the tax year, was	s the foundation a party to a r	orohibited tax shelter tran	nsaction?			
	If "Yes", did the foundation receive			∟ res 🛂	No 7b		
8	Is the foundation subject to the sect	, ,			1.5		
_	excess parachute payment during th	, , , , ,					
				Yes ✓			
Pai	and Contractors	Officers, Directors, Trust	ees, Foundation Ma	inagers, Highly Paid Em	ipioyees,		
	and contractors						
1	List all officers, directors, trustee		•				
		(b) Title, and average					
	(a) Name and address	1	(c) Compensation (If	(d) Contributions to	(e) Expen		
	(a) Name and address	hours per week devoted to position	not paid, enter	employee benefit plans and deferred compensation	(e) Expen other al		
OHN	(a) Name and address H CALDWELL JR	hours per week	not paid, enter	employee benefit plans and			
		hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation			es
O BO	H CALDWELL JR DX 6137 SON, MS 392886137	hours per week devoted to position PRES/TREA/DIR 0.00	not paid, enter -0-)	employee benefit plans and deferred compensation 0			0 es
O BO ACKS VEND	H CALDWELL JR DX 6137 SON, MS 392886137 DY C NIXON	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR	not paid, enter -0-)	employee benefit plans and deferred compensation			es
O BO ACKS VEND	H CALDWELL JR 0X 6137 SON, MS 392886137 NY C NIXON 0X 6137	hours per week devoted to position PRES/TREA/DIR 0.00	not paid, enter -0-)	employee benefit plans and deferred compensation 0			0 es
O BO ACKS VEND O BO ACKS	H CALDWELL JR 0X 6137 50N, MS 392886137 1Y C NIXON 1X 6137 50N, MS 392886137	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00	not paid, enter -0-) 0	employee benefit plans and deferred compensation 0			0 0
O BO ACKS VEND O BO ACKS	H CALDWELL JR OX 6137 SON, MS 392886137 OY C NIXON OX 6137 SON, MS 392886137 ' E BURKES CPA	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR	not paid, enter -0-)	employee benefit plans and deferred compensation 0			0 es
O BO ACKS VEND O BO ACKS IMMY	H CALDWELL JR 0X 6137 50N, MS 392886137 1Y C NIXON 1X 6137 50N, MS 392886137	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR	not paid, enter -0-) 0	employee benefit plans and deferred compensation 0			0 0
O BO ACKS VEND O BO ACKS IMMY	H CALDWELL JR 0X 6137 50N, MS 392886137 NY C NIXON 0X 6137 50N, MS 392886137 Y E BURKES CPA RAWER 22507	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00	not paid, enter -0-) 0	employee benefit plans and deferred compensation 0 0	other al	llowanc	0 0
VEND O BO ACKS IMM\ O DF ACKS	H CALDWELL JR OX 6137 SON, MS 392886137 OY C NIXON OX 6137 SON, MS 392886137 Y E BURKES CPA RAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the properties of the properties)	not paid, enter -0-) 0	employee benefit plans and deferred compensation 0 0 -see instructions). If non	other al	NONE.	0 0
VEND O BO ACKS IMM\ O DF ACKS	H CALDWELL JR OX 6137 SON, MS 392886137 OY C NIXON OX 6137 SON, MS 392886137 OY E BURKES CPA RAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit	other al	NONE.	0 0 0
VEND O BO ACKS IMM\ O DF ACKS	H CALDWELL JR OX 6137 SON, MS 392886137 OY C NIXON OX 6137 SON, MS 392886137 Y E BURKES CPA RAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid (b) Title, and average	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 -see instructions). If non	other al	NONE.	0 0 0
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 munt,
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 munt,
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 munt,
O BC ACKS VENE O BC ACKS O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 munt,
O BC ACKS VENE O BC ACKS O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 munt,
O BC ACKS VENE O BC ACKS O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than the paid hours per week)	not paid, enter -0-) 0 nose included on line 1	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred	other al	NONE.	0 0 0 munt,
O BC ACKS VENE O BC ACKS ACKS IMMN O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 PY C NIXON DX 6137 SON, MS 392886137 YE BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai Name and address of each employee more than \$50,000	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than ti paid (b) Title, and average hours per week devoted to position	not paid, enter -0-) 0 nose included on line 1 (c) Compensation	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred compensation	other al	NONE.	0 0 unt,es
O BO ACKS VEND O BO ACKS IMMY O DF ACKS 2	H CALDWELL JR DX 6137 SON, MS 392886137 SY C NIXON XX 6137 SON, MS 392886137 Y E BURKES CPA SAWER 22507 SON, MS 392252507 Compensation of five highest-pai	hours per week devoted to position PRES/TREA/DIR 0.00 VICE-PRES/DIR 0.00 DIRECTOR 0.00 id employees (other than ti paid (b) Title, and average hours per week devoted to position	not paid, enter -0-) 0 nose included on line 1 (c) Compensation	employee benefit plans and deferred compensation 0 0 .—see instructions). If non (d) Contributions to employee benefit plans and deferred compensation	other al	NONE.	0 0 0 unt,

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	tees, 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	<u> </u>	
	-	
T-A-L washen of the survey sides are a few for a constant and the survey of the survey		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	0
List the foundation's four largest direct charitable activities during the tax year. Incl		Expenses
organizations and other beneficiaries served, conferences convened, research paper	rs produced, etc.	<u> </u>
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 of	•	Amount
1 NONE		0
2		
]
 		
All other program-related investments. See instructions.		
3		-
		1
Total. Add lines 1 through 3		0
		Form 990-PF (2019)

Page 8

54.211

502

53,709

53.709

53.709

672,495

672,495

671.993

Form 990-PF (2019)

502

Form 990-PF (2019)

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 1,084,228 6 6 54.211 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign Part XI organizations check here

and do not complete this part.)

2a |

2b

502

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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

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

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

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Tare XIII. Glidisti ibated Theolife (3)	cc msauc	10113)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	line 7				53,709
2 Undistributed income, if any, as of the end o	of 2019:				
a Enter amount for 2018 only	[0	
b Total for prior years: 20, 20,	20		0		
3 Excess distributions carryover, if any, to 201	L9:				_
a From 2014	90,178				
b From 2015	89,940				
c From 2016	95,449				
d From 2017	128,729				
e From 2018	93,496				
f Total of lines 3a through e	[497,792			
4 Qualifying distributions for 2019 from Part					

618,786

1,116,578

90.178

1,026,400

89.940

95,449

128.729

93,496

618,786

Page 9

53,709

Form **990-PF** (2019)

d	From 2017				128,729	
е	From 2018				93,496	
f	Total of lines 3a through e.					
4	Qualifying distributions for 2	019	from I	Part		
	XII, line 4: ▶ \$		67	2,495		
а	Applied to 2018, but not mo	re th	nan lir	ne 2a		

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

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (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 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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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 2014 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a . .

10 Analysis of line 9:

a Excess from 2015.

b Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. .

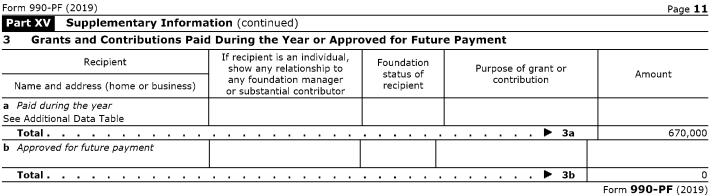
e Excess from 2019. .

6 Enter the net total of each column as

indicated below:

Part XIII Undistributed Income (see instructions)

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



Program service reverue: a	ter gross	amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
b	_						(See instructions.)
d d e f g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities. Dividends and se							
de e							
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments							
g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments							
Membership dues and assessments	f						
Interest on savings and temporary cash investments	g Fees	and contracts from government agencies					
investments		•					
Dividends and interest from securities							
Net rental income or (loss) from real estate: a Debt-financed property							
a Debt-financed property					14	18,488	
b Not debt-financed property		• •					
Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory							
Other investment income							
inventory Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a b C Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) TRIVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See							
Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a	Gain or	(loss) from sales of assets other than					
Gross profit or (loss) from sales of inventory Other revenue: a b c d Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) THE XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	invento	ry			18	30,040	
Other revenue: a	Net inc	ome or (loss) from special events:					
b d d d d d d d d d d d d d d d d d d d							
c	Other r	evenue: a					
d							
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See							
Subtotal. Add columns (b), (d), and (e)							
Total. Add line 12, columns (b), (d), and (e)				0		F0.034	
(See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	Subtota	al. Add Columns (b), (d), and (e).		U		· · · · · · · · · · · · · · · · · · ·	
Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	Total	Add line 12 columns (b) (d) and (e)			1	2	50.824
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See		orksheet in line 13 instructions to verify calcu	lations.)			3	50,824
	(See wo	orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th	lations.) le Accomplis	hment of Exem	pt Purposes		
	(See wo irt XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
	(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
	(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
	(See wo irt XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
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	(See wo Irt XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
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	See wo rt XVI e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
	(See wo rt XVI e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
	(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
	(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
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	(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	
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	(See wo Irt XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes F Part XVI-A contribu	uted importantly to	

Form 990-	PF (20:	.9)						Pa	ge 13
Part X\	/II	Information Re Exempt Organi		fers To and Transact	ions and F	Relationships With Nonchari	table		
				any of the following with in section 527, relating to		ganization described in section 501 anizations?		Yes	No
a Transfe	ers fror	n the reporting four	ndation to a noncha	aritable exempt organizati	on of:				
(1) C	ash						1a(1)		No
` '		sets					1a(2)		No
b Other							l		
` '				nnization			1b(1)		No
. ,				npt organization			1b(2)		No
		f facilities, equipmen					1b(3)		No
` '		sement arrangemer					1b(4)		No
		<u>-</u>		Iraising solicitations.			1b(5)		No No
` '				assets, or paid employees			1b(6)		No
	-					should always show the fair market			NO
(a) Line No	. (E	Amount involved	(c) Name of nonch	aritable exempt organization	(d) Desc	cription of transfers, transactions, and sha	ring arra	ngemen	ts
	-								
					<u> </u>				
					 				
describ	ed in s	•	r than section 501	or related to, one or motion $(c)(3)$ or in section 527?		·	Z No		
		(a) Name of organization		(b) Type of organiz	ation	(c) Description of relati	onship		
				1		I			

(a) Name of organization	(b) Type of organization	(c) Description of relationship
Under penalties of perjury. I declare that I h	ave examined this return, including acc	omnanying schedules and statements, and to the hest

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of

which preparer has any knowledge. Sign May the IRS discuss this 2020-11-01 Here return Signature of officer or trustee Title Date Print/Type preparer's name Preparer's Signature PTIN

Paid **Preparer Use Only**

TED B EDWARDS CPA HADDOX REID EUBANK BETTS PLLC

Firm's address ▶ 188 EAST CAPITOL STREET STE 500

JACKSON, MS 39201

Date

2020-11-01

Check if selfemployed ▶ 🔲 with the preparer shown

(see instr.) 🗹 Yes 🗆 No

P00957105

Phone no. (601) 948-2924

Firm's EIN ▶64-0414329

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) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation **ENTERGY CORPORATION** Р **EXELON CORPORATION** Ρ FIRSTENERGY CORPORATION Р FEDERATED STRATEGIC VALUE DIVIDEND FUND CLASS A Ρ AKAMAI TECHNOLOGIES INCORPORATED Ρ Ρ ANADARKO PETE CORPORATION Ρ CATERPILLAR INCORPORATED Р CATERPILLAR INCORPORATED CERENCE INCORPORATED Ρ CHIPOTLE MEXICAN GRILL INCORPORATED Р 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) 28,595 19,888 8,707 57,493 51,886 5,607 23,064 18,053 5,011 499,522 488.942 10,580 179 153 26 2,323 2,333 -10 371 383 -12 255 255 0 7 10 -3 841 710 131 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 8,707 5,607 5,011 10,580 26 -10 -12 0 -3 131

Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	nsa-d	
List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
COCA COLA COMPANY			Р		
ECOLAB INCORPORATED			Р		
GRUBHUB INCORPORATED			Р		
JOHNSON AND JOHNSON			Р		
L3HARRIS TECHNOLOGIES IN	CORPORATED		Р		
OCCIDENTAL PETE CORPORA	TION		Р		
PAYPAL HOLDINGS INCORPOR	RATED		Р		
PAYPAL HOLDINGS INCORPO	RATED		Р		
PAYPAL HOLDINGS INCORPO	RATED		Р		
QUALCOMM INCORPORATED			Р		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale		or (loss) (f) minus (g)
532			493		39
384			361	23	
315		569		-254	
273			274	-1	
146			147	-1	
17			18		-1
919			894		25
231			223		8
812			782		30
275			261		14
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	nsi-l	
Complete only for assets show	ying gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col. (i) ol. (j), if any		ot less than -0-) or from col.(h))
					39
					23
					-254
					-1
					-1
					-1
					25
					8
					30
]					14

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, (c) (d) (b) (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 TEXAS INSTRUMENTS INCORPORATED Ρ TEXAS INSTRUMENTS INCORPORATED Ρ THERMO FISHER SCIENTIFIC INCORPORATED Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Cost or other basis Gain or (loss) Depreciation allowed (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 258 221 37 260 221 39 310 265 45 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)) (i) as of 12/31/69 (k) over col. (j), if any 37 39

45

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

AMERICAN RED CROSS 875 RIVERSIDE DRIVE JACKSON, MS 39202	NONE	PORTIC	CHARITABLE	2,000
BIG HOUSE BOOKSPO BOX 55586	NONE	PUBLIC	CHARITABLE	1,000

BIG HOUSE BOOKSPO BOX 55586 JACKSON, MS 39296	NONE	PUBLIC	CHARITABLE	1,000
BOYS AND GIRLS CLUB CENTRAL MS 407 BRIARWOO DRIVE SUITE 223	NONE	PUBLIC	CHARITABLE	1,000

JACKSON, MS 39296				
BOYS AND GIRLS CLUB CENTRAL MS 407 BRIARWOO DRIVE SUITE 223 JACKSON, MS 39206	NONE	PUBLIC	CHARITABLE	1,

Total .

670,000

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CANOPY SERVICESPO BOX 1078 JACKSON, MS 39215	NONE	PUBLIC	CHARITABLE	5,000
COMMUNITY FOUNDATION FOR MISSISSIPPI	NONE	PUBLIC	CHARITABLE	1,000

MISSISSIPPI 525 EAST CAPITAL STREET SUITE 5B JACKSON, MS 39201	NONE	FOBLIC	CHARTABLE	1,000
EXTRA TABLE3904 HARDY STREET	NONE	PUBLIC	CHARITABLE	3,000

JACKSON, MS 39201				
EXTRA TABLE3904 HARDY STREET HATTIESBURG, MS 39402	NONE	PUBLIC	CHARITABLE	3,000
Total			▶ 3a	670,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

EDENCH CAMB ACADEMY	NONE	DUDLIC	CHARITARIE	1 000
a Paid during the year				
Name and address (home or business)	or substantial contributor	recipient		

ONE FINE PLACE FRENCH CAMP, MS 39745	NONE	FOBLIC	CHARTABLE	1,000
GATEWAY RESCUE MISSION	NONE	PUBLIC	CHARITABLE	6,000

				i .
GATEWAY RESCUE MISSION 328 SOUTH GALLATIN STREET JACKSON, MS 39207	NONE	PUBLIC	CHARITABLE	6,0
HARITAT FOR HUMANITY	NONE	DUBLIC	CHARITABLE	8.0

JACKSON, MS 39207				
HABITAT FOR HUMANITY 615 STONEWALL STREET	NONE	PUBLIC	CHARITABLE	8,000

JACKSON, MS 39207				
HABITAT FOR HUMANITY 615 STONEWALL STREET JACKSON, MS 39213	NONE	PUBLIC	CHARITABLE	8,0

Total .

670,000

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

_ ,				
HOSPICE MINISTRIES 450 TOWNE CENTER BLVD RIDGELAND, MS 39157	NONE	PUBLIC	CHARITABLE	1,000
JACKSON ACADEMY DEVELOPMENT	NONE	PUBLIC	CHARITABLE	25 000

JACKSON ACADEMY DEVELOPMENT	NONE	PUBLIC	CHARITABLE	25,000
OFFICE PO BOX 14978				
JACKSON, MS 39236				

PO BOX 14978 JACKSON, MS 39236				
KIVA MICROFUNDS 986 MISSION STREET 4TH FLOOR SAN FRANCISCO CA 94103	NONE	PUBLIC	CHARITABLE	1,000

JACKSON, MS 39236				
KIVA MICROFUNDS 986 MISSION STREET 4TH FLOOR SAN FRANCISCO, CA 94103	NONE	PUBLIC	CHARITABLE	1,000

Total .

670,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MAGNOLTA SPEECH SCHOOL	NONE	DUBLIC	CHARITARIE	550,000

MAGNOLIA SPEECH SCHOOL 733 FLAG CHAPEL ROAD JACKSON, MS 39209	NONE	PUBLIC	CHARITABLE	550,000
MILLSAPS COLLEGE	NONE	PUBLIC	CHARITABLE	1,000

JACKSON, MS 39209				
MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	NONE	PUBLIC	CHARITABLE	1,000
MISSISSIPPI ANIMAL RESCUE LEAGUE	NONE	PUBLIC	CHARITABLE	4.000

MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	NONE	PUBLIC	CHARITABLE	1,000
MISSISSIPPI ANIMAL RESCUE LEAGUE 5221 GREENWAY DRIVE EXT	NONE	PUBLIC	CHARITABLE	4,000

1701 NORTH STATE STREET JACKSON, MS 39210				
MISSISSIPPI ANIMAL RESCUE LEAGUE 5221 GREENWAY DRIVE EXT JACKSON, MS 39204	NONE	PUBLIC	CHARITABLE	4,000

MISSISSIPPI ANIMAL RESCUE LEAGUE 5221 GREENWAY DRIVE EXT JACKSON, MS 39204	NONE	PUBLIC	CHARITABLE	4,000
Total			▶ 3a	670,000

Recipient If recipient is an individual, Foundation Purpose of grant or 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 MISSISSIPPI HILLS NHA NONE PUBLIC CHARITABLE 5,000

398 E MAIN STREET SUITE 114 TUPELO, MS 38804				
MISSISSIPPI STATE UNIVERSITY BULLDOG CLUB	NONE	PUBLIC	CHARITABLE	20,000

BULLDOG CLUB PO BOX BT MISSISSIPPI STATE, MS 39762				_5,555
MISSISSIPPI STATE UNIVERSITY DEVELOPMENT FOUNDATION PO BOX 6149	NONE	PUBLIC	CHARITABLE	3,000

За

670,000

MISSISSIPPI STATE, MS 39762				
MISSISSIPPI STATE UNIVERSITY DEVELOPMENT FOUNDATION PO BOX 6149 MISSISSIPPI STATE, MS 39762	NONE	PUBLIC	CHARITABLE	3,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
NASBA CENTER FOR THE PUBLIC TRUST ONE NASHVILLE PLACE 150 4TH AVE N	NONE	PUBLIC	CHARITABLE	7,500

700 NASHVILLE, TN 37219				
SALVATION ARMY110 PRESTO LANE JACKSON, MS 39206	NONE	PUBLIC	CHARITABLE	5,000

SALVATION ARMY110 PRESTO LANE JACKSON, MS 39206	NONE	PUBLIC	CHARITABLE	5,000
SOUTHERN CHRISTIAN SERVICES 860 E RIVER PL JACKSON, MS 39202	NONE	PUBLIC	CHARITABLE	2,000

JACKSON, MS 39206	NONE	TOBLIC	CHARTABLE	3,000
SOUTHERN CHRISTIAN SERVICES 860 E RIVER PL JACKSON, MS 39202	NONE	PUBLIC	CHARITABLE	2,000
Total			▶ 3a	670,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
ST DOMINIC'S HOSPITAL 969 LAKELAND DRIVE JACKSON, MS 39216	NONE	PUBLIC	CHARITABLE	10,000

969 LAKELAND DRIVE JACKSON, MS 39216				
STEWPOT COMMUNITY SERVICES 1100 W CAPITAL STREET	NONE	PUBLIC	CHARITABLE	5,000

STEWPOT COMMUNITY SERVICES 1100 W CAPITAL STREET JACKSON, MS 39203	NONE	PUBLIC	CHARITABLE	5,000
THE MCCOV HOUSEBO BOY 331	NONE	DUBLIC	CHADITABLE	600

1100 W CAPITAL STREET JACKSON, MS 39203				
THE MCCOY HOUSEPO BOX 231	NONE	PUBLIC	CHARITABLE	600

JACKSON, MS 39203				
THE MCCOY HOUSEPO BOX 231 RIDGELAND, MS 39158	NONE	PUBLIC	CHARITABLE	600

RIDGELAND, MS 39158	NONE	PUBLIC	CHARITABLE	D
Total			▶ 3a	670,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial continuation			
a Paid during the year				
THE MISSISSIPPI GIRLCHOIR PO BOX 13246	NONE	PUBLIC	CHARITABLE	900

PO BOX 13246 JACKSON, MS 39236				
THE MUSTARD SEED	NONE	PUBLIC	CHARITABLE	1,000

THE MUSTARD SEED 1085 LUCKNEY ROAD BRANDON, MS 39047 PUBLIC CHARITABLE 1,000	,				
	1085 LUCKNEY ROAD	NONE	PUBLIC	CHARITABLE	1,000

670,000

1085 LUCKNEY ROAD		
BRANDON, MS 39047		

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TY 2019 Accounting Fees Schedule					
_					
Name: WESLEY A CALDWELL FOUNDATION INC EIN: 64-0746933					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	2,495	0		2,495	

TY 2019 Investments - Other Schedule

Name: WESLEY A CALDWELL FOUNDATION INC

EIN: 64-0746933

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALPHABET INCORPORATED	AT COST	25,718	60,273
APPLE INCORPORATED	AT COST	9,461	29,365
ENTERGY CORPORATION	AT COST	19,888	29,950
FIRSTENERGY CORPORATION	AT COST	18,053	24,300
SCHLUMBERGER LIMITED	AT COST	29,410	16,080
WAL-MART STORES INCORPORATED	AT COST	19,744	35,652
AMC NETWORKS INCORPORATED CLASS A	AT COST	217	158
ADOBE INCORPORATED	AT COST	1,658	1,979
ADVANCE AUTO PARTS INCORPORATED	AT COST	1,096	1,121
AKAMAI TECHNOLOGIES INCORPORATED	AT COST	1,072	1,209
ALEXION PHARMACEUTICALS INCORPORATED	AT COST	1,260	1,082
ALIBABA GROUP HLDG LIMITED SPONSORED ADS	AT COST	898	1,060
ALPHABET INCORPORATED CAP STK CLASS C	AT COST	2,335	2,674
ALPHABET INCORPORATED CAP STK CLASS A	AT COST	1,174	1,339
AMAZON COM INCORPORATED	AT COST	3,740	3,696
AMERICAN EXPRESS COMPANY	AT COST	1,300	1,369
ANHEUSER BUSCH INBEV SA/NV SPONSORED ADR	AT COST	1,007	984
APPLE INCORPORATED	AT COST	1,174	1,762
AUTODESK INCORPORATED	AT COST	2,954	3,119
BIOMARIN PHJARMACEUTICAL INCORPORATED	AT COST	682	676
BIOGEN INCORPORATED	AT COST	2,083	2,671
BLACKROCK INCORPORATED	AT COST	892	1,005
BROADCOM INCORPORATED	AT COST	2,758	2,844
C H ROBINSON WORLDWIDE INCORPORATED	AT COST	429	391
CERENCE INCORPORATED	AT COST	81	91
CITRIX SYSTEMS INCORPORATED	AT COST	1,637	1,885
COMCAST CORPORATION	AT COST	4,115	4,362
COSTCO WJHOLESALE CORPORATION	AT COST	977	1,176
CREE INCORPORATED	AT COST	1,036	831
DISNEY WALT COMPANY	AT COST	1,480	1,591

Investments Other Schedule 2

Investments Other Schedule 2 Category/ Item	Listed at Cost or	Book Value	End of Year Fair
	FMV		Market Value
DISCOVERY INCORPORATED	AT COST	470	557
DOLBY LABARATORIES INCORPORATED	AT COST	391	413
ECOLAB INCORPORATED	AT COST	903	965
FACEBOOK INCORPORATED	AT COST	2,805	3,079
FIDELITY NATL INFORMATION SERVICES	AT COST	1,070	1,113
FIREEYE INCORPORATED	AT COST	537	645
FLUOR CORPORATION	AT COST	237	151
FREEPORT-MCMORAN INCORPORATED	AT COST	565	682
GCI LIBERTY INCORPORATED	AT COST	175	213
GRAINGER W W INCORPORATED	AT COST	1,048	1,354
HOME DEPOT INCORPORATED	AT COST	1,345	1,529
HONEYWELL INTERNATIONAL INCORPORATED	AT COST	1,185	1,239
IMMUNOGEN INCORPORATED	AT COST	32	82
IONIS PHARMACEUTICALS INCORPORATED	AT COST	1,343	1,208
JOHNSON & JOHNSON	AT COST	1,341	1,459
L3HARRIS TECHNOLOGIES INCORPORATED	AT COST	1,284	1,385
LIBERTY BROADBAND CORPORATION COME SER A	AT COST	99	125
LIBERTY BROADBAND CORPORATION COME SER C	AT COST	196	251
LIBERTY MEDIA CORPORATION DELAWARE COM A SERIUS XM	AT COST	153	193
LIBERTY MEDIA CORPORATION DELAWARE COM C SERIUS XM	AT COST	383	481
LIBERTY MEDIA CORPORATION DELAWARE COM SER C FRMLA	AT COST	39	46
LIBERTY MEDIA CORPORATION DELAWARE COM SER A FRMLA	AT COST	76	88
LIONS GATE ENTERTAINMENT CORPORATION	AT COST	115	79
LOGMEIN INCORPORATED	AT COST	76	86
MCCORMICK & COMPANY INCORPORATED	AT COST	621	679
MICROSOFT CORPORATION	AT COST	3,284	4,100
NATIONAL OILWELL VARCO INCORPORATED	AT COST	144	150
NOW INCORPORATED	AT COST	126	101
NUANCE COMMUNICATIONS INCORPORATED	AT COST	546	642
NUCOR CORPORATION	AT COST	384	394

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NUTANIX INCORPORATED	AT COST	535	438
NVIDIA CORPORATION	AT COST	820	1,176
OCCIDENTAL PETE CORPORATION	AT COST	417	371
ORACLE CORPORATION	AT COST	1,201	1,165
PALO ALTO NETWORKS INCORPORATED	AT COST	1,337	1,387
PIONEER NAT RES COMPANY	AT COST	900	908
QUALCOMM INCORPORATED	AT COST	1,256	1,323
QURATE RETAIL INCORPORATED	AT COST	291	194
SALESFORCE COM INCORPORATED	AT COST	962	976
THE CHARLES SCHWAB CORPORATION	AT COST	1,259	1,379
SPLUNK INCORPORATED	AT COST	1,347	1,498
TEXAS INSTRUMENTS INCORPORATED	AT COST	662	770
THERMO FISHER SCIENTIFIC INCORPORATED	AT COST	1,324	1,624
TWITTER INCORPORATED	AT COST	2,640	2,276
UBER TECHNOLOGIES INCORPORATED	AT COST	848	595
UNITED PARCEL SERVICE INCORPORATED	AT COST	1,163	1,288
UNITED HEALTH GROUP INCORPORATED	AT COST	4,977	6,174
VERTEX PHARMACEUTICALS INCORPORATED	AT COST	1,342	1,752
VISA INCORPORATED	AT COST	2,446	2,818
VMWARE INCORPORATED	AT COST	1,519	1,214
WESTERN DIGITAL CORPORATION	AT COST	1,260	1,714
ZOETIS INCORPORATED	AT COST	1,226	1,588
ALERGAN PLC	AT COST	1,641	2,294
IHS MARKIT LIMITED	AT COST	1,023	1,356
JOHNSON CONTROLS INTERNATONAL PLC	AT COST	979	1,018
LINDE PLC	AT COST	1,090	1,283
MEDTRONIC PLC	AT COST	442	567
SEAGATE TECHNOLOGY PLC	AT COST	1,500	1,963
PENTAIR PLC	AT COST	107	138
TE CONNECTIVITY LIMITED	AT COST	1,615	1,725

Investments Other Schedule 2

Category/ Item

Listed at Cost or FMV

Book Value End of Year Fair Market Value

5 ,,	FMV		Market Value
EQUINOX INCORPORATED REIT	AT COST	977	1,167

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TY 2019 Other Expenses Schedule						
Name:	WESLEY A CALDWELL FOUNDATION INC					
EIN:	64-0746933					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
OTHER DEDUCTIONS	639	639		0		

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TY 2019 Taxes Schedule						
	me: WESLEY A C	CALDWELL FOUND	ATION INC			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL EXCISE TAX	2,568	0		0		
FOREIGN TAXES PAID	3	3		0		