

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation T H ETHERIDGE TRUST		A Employer identification number 64-6207047	
Number and street (or P.O. box number if mail is not delivered to street address) ONE LITTLE CREEK ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code JACKSON, MS 39232		B Telephone number (see instructions) (601) 420-9343	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 7,913,294		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,429,897			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	86,567	86,567		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	62,396			
	b Gross sales price for all assets on line 6a 209,446				
	7 Capital gain net income (from Part IV, line 2) . . .		157,190		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,578,860	243,757		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	5,563	2,290		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	6,909	6,909		0
	24 Total operating and administrative expenses. Add lines 13 through 23	12,472	9,199		0
	25 Contributions, gifts, grants paid	232,770			232,770
	26 Total expenses and disbursements. Add lines 24 and 25	245,242	9,199		232,770
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,333,618			
	b Net investment income (if negative, enter -0-)		234,558		
	c Adjusted net income (if negative, enter -0-) . . .				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	172,082	202,139	202,139
	2 Savings and temporary cash investments			
	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 ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c 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)	4,159,336	5,462,897	7,711,155
	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)	4,331,418	5,665,036	7,913,294	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	4,331,418	5,665,036	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	0	0	
	29 Total net assets or fund balances (see instructions)	4,331,418	5,665,036	
30 Total liabilities and net assets/fund balances (see instructions) .	4,331,418	5,665,036		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	4,331,418
2 Enter amount from Part I, line 27a	2	1,333,618
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	5,665,036
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	5,665,036

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 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.)
1 a CELGENE CORP	D		
b REDHAT INC	D		
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 39,100		19,167	19,933
b 131,100		33,089	98,011
c 39,246			39,246
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			19,933
b			98,011
c			39,246
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	157,190
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	232,050	5,591,395	0.041501
2017	234,188	3,776,346	0.062014
2016	224,997	2,821,857	0.079734
2015	233,954	2,567,158	0.091133
2014	87,490	2,166,063	0.040391

2 Total of line 1, column (d)	2	0.314773
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.062955
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	6,026,985
5 Multiply line 4 by line 3	5	379,429
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,346
7 Add lines 5 and 6	7	381,775
8 Enter qualifying distributions from Part XII, line 4	8	232,770

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	4,691
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	4,691
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4,691
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	4,680
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	4,680
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	11
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MS _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>HADDOX REID EUBANK BETTS PLLC</u> Telephone no. ► <u>(601) 948-2924</u>			

Located at ► ONE JACKSON PLACE SUITE 500 JACKSON MSZIP+4 ► 39225

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part 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
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 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 <input type="checkbox"/>	1b	
c	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 2019?	1c	No
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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	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.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 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 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 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b
	If "Yes" to 6b, file Form 8870.		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
TAM H ETHERIDGE ONE LITTLE CREEK ROAD JACKSON, MS 39232	TRUSTEE 0.00	0	0	0
NORA JANE ETHERIDGE ONE LITTLE CREEK ROAD JACKSON, MS 39232	TRUSTEE 0.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ► 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	5,874,726
b	Average of monthly cash balances.	1b	244,041
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	6,118,767
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	6,118,767
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	91,782
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,026,985
6	Minimum investment return. Enter 5% of line 5.	6	301,349

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	301,349
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	4,691
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	4,691
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	296,658
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	296,658
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	296,658

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	232,770
b	Program-related investments—total from Part IX-B.	1b	0
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	232,770
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. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	232,770

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				296,658
2 Undistributed income, if any, as of the end 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 2019:				
a From 2014.				
b From 2015.				
c From 2016. 60,047				
d From 2017. 48,295				
e From 2018.				
f Total of lines 3a through e.	108,342			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 232,770				
a Applied to 2018, but not more than line 2a			0	
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			
d Applied to 2019 distributable amount.				232,770
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	63,888			63,888
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	44,454			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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 2014 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	44,454			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017. 44,454				
d Excess from 2018.				
e Excess from 2019.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net 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					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 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).)

TAM H ETHERIDGE

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.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

WALTER S WEEMS
PO DRAWER 119
JACKSON, MS 39205
(601) 960-6863

b The form in which applications should be submitted and information and materials they should include:

LETTER OUTLINING REASON FOR NEED

c Any submission deadlines:

NONE

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

NONE

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	232,770
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

[illegible]

Part XVII

- | | | | |
|---|--|----|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | No |
| 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. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- | b If "Yes," complete the following schedule. | | |
|--|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| | | |
| | | |
| | | |
| | | |

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 Here <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JAN F LEWIS CPA		2020-10-05		P00904894
	Firm's name ▶ HADDOX REID EUBANK BETTS PLLC				Firm's EIN ▶ 64-0414329
	Firm's address ▶ 188 EAST CAPITOL STREET STE 500 JACKSON, MS 39201				Phone no. (601) 948-2924

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASSOCIATION OF NAVAL AVIATION 6551 LOISDALE COURT SUITE 222 SPRINGFIELD, VA 22150		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
ASSOCIATION OF THE US NAVY 3601 EISENHOWER AVENUE SUITE 110 ALEXANDRIA, VA 22304		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	70
BLAIR E BATSON CHILDREN'S HOSPITAL 2500 NORTH STATE STREET JACKSON, MS 39216		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOOKFRIENDS - UNIVERSITY PRESS OF MISSISSIPPI 3825 RIDGEWOOD ROAD JACKSON, MS 39211		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	150
CENTURY CLUB CHARITIES 576 HIGHLAND COLONY PARKWAY 110 RIDGELAND, MS 39157		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,450
COMMUNITY FOUNDATION OF MISSISSIPPIK 119 SOUTH PRESIDENT STREET JACKSON, MS 39201		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COOPERATIVE BAPTIST FELLOWSHIP 2930 FLOWERS ROAD SOUTH STE 133 ATLANTA, GA 30341		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
DELTA WATERFOWLPO BOX 3128 BISMARCK, ND 58502		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
EAST CENTRAL COMMUNITY COLLEGE PO BOX 129 DECATUR, MS 39327		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMPOWER MISSISSIPPI 741 AVIGNON DRIVE SUITE C RIDGELAND, MS 39157		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
EUDORA WELTY FOUNDATION PO BOX 55685 JACKSON, MS 39296		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 6177 JACKSON, MS 39288		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FONDREN COVEREDPO BOX 1039 JACKSON, MS 39215		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	750
FRENCH CAMP ACADEMY1 FINE PLACE FRENCH CAMP, MS 39745		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
FRIENDS FOR A CAUSEPO BOX 2912 MADISON, MS 39130		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HABITAT FOR HUMANITYPO BOX 55634 JACKSON, MS 39296		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,000
HERITAGE FOUNDATIONPO BOX 07057 WASHINGTON, DC 20090		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
HOOVER INSTITUTE434 GALVEZ MALL STANFORD, CA 94305		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOSPICE MINISTRIES 450 TOWNE CENTER BLVD RIDGELAND, MS 39157		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
INTERNATIONAL BALLET COMPETITION PO BOX 3696 JACKSON, MS 39207		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	2,000
JUDICIAL WATCHPO BOX 96234 WASHINGTON, DC 20090		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,200
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUVENILE DIABETES FOUNDATION 2630 SOUTHERLAND STREET JACKSON, MS 39216		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	150
MAGNOLIA SPEECH SCHOOL 733 NORTH FLAG CHAPEL ROAD JACKSON, MS 39209		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,500
MAYO CLINIC200 FIRST STREET SW ROCHESTER, MN 55902		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	3,500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METROPOLITAN MUSEUM OF ART PO BOX 5228 NEW YORK, NY 10277		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	200
MS BAPTIST HEALTH SYSTEMS PO BOX 2002 JACKSON, MS 39215		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	750
MS CENTER FOR PUBLIC POLICY 520 GEORGE STREET JACKSON, MS 39216		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,500
Total ► 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MS HERITAGE TRUSTPO BOX 577 JACKSON, MS 39202		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
MS MUSEUM OF ART380 LAMAR STREET JACKSON, MS 39201		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,200
MS OPERA GUILDPO BOX 1551 JACKSON, MS 39215		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	200
Total ► 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MS SOCIETY FOR DISABILITIES PO BOX 4958 JACKSON, MS 39296		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	200
MS SYMPHONYPO BOX 2052 JACKSON, MS 39225		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	25,000
MSU FUND FOR EXCELLENCE PO BOX 6149 MS STATE, MS 39762		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MUSTARD SEED1085 LUCKNEY ROAD FLOWOOD, MS 39232		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
NATIONAL WWII MUSEUM PO BOX 97336 WASHINGTON, DC 20090		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
NAVAL AVIATION MUSEUM FOUNDATION PO BOX 33104 NAS PENSACOLA, FL 32508		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	2,500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAVAL HISTORICAL FOUNDATION PO BOX 15304 WASHINGTON, DC 20003		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
NEWSTAGE THEATREPO BOX 4792 JACKSON, MS 39296		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
NORTHMINSTER BAPTIST CHURCH 3955 RIDGEWOOD ROAD JACKSON, MS 39211		PUBLIC	CHORAL INTERNSHIP DONATION	1,500
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHMINSTER BAPTIST CHURCH 3955 RIDGEWOOD ROAD JACKSON, MS 39211		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	22,150
OJAI RAPTOR CENTERPO BOX 182 OAK VIEW, CA 93022		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	300
PALMER HOME FOR CHILDREN PO BOX 746 COLUMBUS, MS 39703		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	150,000
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PARKINSON'S GROUP OF THE OZARKS PO BOX 50595 SPRINGFIELD, MO 65805		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
ST ANDREWS EPISCOPAL SCHOOL 370 OLD AGENCY ROAD RIDGELAND, MS 39157		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	3,000
STEWART1100 WEST CAPITOL STREET JACKSON, MS 39203		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,000
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FIELD75 MAIDEN LANE SUITE 906 NEW YORK, NY 10038		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,000
THE MIND CENTER 2500 NORTH STATE STREET JACKSON, MS 39216		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	1,000
THE NAVIGATORPO BOX 6000 COLORADO SPRINGS, CO 80934		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	250
Total ▶ 3a				232,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TRINITY BAPTIST CHURCH 208 OAK HILL DRIVE CARTHAGE, MS 39051		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
WILDLIFE MISSISSIPPIPO BOX 10 STONEVILLE, MS 38776		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
WILSON RESEARCH FOUNDATION 1350 EAST WOODROW WILSON AVENUE JACKSON, MS 39216		PUBLIC	GENERAL OPERATIONS OF THE ORGANIZATION	500
Total ▶ 3a				232,770

TY 2019 Investments - Other Schedule**Name:** T H ETHERIDGE TRUST**EIN:** 64-6207047**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
STOCKS HELD AT CHARLES SCHWAB	AT COST	4,117,509	5,904,285
MUTUAL FUNDS HELD AT CHARLES SCHWAB	AT COST	1,032,823	1,385,973
ETFS HELD AT CHARLES SCHWAB	AT COST	312,565	420,897

TY 2019 Other Expenses Schedule**Name:** T H ETHERIDGE TRUST**EIN:** 64-6207047**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	6,909	6,909		0

TY 2019 Taxes Schedule**Name:** T H ETHERIDGE TRUST**EIN:** 64-6207047

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	2,290	2,290		0
FEDERAL EXCISE TAX	3,273	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491289014040	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047
					2019
Name of the organization T H ETHERIDGE TRUST				Employer identification number 64-6207047	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization T H ETHERIDGE TRUST	Employer identification number 64-6207047
---	--

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TAM H ETHERIDGE 1 LITTLE CREEK ROAD JACKSON, MS 39232	\$ 1,429,897	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization T H ETHERIDGE TRUST	Employer identification number 64-6207047
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Part II **Noncash Property** (see Instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—	See Additional Data Table	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	

Name of organization T H ETHERIDGE TRUST	Employer identification number 64-6207047
---	--

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____ _____ _____	_____ _____ _____	

Additional Data

Software ID:
Software Version:
EIN: 64-6207047
Name: T H ETHERIDGE TRUST

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	535 SHS ASSOCIATED BRITISH FOODS STOCK	<u>\$ 18,077</u>	<u>2019-12-20</u>
<u>1</u>	2,536 SHS ATLANTIA S.P.A. STOCK	<u>\$ 30,888</u>	<u>2019-12-20</u>
<u>1</u>	1,062 SHS NOVARTIS STOCK	<u>\$ 100,365</u>	<u>2019-12-20</u>
<u>1</u>	290 SHS NXP SEMICONDUCTORS STOCK	<u>\$ 36,923</u>	<u>2019-12-20</u>
<u>1</u>	2,290 SHS DAIWA HOUSE INDUSTRY CO STOCK	<u>\$ 71,104</u>	<u>2019-12-20</u>
<u>1</u>	2,213 SHS INFORMA PLC STOCK	<u>\$ 49,272</u>	<u>2019-12-20</u>
<u>1</u>	411 SHS ASHTREAD GROUP STOCK	<u>\$ 52,139</u>	<u>2019-12-20</u>
<u>1</u>	2,432 SHS SEVEN & I HOLDINGS CO. STOCK	<u>\$ 44,858</u>	<u>2019-12-20</u>
<u>1</u>	815 SHS ROGERS COMMUNICATIONS INC STOCK	<u>\$ 40,383</u>	<u>2019-12-20</u>
<u>1</u>	212 SHS ALCON CO STOCK	<u>\$ 12,123</u>	<u>2019-12-20</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	1,292 SHS MAKITA CORP STOCK	<u>\$ 44,516</u>	<u>2019-12-20</u>
<u>1</u>	1,170 SHS UNILEVER PLC STOCK	<u>\$ 66,538</u>	<u>2019-12-20</u>
<u>1</u>	737 SHS ANHEUSER BUSCH STOCK	<u>\$ 60,360</u>	<u>2019-12-20</u>
<u>1</u>	4,492 SHS KDDI CORP STOCK	<u>\$ 67,290</u>	<u>2019-12-20</u>
<u>1</u>	6,740 SHS SUMITOMO MITSUI FINANCIAL GROUP, INC. STOCK	<u>\$ 50,382</u>	<u>2019-12-20</u>
<u>1</u>	446 SHS BALL CORPORATION STOCK	<u>\$ 29,039</u>	<u>2019-12-20</u>
<u>1</u>	1,594 SHS PRUDENTIAL PUBLIC LIMITED CO STOCK	<u>\$ 59,519</u>	<u>2019-12-20</u>
<u>1</u>	2,067 SHS RED ELECTRICA STOCK	<u>\$ 20,608</u>	<u>2019-12-20</u>
<u>1</u>	409 SHS UNITED PARCEL SERVICE STOCK	<u>\$ 48,017</u>	<u>2019-12-23</u>
<u>1</u>	708 SHS TARGET CORP STOCK	<u>\$ 91,438</u>	<u>2019-12-23</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	72 SHS ALPHABET INC CLASS C STOCK	<u>\$ 97,170</u>	<u>2019-12-23</u>
<u>1</u>	459 SHS YUM CHINA HOLDINGS INC STOCK	<u>\$ 22,335</u>	<u>2019-12-23</u>
<u>1</u>	394 SHS ANHEUSER BUSCH STOCK	<u>\$ 32,304</u>	<u>2019-12-23</u>
<u>1</u>	938 SHS JUNIPER NETWORKS INC STOCK	<u>\$ 22,981</u>	<u>2019-12-23</u>
<u>1</u>	459 SHS YUM BRANDS INC STOCK	<u>\$ 46,171</u>	<u>2019-12-23</u>
<u>1</u>	764 SHS BRISTOL-MYERS SQUIBB STOCK	<u>\$ 48,522</u>	<u>2019-12-23</u>
<u>1</u>	70 SHS ALPHABET INC CLASS A STOCK	<u>\$ 94,584</u>	<u>2019-12-23</u>
<u>1</u>	51 SHS REGENERON FARMS INC STOCK	<u>\$ 19,157</u>	<u>2019-12-23</u>
<u>1</u>	97 SHS DELL TECHNOLOGIES STOCK	<u>\$ 4,813</u>	<u>2019-12-23</u>