990-PF

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

2019

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made publication and the latest information.

Go to www.irs.gov/Form990PFlor instructions and the latest information.

Open to Rublic Increation

OMB No 1545-0047

l i	inte	ern <u>ai i</u>	Revenue Service	Go to www.	irs.gov/	romys	UPMOT INST	ructions and th	ne latest inf	ormati	<u>on</u>		en to Public Inspection
- 1	Fo	r cal	endar year 2019 or	tax year beginning	-	-		, 2019	, and endi	ng			, 20
- 1	Na	me of	foundation				•				Empl	oyer identifi	cation number
1	(	יאפי	RIE T. & TOM W	A GLOVER III	XXXX	xxxq	129					72-	6173127
_			and street (or P O box num						Room/suite	e <b>B</b>	Telep		er (see instructions)
2020								·  -			(000		
$\approx$	7	חרפי	ת ספפוטפ מסע מ	001								2.2	4 410 0017
0			T OFFICE BOX 2  own, state or province, cour					<del></del>	<u> </u>			3.3	4-418-8217
_	Cit	y Or ic	wii, state of province, cour	itty, and zir of foreign p	ostai cout	E				,	lf aven	nption applicat	
												ng, check here	
ij			<u>KSON, MS 39205</u>										
_	G	Che	ck all that apply.	Initial return		∐ lr	nitial return	of a former p	oublic char	ity   D	1 For	eign organizati	ons, check here 🕨 🔛
별				Final return		Amended return					eign organizati Kitest, check hi	ons meeting the	
PE OATE				Address change	_		ame chang						
ENVELOP Postmark	H	Che	ck type of organization	on: X Section 5	01(c <u>)(3</u> )	<u>)</u> exem	pt private	foundation	$\cap$	_   _	if new	ata foundation	status was terminated
불물	$\perp$	s	ection 4947(a)(1) none	xempt charitable trust	:	Other	r taxable p	rivate founda	tion( )	<u>,                                    </u>			(1)(A), check here
S E	ı	Fair	market value of a	ll assets at J Ac	countir	ng met	thod. X	ash Acc	crual	F	If the f	oundation is in	a 60-month termination
嫠		end	of year (from Part II,	col. (c), line	Other	(specif	fy)						(1)(B), check here . ►
_	_	16)	<b>▶ \$</b> 282	2,696. (Part	I, colun	nn (d), i	must be on o	cash basis )		_			
	P	art l	Analysis of Revenu		he /	(a) Paus	spue and			•			(d) Disbursements
			total of amounts in co	lumns (b), (c), and (d)			enue and ses per	(b) Net inv		(c)		ed net	for charitable
1			may not necessarily ed column (a) (see instruc				oks	Incor	ne		incon	ne i	purposes (cash basis only)
	Т	1	Contributions, gifts, grants, etc					<u> </u>		•			
$\checkmark$		2	Check V If the fou	indation is not required to	,			+					
U	ı	3	attach So	ch B	- 1								
_	-	4	Dividends and interest	•			7,234		6,879.				
	ı	-7 5a	Gross rents				1,231	1	0,0,5.		T	DI	CEIVED
		b	Net rental income or (loss)		·						_		78
	اہ	_	Net gain or (loss) from sale				14,691				- 1	5	1 5 2020
	킑	b	Gross sales price for all	31,19			11,001	1				<del>U 1</del>	1 5 2020 O
	Revenue	,	assets on line 6a					-	14,691.			₽ <del> </del>	<u></u>
	8	7	Capital gain net income				•	<del>                                     </del>	14,001.		_		DEN, UT
		8	Net short-term capital (	-				†			-		
	-	•	Income modifications Gross sales less returns		·								
	ı	_	and allowances					<del> </del>					
			Less Cost of goods sold Gross profit or (loss) (at		+			<del> </del>					
		11	Other income (attach s		-		2,500	-					STMT 1
	- 1	12	Total. Add lines 1 thro				24,425		21,570.				DIMI I
L	_	13	Compensation of officers,		$\neg$		27,723	†	21,3,0.				
}		14	Other employee salarie		· —			†	- 1				
2	2	4.5	Pension plans, employe	•									
ر ک	be	16a	Legal fees (attach sche										
7	짋	10a					800	<del> </del>	NONE			NONE	800
J/	ş	Ь	Other professional fees				1,078		1,078.			NONL	
	ati	. c	•		` <del>-   -  </del>		1,070	†	1,0,0.				
	St	10	Interest		•		156	†					
	Ξ	10					100	†					
	튀	19	Depreciation (attach so	•				+				·	<del></del>
	ĕ	20	Occupancy		li l								
	밀	21	Travel, conferences, an	~				+					
	a	22	Printing and publication				1,586		1 506		_		
	Ę.	23 24	Other expenses (attach				1,366	<del>1</del>	1,586.	-	-		
	Operating and Administrative Expen	<b>4</b> 4	Total operating and ac				2 620		2 664			МОМТ	000
	Pe		Add lines 13 through 2				3,620		2,664.			NONE	
	- 1		Contributions, gifts, gra	•		·	41,400		2 ((4			MONTE	41,400
	$\overline{}$	26	Total expenses and disburses		25		45,020	<del> </del>	2,664.			NONE	42,200
	ľ	27	Subtract line 26 from li				20 505			,			
		8	Excess of revenue over ex				-20 <u>,595</u>		10 000				
		Ь	Net investment incom		· —	<del></del>		<del>                                     </del>	L8,906.				
	$\perp$	C	Adjusted net income (	it negative, enter -0-).									

S

2	art II	Balance Sheets Attack	hed schedules and amounts in the	Beginning of year	Fnd	of year
		descr	ption column should be for end-of-year - nts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing .				
	2		nvestments	19,732.	15,644	. 15,644
	3					
		Less allowance for doubtful ad	ccounts >			
	4					
		Less, allowance for doubtful as	ccounts ►			
	5					
	6		s, directors, trustees, and other		· · · · · · · · · · · · · · · · · · ·	
			hedule) (see instructions)			
	7	Other notes and loans receival	ble (attach schedule)			
		Less allowance for doubtful as	ccounts >		• • • • • • • • • • • • • • • • • • • •	
S	8					<del></del>
Assets			4			<del></del>
Ą	9		d charges			<u> </u>
_	i		nment obligations (attach schedule).	202 210	266 002	266 000
	Ь			283,310.	266,803	. 266,802
	11 <sup>C</sup>	Incompanies and the statement	(attach schedule)	-		
		(attach schedule)		<del></del>		<del></del>
	12	Investments - mortgage loans		250	050	+
	13 14	Lond buildings and	nedule)	250.	250	. 250
		equipment, basis Less accumulated depreciation			•	
		(attach schedule)		-		
	15		)		<del>-</del> .	<del> </del>
	16		pleted by all filers - see the			
_				303,292.	282,697	. 282,696
	17		lexpenses			
	18	Grants payable				
<u>e</u>	19	Deferred revenue				
≝	20	Loans from officers, directors, trust	tees, and other disqualified persons			
Liabilities	21	Mortgages and other notes pa	yable (attach schedule)			
	22	Other liabilities (describe ▶	)			
	22	Total liabilisian (add burn 47 A	harman 00)		37037	_
_	23		hrough 22)		NON	<u> </u>
alances		and complete lines 24, 25, 25	3 ASC 958, check here ►			
Ĕ		-				
賣	24		ictions		<del></del>	<del></del>
ä	25	Net assets with donor restriction			<del> </del>	ļ ·
Ĕ		Foundations that do not follow F	. —			
or Fund		and complete lines 26 through 3	0.			
	26	Capital stock, trust principal, o	r current funds	303,292.	282,697	<u> </u>
ş	27	Paid-in or capital surplus, or land, b	oldg , and equipment fund			ļ
SS	28		come, endowment, or other funds 🔒 💄			
۲	29		nces (see instructions)	3.03,292.	282,697	
Net Assets	30	Total liabilities and net				
_				303,292.	282,697	<u></u>
			in Net Assets or Fund Balan			<del>-</del>
1			es at beginning of year - Part II		-	
	end	of-year figure reported on p	orior year's return)		<u>1</u>	303,292.
2			7a			-20,595.
3	Oth	er increases not included in	line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3				282,697.
5	Dec	reases not included in line :	2 (ıtemıze) ▶		5	
6	Tota	al net assets or fund balance	es at end of year (line 4 minus lin	ne 5) - Part II, column (b).	line 29 6	282,697.

Part IV Capital Gains	y dire 200000 for rax on mive				
	scribe the kind(s) of property sold (for e		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
	orick warehouse; or common stock, 200	shs MLC Co )	D - Donation	(mo , day, yr )	(mo , day, yr )
1a PUBLICLY TRADED	SECURITIES	<del></del>	ļ		
<u>b</u>			+		
_ C			<del> </del>		
d			-		
<u>e</u>	IS Decreed and Illinoid	(a) Cost or other book			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	•
a 31,197.		16,506.			14,691.
<u> </u>		10,500.	1		14,091.
C			<del> </del>	-	
d					<u> </u>
е					
	howing gain in column (h) and owned b	by the foundation on 12/31/69	(0)	Gains (Col. (h) ga	
51) FMV6 40 (04 (00	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	
(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l (h))
a					14,691.
b			$\Box$		
С					
d					
8					
2 Capital gain net income	or (net capital loss)   If ga	ain, also enter in Part I, line 7			
2 Capital gain net income	If (le	oss), enter -0- in Part I, line 7	2		14,691.
	pain or (loss) as defined in sections				
			i i		
	Part I, line 8, column (c). See ins				
Part I, line 8	Jnder Section 4940(e) for Red private foundations subject to the	uced Tax on Net Investment I		me )	
Part I, line 8  Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for	Jnder Section 4940(e) for Red or private foundations subject to the leave this part blank	uced Tax on Net Investment I section 4940(a) tax on net investi	ment inco		]Yes ∑X No
Part I, line 8  Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation doesn	Jnder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distrib to qualify under section 4940(e)	uced Tax on Net Investment Investion 4940(a) tax on net investigation and the section 4940(a) tax on net investigation and the section and the	ment inco	d?	Yes X No
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Part I, line 8	Jnder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distrib 't qualify under section 4940(e) D mount in each column for each yea  (b) Adjusted qualifying distributions  40,726. 31,382. 37,013. 33,911. 32,922.  (d)  tio for the 5-year base period - divide a foundation has been in existence	uced Tax on Net Investment I section 4940(a) tax on net investion 4940(a) tax on net investion to any year in the bound complete this part in the interpretation of any year in the bound complete this part in the interpretation of any year in the bound complete this part in the interpretation of any year in the bound complete this part in the interpretation of any year in the bound complete this part in the boun	pase perio	d? tries. (d) Distribution ra	tio (c)) 0.125926 0.089268 0.102502 0.094926 0.083574 0.496196 0.099239 297,657. 29,539.
Part I, line 8	Jnder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distrib 't qualify under section 4940(e) D mount in each column for each yea  (b) Adjusted qualifying distributions  40,726. 31,382. 37,013. 33,911. 32,922.  (d)	uced Tax on Net Investment I section 4940(a) tax on net investion 4940(a) tax on net investion to any year in the to not complete this part in the interpretation of any year in the to not complete this part in the interpretation of any year in the to not complete this part in the interpretation of any year in the to not complete this part in the interpretation of the interpretation of any year in the total on the interpretation of the interpretation of any year in the total on the interpretation of any year in the interpretation of any year in the total on the interpretation of any year in the interpretation of	pase periong any en	d? tries. (d) Distribution ra	0.125926 0.089268 0.102502 0.094926 0.094926 0.496196 0.099239 297,657. 29,539.
Part I, line 8  Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation doesr  1 Enter the appropriate a  (a) Base period years Calendar year (or tax year beginning in)  2018 2017 2016 2015 2014  2 Total of line 1, column 3 Average distribution rat the number of years the 4 Enter the net value of n  5 Multiply line 4 by line 3 6 Enter 1% of net investm	Jnder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distrib 't qualify under section 4940(e) D mount in each column for each yea  (b) Adjusted qualifying distributions  40,726. 31,382. 37,013. 33,911. 32,922.  (d)	uced Tax on Net Investment I section 4940(a) tax on net investion 4940(a) tax on net investion to any year in the to not complete this part in the interpretation of any year in the to not complete this part in the interpretation of any year in the to not complete this part in the interpretation of any year in the to not complete this part in the interpretation of the interpretation of any year in the total on the interpretation of the interpretation of any year in the total on the interpretation of any year in the interpretation of any year in the total on the interpretation of any year in the interpretation of	pase periong any en	d? tries. (d) Distribution ra	tio (c)) 0.125926 0.089268 0.102502 0.094926 0.083574 0.496196 0.099239 297,657. 29,539.
Part I, line 8  Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation doesr 1 Enter the appropriate a (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014  2 Total of line 1, column 3 Average distribution rat the number of years the 4 Enter the net value of n 5 Multiply line 4 by line 3 6 Enter 1% of net investm 7 Add lines 5 and 6	Jnder Section 4940(e) for Red c private foundations subject to the leave this part blank the section 4942 tax on the distrib 't qualify under section 4940(e) D mount in each column for each yea  (b) Adjusted qualifying distributions  40,726. 31,382. 37,013. 33,911. 32,922.  (d)	uced Tax on Net Investment I section 4940(a) tax on net investigation and section 4940(a) tax on net investigation and the section 4940(a) tax on net investigation and the section 4940(a) tax on net investigation and the section and the s	ase perio	d? tries. (d) Distribution ra	0.125926 0.089268 0.102502 0.094926 0.094926 0.496196 0.099239 297,657. 29,539.

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		1	<u>.89.</u>
	here $\blacktriangleright$ $X$ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			ONE
3	Add lines 1 and 2			89.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0		1	<u>.89.</u>
6	Credits/Payments			
8	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 136 .			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
_d	Backup withholding erroneously withheld		1	20
7	Total credits and payments Add lines 6a through 6d			<u>.36.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			53.
9				<u> </u>
10 11	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10  Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ NONE Refunded ▶ 11			
	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1ь		Х
	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			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	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?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	_		v
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or  By language in t			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that  applied with the state legislation that effectively amends the governing instrument so that no mandatory directions that  applied with the state legislation.	6	Х	
7	conflict with the state law remain in the governing instrument?	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	<u> </u>		
00	AL			
ь	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 G7 If "No," attach explanation	8ь	X	
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 tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			_
	complete Part XIV	9		<u>x</u> (
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
		00	A.DE	<del>-</del>

Pari	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11_		X
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ TRUSTMARK NATIONAL BANK Telephone no ▶(334) 875	-100	0	
	Located at ► 248 E CAPITOL ST, SUITE 1030, JACKSON, MS ZIP+4 ► 39205			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	.
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	•	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		ŀ	
	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)			
ь	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	1b		ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
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	]	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
8	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?	į		
	If "Yes," list the years			
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	l		
	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			
	<b>&gt;</b>			
<b>3</b> a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 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 Form 4720, Schedule C, to determine if the		  -	
	foundation had excess business holdings in 2019)	3b		
<b>4</b> a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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	<u> </u>	X
				10010

Pari	VII-B Statements Regarding Activities	for Which Form 4	720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any arr	nount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	. Yes X No			
	(2) Influence the outcome of any specific public e	election (see section 4	4955); or to carry or	n,			
	directly or indirectly, any voter registration drive?			. Yes X No	.		
	(3) Provide a grant to an individual for travel, study, or	other similar purposes	7	. Yes X No	.		
	(4) Provide a grant to an organization other than	a charitable, etc., org	janization described i	n			
	section 4945(d)(4)(A)? See instructions			. Yes X No			
	(5) Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childre	n or animals?		. Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of th	e transactions fail to	qualify under the e	xceptions described in			
	Regulations section 53 4945 or in a current notice regi	arding disaster assistan	ce? See instructions.		5b_		
	Organizations relying on a current notice regarding disa	aster assistance, check	here				
C	If the answer is "Yes" to question 5a(4), does th	e foundation claim e	xemption from the t	ax			
	because it maintained expenditure responsibility for the	grant?		. Yes No			
	If "Yes," attach the statement required by Regulations s	section 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fe	•					
	on a personal benefit contract?						••
Ь	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	6b		<u>X</u>
_	If "Yes" to 6b, file Form 8870			□ □		1	
7a L	At any time during the tax year, was the foundation a p	•	=	. — —	- 1		
ь 8	If "Yes," did the foundation receive any proceeds or have	•		onr	7b		
•	is the foundation subject to the section 4960 tax on paremuneration or excess parachute payment(s) during the	• • • •		. Yes X No			
Pari	Information About Officers, Direct	ors. Trustees. Fou	ındation Manage			1 1	
	and Contractors		_				
_1_	List all officers, directors, trustees, and foundati	(b) Title, and average	(c) Compensation.	(d) Contributions to			
							ınt
	(a) Name and address	hours per week	(If not paid,	employee benefit plans	(e) Expense other all	owance	s
TRUST	(a) Name and address MARK NATIONAL BANK	hours per week devoted to position	(If not paid, enter -0-)		(e) Expens other all	owance	····
		hours per week devoted to position	(If not paid,	employee benefit plans	(e) Expension	owance	-0-
248 E	MARK NATIONAL BANK	hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens	owance	<u>.</u>
248 E CARRI	MARK NATIONAL BANK CAPITOL STREET, SUITE 1030, JACKSON, MS 39205	hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expension other all	se accol owance	<u>.</u>
248 E CARRI 102 D	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER	hours per week devoted to position TRUSTEE  1 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation - () -	(e) Expension other all	se accou	-0-
248 E CARRI 102 D THOMA	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205  E T GLOVER  EERWOOD CIRCLE, SELMA, AL 36701	hours per week devoted to position TRUSTEE  1 DIRECTOR 1	(If not paid, enter -0-)	employee benefit plans and deferred compensation - () -	(e) Expension other all	se accol	-0-
248 E CARRI 102 D THOMA	MARK NATIONAL BANK CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III	hours per week devoted to position  TRUSTEE  1  DIRECTOR  1  DIRECTOR	(If not paid, enter -0-) - 0 -	employee benefit plans and deferred compensation  - 0 -	(e) Expensother all	se accou	-0- -0-
248 E CARRI 102 D THOMA 102 D	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER  EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III  EERWOOD CIRCLE, SELMA, AL 36701	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 1	(If not paid, enter -0-) -0-	employee benefit plans and deferred compensation  - 0 -  - 0 -	other all	owance	- 0 - - 0 -
248 E CARRI 102 D THOMA 102 D	MARK NATIONAL BANK CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 1	(If not paid, enter -0-) -0-	employee benefit plans and deferred compensation  - 0 -  - 0 -	other all	owance	- 0 - - 0 -
248 E CARRI 102 D THOMA 102 D	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER  EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III  EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos	(If not paid, enter -0-) -0-	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to	other all	one,	-0- -0- -0-
248 E CARRI 102 D THOMA 102 D	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER  EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III  EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-) -0-	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER  EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III  EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 (other than thos	(If not paid, enter -0-)  -0-  -0-  e included on lin	enployee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D 2	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D 2	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  e included on lin	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D 2	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D 2	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D 2	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D 2	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D 2	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1 Other than thos  (b) Title, and average hours per week	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D  (a)	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER  BERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III  BERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1  (other than those  (b) Title, and average hours per week devoted to position	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation  NONE	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
248 E CARRI 102 D THOMA 102 D  (a)	MARK NATIONAL BANK  CAPITOL STREET, SUITE 1030, JACKSON, MS 39205 E T GLOVER EERWOOD CIRCLE, SELMA, AL 36701 S W GLOVER, III EERWOOD CIRCLE, SELMA, AL 36701  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  TRUSTEE  1 DIRECTOR 1 DIRECTOR 1  (other than those  (b) Title, and average hours per week devoted to position	(If not paid, enter -0-)  -0-  -0-  -0-  (c) Compensation  NONE	employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	other all	one, one, one, one, one, one, one, one,	-0- -0- -0- enter

	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ON		NONE
	<del></del>	
		•
		•
tal	number of others receiving over \$50,000 for professional services	NONE
art	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of inizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N</u> (	NE	
_		
_		
-		
_		
3 _		
_		
4 —		
_		
_	IX-B Summary of Program-Related Investments (see instructions)  cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	NE	7 11100111
_		,
_		
2_		
-		
All	other program-related investments. See instructions	
	<u>NE</u>	
3 <u>N</u> (		1
3 <u>N</u> (		

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	302,190.
	Average of monthly cash balances	1b	NONE
	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	302,190.
е			302,230.
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	302,190.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		_302,130.
	instructions)	4	4,533.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	297,657.
6	Minimum investment return. Enter 5% of line 5	6	14,883.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		11,005.
	and certain foreign organizations, check here ▶ and do not complete this part )	dations	
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	14,883.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 189.		
C	Add lines 2a and 2b	2c	189.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,694.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	14,694.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		NONE
-	line 1	7	14,694.
		····•	14,004.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	12	42,200.
	Program-related investments - total from Part IX-B		12,200.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	15	
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.	-	110112
а		3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	42,200.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<u> </u>	12,200.
	Enter 1% of Part I, line 27b See instructions.	5	189.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		42,011.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	iodicting wholief th	io iodiidation

Form **990-PF** (2019)

Page 9

Part XIII Undistributed Income (see inst	(a)	(b)	(c)	(d)
1 Distributable amount for 2019 from Part XI,	Corrus	Years prior to 2018	2018	2019
line 7				14,694.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only		<u> </u>	NONE	
<b>b</b> Total for prior years 20,20,20		NONE		
3 Excess distributions carryover, if any, to 2019				
a From 2014	1		ļ	
<b>b</b> From 2015 16,283.				
c From 2016	_			
d From 2017 14,035.			:	
e From 2018				
f Total of lines 3a through e	88,609.	· · · · · · · · · · · · · · · · · · ·		
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 42,200.				
a Applied to 2018, but not more than line 2a			NONE	····
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election			1	
required - see instructions)	NONB			
d Applied to 2019 distributable amount				<u>14,694.</u>
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	NONTE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	116,115.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		NONE		
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		NONE		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		NONE		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions			NONE	
f Undistributed income for 2019 Subtract lines				-
4d and 5 from line 1 This amount must be distributed in 2020				NONE
7 Amounts treated as distributions out of corpus	<u> </u>			
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be	T I			
required - see instructions)	NONE			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	1			
9 Excess distributions carryover to 2020.			•	
Subtract lines 7 and 8 from line 6a	100 == 0			·
10 Analysis of line 9				
a Excess from 2015 16,283.	<b>-</b>			
b Excess from 2016	<u> </u>			
c Excess from 2017 14,035.	-			
d Excess from 2018 24,827.	-			
e Excess from 2019 27,506.				Form <b>990-PF</b> (2019)

Pai	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	NOT APPLICABLE
18	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	iting	
	foundation, and the ruling	g is effective for 2019, en	ter the date of the ruling		▶	
b	Check box to indicate	whether the foundation	is a private operating f	oundation described in	section 4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		<u> </u>
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	I or the minimum investment			(0) 20 . /	(4) 20 10	<del> </del>
	return from Part X for each					
	year listed		<u> </u>			<del> </del>
þ	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					
A	Qualifying distributions made			-		
Ĭ	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					<del>                                     </del>
•	alternative test relied upon					
8	"Assets" alternative test - enter					į
	(1) Value of all assets					
	(2) Value of assets qualifying under section	}				
	4942(j)(3)(B)(i)	. <u> </u>				
Ь	"Endowment" alternative test-			`		
	enter 2/3 of minimum invest-					
	ment 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 sup-					
	port from an exempt organization					
	(4) Gross investment income .					
Pai	rt XV Supplemer	ntary Information (	Complete this part	only if the founda	tion had \$5,000 d	or more in assets at
		uring the year - see		•	, -,	-
1	Information Regarding	Foundation Manager				<del></del>
а	List any managers of	_		e than 2% of the tota	al contributions recei	ved by the foundation
	before the close of any					
_	N/A	the foundation who	01412 109/ Or more of	the stock of a corn	oration for an aqual	ly large portion of the
U	ownership of a partner					ly large portion of the
	ownership of a partito	omp or other entity, o	willow the realisation	nad a 1070 of greater	intorout.	
	/-					
	N/A		011: 1			
2	Information Regarding					
	Check here ► X if t	the foundation only	makes contributions	to preselected chari	table organizations	and does not accept
				nts, etc , to individua	ils or organizations u	inder other conditions,
	complete items 2a, b,	c, and d. See instruction	ons.			
а	The name, address, an	d telephone number o	r email address of the	person to whom appl	ications should be ad	dressed:
Ь	The form in which app	lications should be su	bmitted and information	n and materials they	should include:	
	• • • • • • • • • • • • • • • • • • • •			•		
_	Any submission deadle	nes.	<del></del>			<del>-</del>
•	,					
-	Any restrictions of I	imitations on awards	such as by assess	inhical areas shares	blo fiolds lands -f	inctitutions of the
a	factors.	mmanons on awards	, such as by geogra	ipiiicai areas, chafita	ivie lielas, kinas of	institutions, or other

Part XV Supplementary Information (				
3 Grants and Contributions Paid Duri	ng the Year or App			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	COMMISSION	
a Paid during the year				
AVE-A-LIFE				
RUSTMARK TRUST DEPT SELMA AL 36701	NONE	PC	GENERAL SUPPORT	500
CEEN CHALLENGE				
RUSTMARK TRUST DEPT SELMA AL 36111	NONE	PC	SUPPORT	500
eachBeyond:				
C/O TRUSTMARK TRUST DEPT SELMA AL 36702	NONE	PC	GENERAL SUPPORT	4,000
NOVO CONTRO OF IMPRICA TITE ADMINISTRATION AND CONTROL				
BOYS SCOUTS OF AMERICA TUKABATCHEE AREA COUNC P. O. BOX 11106 MONTGOMERY AL 36111-0106	NONE	PC	OPERATING FUNDS	1,200
				-,200
INIVERSITY OF ALABAMA				
RUSTMARK TRUST DEPT SELMA AL 36701	NONE	PC	OPERATING FUNDS	20,800
CORNERSTONE PRESBYTERIAN CHURCH C/O THOMAS GL				
02 DEBRWOOD CIRCLE SELMA AL 36701	NONE	PC	OPERATING FUNDS	14,400
		i		
	1			
	ľ			
			!	
Total		<u> </u>		41,400
b Approved for future payment				•
			,	

Part XVI-	A Analysis of Income-Produ	ucing Acti	vities			<u>.                                    </u>
Enter gross	amounts unless otherwise indicated	(a)	eted business income	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions)
ø					·	
b						
¢				<del>-</del>		<del></del>
e						
'				_ <del></del>		
•	and contracts from government agencies					
2 Member	ship dues and assessments			<del>-</del>		<del></del>
	n savings and temporary cash investments •			14	7,234.	
	is and interest from securities	ļ		<del></del>	1,234.	<del></del>
	al income or (loss) from real estate			<del></del>		<del></del>
	-financed property			<del></del> -		
	debt-financed property					
	of income or (loss) from personal property					
	vestment income	<u> </u>		18	14,691.	
	oss) from sales of assets other than inventory			<del>  -</del>	11/001.	
	me or (loss) from special events · · · ofit or (loss) from sales of inventory · ·					<del></del>
11 Other re	-	·				·
	STRIBUTION RETUR			14	2,500.	
			-			
0						
	Add columns (b), (d), and (e) · · · ·				24,425.	
	dd line 12, columns (b), (d), and (e)				<del></del>	24,425.
	eet in line 13 instructions to verify calci					
Part XVI	B Relationship of Activities	to the A	ccomplishment of l	Exempt Pur	poses	
Line No.	Explain below how each activit	v for which	h income is reported	ın calumn (	e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation		·			
		·				
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rait	X V II	Organiza		garding 11	ansiers	to and Tra	nsaction	s and	neiationsnip	S WITT	i woncnar	ITADI	; EX6	ampı
1 0	old the			y or indirect	ly engage	in any of the	following	with a	any other organ	nization	described		Yes	No
									tion 527, rela					
		zations?					•		·	Ü	•			
аΤ	ransf	ers from the re	eporting	foundation	to a nonch	arıtable exer	npt organ	ization d	of:					ĺ
(	1) Ca:	sh										1a(1)		Х
												1a(2)		Х
ьс	ther 1	transactions.												
(	1) Sal	les of assets to	o a nonc	charitable ex	empt orga	nization						1b(1)		Х
														Х
(:	3) Re	ntal of facilitie	s, equip	ment, or oth	er assets.							1Ь(3)		Х
(4	4) Rei	ımbursement	arrange	ments								1b(4)		Х
(!	5) Loa	ans or loan gu	arantee	s								1b(5)		X
((	6) Pei	rformance of s	services	or members	ship or fund	draising solic	itations .					1b(6)		X
														<u> X</u>
									Column (b) si					
									n If the founda					
								he value	e of the goods	other	essets, or se	ervice	s rece	eved
(a) Line	no	(b) Amount inv	rolved	(c) Name	of noncharital	ble exempt organ	ization	(d) De	escription of transfe	rs, transac	tions, and shar	ıng arra	ngeme	nts
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									ore tax-exempt			<u></u>	es 2	7
		," complete th				1(0)(3)) 01 111	section 5.	2/1					BS [	A IAO
	163	(a) Name of or			<u>,                                     </u>	(b) Type of ord	anization			n Descript	tion of relations	thin -		
		(0)				12, 1, 100 01 012	,		•	, D000p		р		
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					<u> </u>						<del></del>			
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										<u> </u>				
									nd statements, and to	the best	of my knowledg	e and b	eliof, it	is true
Sian	correc	ct, and complete Dec	claration of	preparer (other the	an taxpayer) is b	based on all informa	ition of which	preparer ha	s any knowledge					
Sign		vola "	Kee	war.		05/06/20	20				May the IRS with the pre			return below?
Here	Sigi	nature of officer o	r trustee			Date		Title			See instruction	`	Yes	No
											L		یا ب	
D=:-		Print/Type prep	arer's nan	ne	<b>√</b> Prepa	arer's signatute		<u> </u>	Date	Ch	eck if F	TIN		
Paid		MATTHEW	J GAI	RAND	'\'\'	& Letter	Javan	$\mathcal{T}$	05/06/2	020 sel	f-employed ]	P014	4596	50
Prepa		Firm's name			UNG U.S	. LLP 🐧			Ţ	Firm's EIN	<u>_</u>	5565		
Use (	Only	Firm's address		O CLAREN		EET							-	
				STON, M			02	<u>1</u> 16		Phone no	508-92	<u> 26-6</u>	<u>70</u> 7	

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

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DESCRIPTION

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2,500.

RETURNED DISTRIBUTION

2,500.

TOTALS

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CHARITABLE PURPOSES	. 800	800.	
ADJUSTED NET INCOME		NONE	
NET INVESTMENT INCOME		NONE	
REVENUE AND EXPENSES PER BOOKS	.008	800.	
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	TOTALS	

STATEMENT 2

XXXXXX9929

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STATEMENT

NET INVESTMENT INCOME	1,078. 1,078.
REVENUE AND EXPENSES PER BOOKS	1,078. 1,078.
DESCRIPTION	CUSTODIAN & MANAGEMENT FEES (A TOTALS

XXXXXX9929

FORM	990PF,	PART	I -	TAXES
=====	: <b>==</b> ====	: <b>=</b> ===	===	=====

		REVENUE AND
DESCRIPTION		EXPENSES PER BOOKS
FEDERAL TAX PAYMENT FEDERAL ESTIMATES -		20 136
	TOTALS	156
		============

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STATEMENT

- OTHER EXPENSES PART T FORM 990PF,

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DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
OTHER NON-ALLOCABLE EXPENSE - REAL ESTATE TAX ON NON-RENTAL INVESTMNT MNGMNT FEES (NON-DED	126. 578. 882.	126 578 882

1,586.	
1,586.	
TOTALS	

126. 578. 882.

21

9

STATEMENT

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FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

COST/ FMV CORF

1/2 INT ADVERTISING SIGN VACANT LOT 101 DEERWOOD CIRCLE

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TOTALS