

Form **990-PF**

176
1503

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or tax year beginning , and ending

Name of foundation
C SPIRE WIRELESS FOUNDATION

Number and street (or P O box number if mail is not delivered to street address) Room/suite
1018 HIGHLAND COLONY PKWY 360

City or town, state or province, country, and ZIP or foreign postal code
RIDGELAND, MS 39157-2068

A Employer identification number
20-3426826

B Telephone number (see instructions)
(601) 974-7645

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) **\$ 117,499.** J Accounting method Cash Accrual 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)	606,045.			
	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				
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
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	606,045.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	19,982.			19,982.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	1,529.			1,529.
	16 a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	472.			472.
	23 Other expenses (attach schedule)	29,322.			29,322.
	24 Total operating and administrative expenses. Add lines 13 through 23	51,305.			51,305.
25 Contributions, gifts, grants paid	590,517.			590,517.	
26 Total expenses and disbursements. Add lines 24 and 25	641,822.			641,822.	
27 Subtract line 26 from line 12	-35,777.				
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)					

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Part II Balance Sheets <small>Attach schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	153,276.	117,499.	117,499.
	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)			
	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)	153,276.	117,499.	117,499.	
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)			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	153,276.	117,499.	
30 Total net assets or fund balances (see instructions)	153,276.	117,499.		
31 Total liabilities and net assets/fund balances (see instructions)	153,276.	117,499.		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	153,276.
2	Enter amount from Part I, line 27a	2	-35,777.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	117,499.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	117,499.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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)
1a				
b				
c				
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				
b				
c				
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
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
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 doesn't qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the 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))
2016	524,599.	142,701.	3.6762
2015	567,181.	69,769.	8.1294
2014	669,575.	106,402.	6.2929
2013	594,907.	122,090.	4.8727
2012	661,732.	112,333.	5.8908
2 Total of line 1, column (d)			2 28.8620
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 5.7724
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 199,823.
5 Multiply line 4 by line 3			5 1,153,458
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7 1,153,458
8 Enter qualifying distributions from Part XII, line 4 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			8 641,822.

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b.		1
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
3	Add lines 1 and 2		3
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5
6	Credit/Payments.		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d		7
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9 0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10 0.
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11 0.

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

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	Yes	No 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ www.cspire.com/foundation	13	X	
14	The books are in care of ▶ ELIZABETH C. BYRD-PICKERING Telephone no ▶ (601) 974-7645 Located at ▶ 1018 HIGHLAND COLONY PKWY Ste. 360 RIDGELAND, MS 39157-2068 ZIP+4 ▶ 39157-2068			
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 ▶ 15			
16	At any time during calendar year 2017, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶	16	Yes	No X

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 checked="" type="checkbox"/> Yes <input 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 Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>	1b	X
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 2017?	1c	X
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? 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 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 ▶		
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 2017 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 2017)	3b	
4a 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 2017?	4b	X

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

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. Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	5b	
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? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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? If "Yes" to 6b, file Form 8870		6b	X
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?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and 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
ELIZABETH C BYRD-PICKERING 1018 HIGHLAND COLONY PKWY Ste 360 RIDGELAND, MS 39157-2068	EXECUTIVE DIRECTOR 08.00	19,981.		
HU MEENA 1018 HIGHLAND COLONY PKWY Ste 300 RIDGELAND, MS 39157-2068	PRESIDENT			
WESLEY GOINGS 1018 HIGHLAND COLONY PKWY Ste 700 Ridgeland, MS 39157-2068	VICE PRESIDENT			
MEREDITH CREEKMORE 1018 HIGHLAND COLONY PKWY Ste 700 Ridgeland, MS 39157-2068	SECRETARY/TREASURER			

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				
NONE				
NONE				
NONE				
NONE				

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

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		
NONE		
NONE		
NONE		
NONE		

Total number of others receiving over \$50,000 for professional services ▶

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 N/A	
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 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	

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	
b	Average of monthly cash balances	1b	202,866.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	202,866.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	202,866.
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see instructions)	4	3,043.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	199,823.
6	Minimum investment return. Enter 5% of line 5	6	9,991.

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	9,991.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	
b	Income tax for 2017 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	9,991.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,991.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	9,991.

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	641,822.
b	Program-related investments – total from Part IX-B	1b	
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	641,822.
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	641,822.

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 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI, line 7				9,991.
2	Undistributed income, if any, as of the end of 2017				
a	Enter amount for 2016 only				
b	Total for prior years				
3	Excess distributions carryover, if any, to 2017				
a	From 2012	656,115.			
b	From 2013	588,802.			
c	From 2014	664,255.			
d	From 2015	563,693.			
e	From 2016	517,454.			
f	Total of lines 3a through e	2,990,319.			
4	Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 641,822.				
a	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount				9,991.
e	Remaining amount distributed out of corpus	631,831.			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,622,150.			
b	Prior years' undistributed income Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see instructions				
e	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	656,115.			
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	2,966,035.			
10	Analysis of line 9				
a	Excess from 2013	588,802.			
b	Excess from 2014	664,255.			
c	Excess from 2015	563,693.			
d	Excess from 2016	517,454.			
e	Excess from 2017	631,831.			

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 2017, enter the date of the ruling

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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))

MEREDITH CREEKMORE

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

NONE

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 email address of the person to whom applications should be addressed

ELIZABETH C. BYRD-PICKERING (601) 355-1522
1018 HIGHLAND COLONY PKWY Ste. 360 RIDGELAND, MS 39157-2068

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

FORMAL GRANT REQUEST FORMS TO BE APPROVED BY THE BOARD

c Any submission deadlines

N/A

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

N/A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> 456 ROBOTICS P.O. BOX 821792 Vicksburg, MS 39182		PC	ROBOTICS PROGRAM	5,000.
ALCORN STATE UNIVERSITY 100 ASU DRIVE Ste. 810 Lorman, MS 39096		PC	ANNUAL SCHOLARSHIP	12,000.
BASE CAMP CODING ACADEMY 301 NORTH MAIN STREET Ste. 3 Water Valley, MS 38965		PC	CODING ACADEMY	16,667.
BPO INTERNATIONAL P.O. BOX 958 Clinton, MS 39060		PC	OUTREACH MINISTRY	5,000.
CATHOLIC CHARITIES 850 EAST RIVER PLACE Jackson, MS 39202		PC	USTA WOMEN'S CHALLENGE	2,500.
CENTER FOR SOCIAL ENTREPRENEURSHIP 1225 ROBINSON STREET Jackson, MS 39203		PC	BARR AFTER SCHOOL PROGRAM	2,000.
CENTER FOR SOCIAL ENTREPRENEURSHIP 1225 ROBINSON STREET Jackson, MS 39203		PC	ROBOTICS PROGRAM	2,500.
CENTRAL MS DOWN SYNDROME SOCIETY P.O. BOX 835 Jackson, MS 39205		PC	BUDDY WALK	1,000.
Total			▶ 3a	590,517.
b <i>Approved for future payment</i> N/A				
Total			▶ 3b	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><i>a</i> Paid during the year CREATIVE MISSISSIPPI 4011 HAWTHORNE DRIVE Jackson, MS 39206</p>		PC	PRODUCTION OF MISSISSIPPI BICENTENNIAL	5,000.
<p>DELTA STATE UNIVERSITY BOX 3141 Cleveland, MS 38733</p>		PC	ANNUAL SCHOLARSHIP	6,000.
<p>EUDORA WELTY FOUNDATION P.O. BOX 55685 Jackson, MS 39296-5685</p>		PC	MISSISSIPPI SCHOLASTIC WRITING AWARDS	12,000.
<p>EXTRA TABLE P.O. BOX 17318 Hattiesburg, MS 39404</p>		PC	DISASTER RELIEF	3,000.
<p>FIRST PRESBYTERIAN DAY SCHOOL 1390 NORTH STATE STREET Jackson, MS 39202</p>		PC	HOLIDAY POTPOURRI	5,000.
<p>GREENVILLE RENAISSANCE SCHOLARS 323 SOUTH MAIN STREET Greenville, MS 38701</p>		PC	CAMP RENAISSANCE	3,000.
<p>HABITAT FOR HUMANITY 615 STONEWALL STREET Jackson, MS 39213</p>		PC	WOMEN BUILD 2017	2,500.
<p>JACKSON STATE UNIVERSITY P.O. BOX 17144 Jackson, MS 39217-0144</p>		PC	ANNUAL SCHOLARSHIP	15,000.
<p>Total</p>			▶ 3a	
<p><i>b</i> Approved for future payment</p>				
<p>Total</p>			▶ 3b	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
LIBRARY FOUNDATION OF HANCOCK COUNTY 312 HIGHWAY 90 Bay Saint Louis, MS 39520		PC	SUMMER READING	250.
LEFLEUR EAST FOUNDATION 2432 MASSENA DRIVE Jackson, MS 39211		PC	2017 FLASH DASH	10,000.
MADISON AVENUE ELEMENTARY GIFTED PROGRAM 1209 MADISON AVENUE Madison, MS 39110		PC	5TH GRADE ROBOTICS	3,000.
MAGNOLIA SPEECH SCHOOL 733 FLAG CHAPEL ROAD Jackson, MS 39209		PC	DENIM & DIAMOND	5,000.
MEMPHIS BUSINESS ACADEMY CHARTER SCHOOL 3306 OVERTON CROSSING Memphis, TN 38127		PC	TECHNOLOGY PROGRAM	5,000.
MISSISSIPPI ASSOCIATION OF PARTNERS IN EDUCATION P.O. BOX 2803 Madison, MS 39130		PC	2018 MAPE LUNCHEON/GOVERNORS AWARD	2,600.
MISSISSIPPI CHILDREN'S MUSEUM P.O. BOX 55409 Jackson, MS 39296-5409		PC	MS SCIENCE FESTIVAL	15,000.
MISSISSIPPI COUNCIL OF TEACHERS OF MATHEMATICS 476 HIGHLAND COLONY PKWY Ridgeland, MS 39157		PC	MCTM 2017 ANNUAL CONFERENCE	3,000.
Total ▶ 3a				
<i>b Approved for future payment</i>				
Total ▶ 3b				

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MISSISSIPPI ORGAN RECOVERY AGENCY 4400 LAKELAND DRIVE Flowood, MS 39232		PC	NATIONAL DONATE LIFE	5,000.
MISSISSIPPI SCHOOL FOR MATHEMATICS & SCIENCE 1100 COLLEGE STREET Ste. MUV 1627 Columbus, MS 39701-9984		PC	SUMMER ENRICHMENT CAMP/STEM	1,000.
MISSISSIPPI STATE UNIVERSITY P.O. BOX 6149 Mississippi State, MS 39762		PC	ANNUAL SCHOLARSHIP	15,000.
MISSISSIPPI UNIVERSITY FOR WOMEN 1100 COLLEGE STREET Columbus, MS 39701		PC	ANNUAL SCHOLARSHIP	6,000.
MISSISSIPPI VALLEY STATE UNIVERSITY 1400 US HIGHWAY 82 W Itta Bena, MS 38941		PC	ANNUAL SCHOLARSHIP	6,000.
MS GULF COAST YOUNG LIFE P.O. BOX 1816 Ocean Springs, MS 39566		PC	SKEET SHOOT	1,000.
MUSTARD SEED 1085 LUCKNEY ROAD Brandon, MS 39047		PC	RACIN' FOR THE SEED	2,500.
ROTARY INTERNATIONAL 211 5TH STREET Ste. B Meridian, MS 39301		PC	OLE MAN RIVER MULTI DISTRICT PETS	2,500.
Total				▶ 3a
b Approved for future payment				
Total				▶ 3b

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)				
<i>a</i> Paid during the year				
PALMER HOME FOR CHILDREN P.O. BOX 746 Columbus, MS 39703		PC	TAILGATE FOR PALMER	5,000.
PHOENIX CLUB OF JACKSON P.O. BOX 13244 Jackson, MS 39236		PC	FORMER GOVERNOR'S FORUM	5,000.
R.E.A.L. CHRISTIAN FOUNDATION P.O. BOX 180059 Richland, MS 39218		PC	CELEBRATION DINNER	1,000.
ROBOTICS ALLIANCE OF MISSISSIPPI 204 ALLYSON COVE Brandon, MS 39047		PC	MS FIRST LEGO LEAGUE CHAMPIONSHIP	1,500.
RONALD MCDONALD HOUSE CHARITIES OF MISSISSIPPI 2524 NORTH STATE STREET Jackson, MS 39216		PC	2017 WALK RUN & STROLL	1,000.
SPECIAL OLYMPICS MS - CAPITAL REGION 108 LILLIE DRIVE Canton, MS 39046		PC	6TH ANNUAL MUDBUG	1,000.
ST. MARTIN HIGH SCHOOL 11300 YELLOW JACKET BLVD Ocean Springs, MS 39564		PC	LAPTOPS	1,500.
STEM ADVANCEMENT INC. 156 MATT LEE ROAD Pinola, MS 39149		PC	STEM COMPETITION	2,500.
Total				3a
<i>b</i> Approved for future payment				
Total				3b

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
STEWOPOT COMMUNITY SERVICES P.O. BOX 3691 Meridian, MS 39307		PC	TASTE OF MISSISSIPPI	2,500.
TEACH FOR AMERICA 299 9TH STREET Ste. 200 Oxford, MS 38655		PC	SPONSOR TEARS TRAINING IN COMPUTER SCI	5,000.
THE FOUNDATION FOR MISSISSIPPI HISTORY P.O. BOX 571 Jackson, MS 39205		PC	MUSEUM OF MS HISTORY/CIVIL RIGHTS MUSE	200,000.
UNIVERSITY OF MISSISSIPPI FOUNDATION 406 UNIVERSITY AVENUE Oxford, MS 38655		PC	WOMEN'S COUNCIL LEGACY AWARDS	25,000.
UNIVERSITY OF MISSISSIPPI FOUNDATION 406 UNIVERSITY AVENUE Oxford, MS 38655		PC	ANNUAL SCHOLARSHIP	15,000.
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET Jackson, MS 39216		PC	CAMPAIGN FOR CHILDREN'S OF MISSISSIPPI	100,000.
UNIVERSITY OF SOUTHERN MISSISSIPPI P.O. BOX 249 Hattiesburg, MS 39406		PC	ANNUAL SCHOLARSHIP	15,000.
USA IBC P.O. BOX 3696 Jackson, MS 39207		PC	2018 USA IBC GOLD SPONSORSHIP	12,000.
Total				▶ 3a
b Approved for future payment				
Total				▶ 3b

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 Paid during the year				
VICTORY SPORTS FOUNDATION 4400 OLD CANTON RD Ste. 220 Jackson, MS 39211		PC	FIGHT AGAINST OBESITY	5,000.
VISION TO LEARN 1675 LAKELAND DRIVE Ste. 204 Jackson, MS 39216		PC	MOBILE CLINIC/EYE GLASSES	5,000.
YOUNG LIFE BOX 571 Starkville, MS 39760		PC	FUNDRAISING DINNER	1,500.
MISSION MISSISSIPPI 840 EAST RIVER PLACE Ste. 506 Jackson, MS 39202		PC	2017 MISSION SPONSOR	5,000.
Total				▶ 3a
b Approved for future payment				
Total				▶ 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule...

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2 a 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 [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here: 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. Signature: Elizabeth C. Byrd, Date: 5/10/18, Title: EXEC DIRECTOR.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2017▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

C SPIRE WIRELESS FOUNDATION**20-3426826**

Organization type (check one)

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 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 990-PF, 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 **C SPIRE WIRELESS FOUNDATION** Employer identification number **20-3426826**

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	CELLULAR SOUTH INC 1018 HIGHLAND COLONY PKWY Ste. 330 Ridgeland, MS 39157-2061	\$ 601,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	HU MEENA 1018 HIGHLAND COLONY PKWY Ste. 300 Ridgeland, MS 39157-2068	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization C SPIRE WIRELESS FOUNDATION	Employer identification number 20-3426826
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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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization C SPIRE WIRELESS FOUNDATION	Employer identification number 20-3426826
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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

Details for Form 990-PF, Part I, Line 1

20-3426826

Date	Description	Amount
	Cellular South Inc.	600,000.00
	Hu Meena	5,000.00
	Employee Contribution	1,045.00
	Total	606,045.00

Form 990 (2017)

Name of organization
C SPIRE WIRELESS FOUNDATION

Employer identifying number
20-3426826

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 of each employee paid more than \$50,000	(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
5 JIM RICHMOND 1018 HIGHLAND COLONY PKWY RIDGELAND, MS 39157	DIRECTOR 0.000000	0.	0.	0.
6	0.000000	0.	0.	0.
7	0.000000	0.	0.	0.
8	0.000000	0.	0.	0.
9	0.000000	0.	0.	0.
10	0.000000	0.	0.	0.
11	0.000000	0.	0.	0.
12	0.000000	0.	0.	0.
13	0.000000	0.	0.	0.
14	0.000000	0.	0.	0.
15	0.000000	0.	0.	0.
16				