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DLN: 93491043004069

OMB No 1545-0052

2017

# **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2017, or tax year begi	nning 04-01-20	)17 , aı	nd er	iding 03-31-	2018	
		indation ES HOME ASSOCIATION				A Employer Id	entification number	-
OL	D LADI	ES HOME ASSOCIATION				64-0303089		
		i street (or P O box number if mail is not delive ST NORTHSIDE DRIVE	ered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	s)
2	034 EAS	OF NORTHSIDE DRIVE				(601) 366-6623	3	
		i, state or province, country, and ZIP or foreign IS 39211	postal code	1		<b>C</b> If exemption	application is pending	g, check here
G Cl	neck al	I that apply Initial return	Initial return of a	former public charity		<b>D 1.</b> Foreian or	ganızatıons, check he	re $lacksquare$
			Amended return	rannar pasma amana,		_	ganizations meeting	▶ ∟
			Name change				k here and attach cor	
H C	neck tv		3) exempt private i	foundation			undation status was to n 507(b)(1)(A), checl	
		n 4947(a)(1) nonexempt charitable trust		e private foundation		under seetio	11 307 (B)(1)(A), ellect	Cherc
I Fa	r mark	ket value of all assets at end J Acco	ounting method	☑ Cash ☐ Accru	ıal	F If the founda	ation is in a 60-month	termination
			Other (specify) <i>I, column (d) must</i>	be on cash basis )		under sectio	n 507(b)(1)(B), checl	chere • L
Da	rt I	Analysis of Revenue and Expe	neae (The total					(d) Disbursements
- (-	16.1	of amounts in columns (b), (c), and (d) may	•	(a) Revenue and expenses per	(ь)	Net investment	(c) Adjusted net	for charitable
		equal the amounts in column (a) (see instruc	ctions))	books		income	income	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , receive schedule)	ed (attach	364,775				
	2	Check ▶ ☐ If the foundation is <b>not</b> red	quired to attach					
	3	Sch B		223,262		168,466	223,262	
	4	Dividends and interest from securities		376,670	-	376,670	· ·	
	5a	Gross rents		· ·		<u>, , , , , , , , , , , , , , , , , , , </u>	,	
	ь	Net rental income or (loss)						
ө	6a	Net gain or (loss) from sale of assets no	ot on line 10	458,097				
Revenue	ь	Gross sales price for all assets on line 6						
Se.	7	Capital gain net income (from Part IV, I	6,227,303			458,097		
	8	Net short-term capital gain				130,037	30,384	
	9	Income modifications					55,55	
	10a	Gross sales less returns and allowances	1					
	ь	Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		947,727		0	947,727	
	12	Total. Add lines 1 through 11		2,370,531		1,003,233	1,578,043	
	13	Compensation of officers, directors, trus	stees, etc	C		0	0	1
	14	Other employee salaries and wages						
68	15	Pension plans, employee benefits						
25	16a	Legal fees (attach schedule)						
Expenses	ь	Accounting fees (attach schedule)		16,303		13,042	16,303	3,26
e e	c	Other professional fees (attach schedule	e)					
Ĭ	17	Interest						
stra	18	Taxes (attach schedule) (see instruction	ns)	20,010		0	20,010	
and Administrative	19	Depreciation (attach schedule) and dep	letion					
Ę	20	Occupancy						
Ρ	21	Travel, conferences, and meetings						
an	22	Printing and publications						
Operating	23	Other expenses (attach schedule)		63,421		60,929	63,421	1
rat	24	Total operating and administrative	-					
<u>8</u>		Add lines 13 through 23		99,734		73,971	99,734	3,26
ں	25	Contributions, gifts, grants paid		1,380,773				1,380,77
	26	<b>Total expenses and disbursements.</b> 25	Add lines 24 and	1,480,507		73,971	99,734	1,384,03
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses ar	nd	890,024				
	Ь	disbursements  Net investment income (if negative, it	enter -0-)			929,262		
	c	Adjusted net income(if negative, enter	·			,	1,478,309	
Ear	Danar	work Doduction Act Notice coe incts	·	<u> </u>	Ь.		<u> </u>	000 BE (2017

		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 ▶				
y,	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)	4,961,502	<b>%</b> ∑	4,121,069	4,057,161
	ь	Investments—corporate stock (attach schedule)	2,019,670	<b>%</b>	2,126,970	6,989,029
	c	Investments—corporate bonds (attach schedule)	3,433,700	<b>∞</b> ,	5,270,507	 5,092,752

6,379,650

172,076

19,124,958

37,373,562

17,911,802

19,124,958

37,373,562

37,373,562

1 2

3

4

5

36,483,538

37,373,562

37,373,562

Form **990-PF** (2017)

890,024

0

336,802

17,972,141

18,177,231

36,483,538

36,483,538

334,166

8,816,716

172,076

19,124,958

44,431,024

### 3,433,700 Investments—corporate bonds (attach schedule) . Investments—land, buildings, and equipment basis ▶ 11 Less accumulated depreciation (attach schedule) ▶ 12 Investments—mortgage loans . . . . . . . . . . . . 13 Investments—other (attach schedule) 6,631,335 Land, buildings, and equipment basis ▶ 14 Less accumulated depreciation (attach schedule) ▶ \_ 172,076 18,177,231 15 Other assets (describe > \_ [چە Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 36,483,538 Accounts payable and accrued expenses . . . . 17 18 Grants payable. . . . . . . . . 19

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Liabilities

Balances

or Fund

Assets 27

Net 30

20

21

22 23

24

25

26

28

29

31

Part III

2

3

Other liabilities (describe ▶\_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

	(a) the kınd(s) of property sold (e g , re rehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a PUBLICLY TRADED SECU	JRITIES				
<b>b</b> PUBLICLY TRADED SECU	JRITIES				
c CAPITAL GAINS DIVIDE	NDS		Р		
d					
e					
(-)	(f)		(g)	(	h)
<b>(e)</b> Gross sales price	Depreciation allowed	Cost or	other basis		r (loss)
•	(or allowable)	plus exp	ense of sale		) minus (g)
<b>a</b> 5,73	20,859		5,769,20	5	-48,347
b	30,384				30,384
<b>c</b> 4	76,060				476,060
d					
e					_
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	1)
(1)	(j)	j	(k)		h) gain minus
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) <b>or</b>
1110 43 31 12/31/03	as of 12/31/69	over col	(၂), ıf any	Losses (fr	om col (h))
а					-48,347
b					30,384
С					476,060
d					
e					
·	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructions :		,	3	458,097 30,384
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net	Investment Ir	icome	
For optional use by domestic (	private foundations subject to the sec	tion 4940(a) tax on ne	et investment incor	ne )	
if section 4940(d)(2) applies, l	eave this part blank				
	ne section 4942 tax on the distributal ot qualify under section 4940(e) Do	, ,	ın the base period	7 Y	es 🔽 No
1 Enter the appropriate ar	mount in each column for each year,	see instructions before	making any entri	es	
(a) Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat	
year (or tax year beginning in) 2016	3,376,493		26,505,958	(col (b) divided by c	0 127386
2015	515,067		25,424,124		0 020259
2013	1,340,419		25,934,477		0 051685
2013	484,416		23,957,321		0 020220
2012	579,059		21,554,422		0 026865
2 Total of line 1, column (			2	1	0 246415
· · · · · · · · · · · · · · · · · · ·	_d)				0 240413
	o for the 3-year base period—divide i ndation has been in existence if less :		, or by the		0 049283
	oncharitable-use assets for 2017 from		4		25,885,359
5 Multiply line 4 by line 3			5		1,275,708
	ent income (1% of Part I, line 27b)		6		9,293
			7		1,285,001
	ions from Part XII, line 4 ,				1,384,034
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

١-	··-· /
	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
	and Contractors

(a) Name and address (b) devoted to position  2. Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  2. Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  2. Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."  3. Name and address of each employee paid more than \$50,000 (c) Compensation  NONE  4. Other address of each employee paid more than \$50,000 (c) Compensation  5. Expense account, (e) other allowances  6. Other al	1 List all officers, directors, trust	ees, fo	oundation managers ar	d their compensation	1	T
2. Compensation of five highest-paid employees (other than these included on line 1—see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than 550,000  (b) devoted to position  (c) Compensation  (d) Compensation  (e) Compensation  (f) Compensation  (g) Repair (g) Compensation  (g) Compensati	(a) Name and address	(	hours per week	not paid, enter	benefit plans and deferred	Expense account, (e) other allowances
Name and address of each employee paid more than \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NoNE".    Total number of others received the standard of the services (see instructions). If none, enter "NoNE".    Total number of others received the standard of the services (see instructions). If none, enter "NoNE".    Total number of others received the standard of the	See Additional Data Table					
Name and address of each employee paid more than \$50,000 (c) Compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances (e) other						
Name and address of each employee paid more than \$50,000 (c) Compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances when the standard efferred (d) compensation (e) other allowances (e) other						
Name and address of each employee paid more than \$50,000 for professional services (see instructions). If none, enter "None".  Total number of other employees paid over \$50,000 for professional services (see instructions). If none, enter "None".  (a) Name and address of each person paid more than \$50,000 for professional services (see instructions). If none, enter "None".  (b) Type of service (c) Compensation  Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "None".  (a) Name and address of each person paid more than \$50,000 for professional services (see instructions). If none, enter "None".  (b) Type of service (c) Compensation  (c) Compensation  (c) Compensation  (d) Truth in the indicate of the professional service (see instructions). If none, enter "None".  (e) other allowances  Total number of other employees paid over \$50,000 for professional services (see instructions). If none, enter "None".  (a) Name and address of each person paid more than \$50,000 for professional services (see instructions). If none, enter "None".  (b) Type of service (c) Compensation  (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Compensation  (e) other allowances  Expenses  (c) Compensation  (d) Compensation  (e) other allowances  (e) other allowances  (f) Compensation  (h) Type of service (see instructions of the service (see instructions) in the plant of the plant o						
Name and address of each employee paid more than \$50,000 (c) Compensation (d) compensation (e) other allowances  NONE  Total number of other employees paid over \$50,000.  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 (c) Compensation (d) Compensation (e) Compensation (d) Compensation (e) Compensation	2 Compensation of five highest-p	aid en	nployees (other than t	nose included on line :	 L—see instructions). If no	ne, enter "NONE."
Total number of other employees paid over \$50,000	Name and address of each employee	paıd	hours per week	(c) Compensation	employee benefit plans and deferred	
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  (c) Compensation  (c) Compensation  (d) Type of service  (e) Compensation  (e) Total number of others receiving over \$50,000 for professional services.  Part XIX-A  Summary of Direct Charitable Activities  List the foundation's four largest direct charitable active during the tax year Include relevant statistical information such as the number of generalizations and other beneficiaries served, conferences convened, research papers produced, acc.  1 DIRECT FINANCIAL ASSISTANCE PROVIDED TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER MEMORY  IMPAIRMENT AND NEURODEGENERATIVE DEMENTIA CENTER  591,550  2 DIRECT FINANCIAL ASSISTANCE IS PROVIDED TO THE WILLARD F BOND HOME, A LONG TERM BENEVOLENT  RETIEREMENT HOME, TO PROVIDE FOR EVERYDAY OPERATIONS OF A HOME FOR THE ELDERLY AND DISABLED  500,223  3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO METHODIST REHABILITATION CENTER  4 ORDER OF THE SUMMARY OF A HOME FOR THE ELDERLY AND DISABLED  500,223  3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO GLEANERS, INC. A NON-PROFIT ORGANIZATION THAT SALVAGES FOOD THAT OTHERWISE WOULD GO TO WASTE AND REDISTRIBUTES IT TO OTHER NON-PROFIT SHELTERS IN THE JACKSON, MS METRO AREA  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  All other program-related investments see instructions	NONE					
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".  (a) Name and address of each person paid more than \$50,000  (b) Type of service  (c) Compensation  NONE  Total number of others receiving over \$50,000 for professional services.  Part XX-A  Summary of Direct Charitable Activities  List the foundation's four largest direct charitable active during the law year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  1 DIRECT FINANCIAL ASSISTANCE PROVIDED TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER MEMORY IMPAIRMENT AND NEURODEGENERATIVE DEMENTIA CENTER  2 DIRECT FINANCIAL ASSISTANCE IS PROVIDED TO THE WILLARD F BOND HOME, A LONG TERM BENEVOLENT RETIREMENT HOME, TO PROVIDE FOR EVERYDAY OPERATIONS OF A HOME FOR THE ELDERLY AND DISABLED  50,223  3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO METHODIST REHABILITATION CENTER  4 DIRECT FINANCIAL ASSISTANCE PROVIDED TO GLEANERS, INC. A NON-PROFIT ORGANIZATION THAT SALVAGES FOOD THAT OTHERWISE WOULD GO TO WASTE AND REDISTRIBUTES IT TO OTHER NON-PROFIT SHELTERS IN THE JACKSON, MS METRO AREA  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  All other program-related investments see instructions						
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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  (c) Compensation  (c) Compensation  (d) Type of service  (e) Compensation  (e) Total number of others receiving over \$50,000 for professional services.  Part XIX-A  Summary of Direct Charitable Activities  List the foundation's four largest direct charitable active during the tax year Include relevant statistical information such as the number of generalizations and other beneficiaries served, conferences convened, research papers produced, acc.  1 DIRECT FINANCIAL ASSISTANCE PROVIDED TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER MEMORY  IMPAIRMENT AND NEURODEGENERATIVE DEMENTIA CENTER  591,550  2 DIRECT FINANCIAL ASSISTANCE IS PROVIDED TO THE WILLARD F BOND HOME, A LONG TERM BENEVOLENT  RETIEREMENT HOME, TO PROVIDE FOR EVERYDAY OPERATIONS OF A HOME FOR THE ELDERLY AND DISABLED  500,223  3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO METHODIST REHABILITATION CENTER  4 ORDER OF THE SUMMARY OF A HOME FOR THE ELDERLY AND DISABLED  500,223  3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO GLEANERS, INC. A NON-PROFIT ORGANIZATION THAT SALVAGES FOOD THAT OTHERWISE WOULD GO TO WASTE AND REDISTRIBUTES IT TO OTHER NON-PROFIT SHELTERS IN THE JACKSON, MS METRO AREA  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  All other program-related investments see instructions						
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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 beneficiances served, conferences convended, research papers produced, etc.  1 DIRECT FINANCIAL ASSISTANCE PROVIDED TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER MEMORY. IMPAIRMENT AND NEURODEGENERATIVE DEMENTIA CENTER.  2 DIRECT FINANCIAL ASSISTANCE IS PROVIDED TO THE WILLARD F BOND HOME, A LONG TERM BENEVOLENT RETIREMENT HOME, TO PROVIDE FOR EVERYDAY OPERATIONS OF A HOME FOR THE ELDERLY AND DISABLED.  3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO METHODIST REHABILITATION CENTER.  4 DIRECT FINANCIAL ASSISTANCE PROVIDED TO GLEANERS, INC., A NON-PROFIT ORGANIZATION THAT SALVAGES FOOD THAT OTHERWISE WOULD GO TO WASTE AND REDISTRIBUTES IT TO OTHER NON-PROFIT SHELTERS IN THE JACKSON, MS METRO AREA.  100,000  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.  All other program-related investments. See instructions	3 Five highest-paid independent	contra	ectors for professional	services (see instructi	ons). If none, enter "NON	E".
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.  1 DIRECT FINANCIAL ASSISTANCE PROVIDED TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER MEMORY IMPAIRMENT AND NEURODEGENERATIVE DEMENTIA CENTER  2 DIRECT FINANCIAL ASSISTANCE IS PROVIDED TO THE WILLARD F BOND HOME, A LONG TERM BENEVOLENT RETIREMENT HOME, TO PROVIDE FOR EVERYDAY OPERATIONS OF A HOME FOR THE ELDERLY AND DISABLED  3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO METHODIST REHABILITATION CENTER  4 DIRECT FINANCIAL ASSISTANCE PROVIDED TO GLEANERS, INC , A NON-PROFIT ORGANIZATION THAT SALVAGES FOOD THAT OTHERWISE WOULD GO TO WASTE AND REDISTRIBUTES IT TO OTHER NON-PROFIT SHELTERS IN THE JACKSON, MS METRO AREA  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  All other program-related investments See instructions  All other program-related investments See instructions		on pai	d more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
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1 DIRECT FINANCIAL ASSISTANCE PROVIDED TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER MEMORY IMPAIRMENT AND NEURODEGENERATIVE DEMENTIA CENTER  2 DIRECT FINANCIAL ASSISTANCE IS PROVIDED TO THE WILLARD F BOND HOME, A LONG TERM BENEVOLENT RETIREMENT HOME, TO PROVIDE FOR EVERYDAY OPERATIONS OF A HOME FOR THE ELDERLY AND DISABLED  500,223 3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO METHODIST REHABILITATION CENTER  189,000 4 DIRECT FINANCIAL ASSISTANCE PROVIDED TO GLEANERS, INC, A NON-PROFIT ORGANIZATION THAT SALVAGES FOOD THAT OTHERWISE WOULD GO TO WASTE AND REDISTRIBUTES IT TO OTHER NON-PROFIT SHELTERS IN THE JACKSON, MS METRO AREA  100,000  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  All other program-related investments See instructions	List the foundation's four largest direct charital	le activ	ities during the tax year Incli		nation such as the number of	Expenses
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3 DIRECT FINANCIAL ASSISTANCE PROVIDED TO METHODIST REHABILITATION CENTER 4 DIRECT FINANCIAL ASSISTANCE PROVIDED TO GLEANERS, INC , A NON-PROFIT ORGANIZATION THAT SALVAGES FOOD THAT OTHERWISE WOULD GO TO WASTE AND REDISTRIBUTES IT TO OTHER NON-PROFIT SHELTERS IN THE JACKSON, MS METRO AREA  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  All other program-related investments See instructions	2 DIRECT FINANCIAL ASSISTANCE IS	PROVI	DED TO THE WILLARD F	•		· · · · · · · · · · · · · · · · · · ·
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  Amount  All other program-related investments See instructions	FOOD THAT OTHERWISE WOULD GO					100,000
2  All other program-related investments See instructions	, ,			·	and 2	Amount
All other program-related investments. See instructions		ive stille	nto made by the foundation d	army are tax year on mics I	dia 2	Amount
	2					
	' -	s See	instructions			
ı						

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

2

3a 3h

4

5

1.384.034

1.374.741

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9.293

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

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

income Enter 1% of Part I. line 27b (see instructions).

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . . d From 2015. . . . . e From 2016. . . . .

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a) )

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. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 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) . . . (d)

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Page 9

OIII	1 330-F1 (2017)	,					
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions	)
							(a) Corpus
1	Distributable a	mount for	2017 fro	m Part	XI, line 7		
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017		
а	Enter amount	for 2016 o	nly				
b	Total for prior	years 2	.0,	20	_ , 20		

(b)

Years prior to 2016

(c)

2016

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year UNIV OF MS MED CNTR MEMORY IMPAIRMENT AND NEURODEGENRATIVE DEMENTIA CENT 2500 N STATE STREET JACKSON, MS 39216			ELDERLY CARE	591,550
WILLARD F BOND HOME 7521 OLD CANTON ROAD MADISON, MS 39110			NURSING HOME	500,223
METHODIST REHABILITATION CENTER 1350 EAST WOODROW WILSON JACKSON, MS 39216			MEDICAL REHABILITATION	189,000

ctatue of

Page **11** 

1 mount

Form **990-PF** (2017)

THE THOO IST KEIN DIET A TION CENTER		INEDICAL REHADILITATION	1 100,000
1350 EAST WOODROW WILSON			·
JACKSON, MS 39216			
GLEANERS INC		FOOD SALVAGE FOR	100,000
237 BRIARWOOD DR		CHARITABLE REDISTRIBUTION	
JACKSON, MS 39206			
Total	 	▶ 3a	1,380,773

**b** Approved for future payment

Total . . . . . . .

er gross	amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	<b>(e)</b> Related or exempt
Program	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
g Fees a	and contracts from government agencies ship dues and assessments.					
Interes	st on savings and temporary cash			14	223,262	
	ds and interest from securities			14	376,670	
	al income or (loss) from real estate					
	inanced property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	vestment income.					
	r (loss) from sales of assets other than			18	458,097	
	ome or (loss) from special events				.00,037	
	rofit or (loss) from sales of inventory					
Other r						
a INCREA	SE IN VALUE OF BENEFICIAL INTEREST IN HELD BY 3RD PARTIES			14	947,727	
	TIELD BY SIND FAIRTIES			17	547,727	
d e						
d e			C		2,005,756	
e Subtota Total. /	Add columns (b), (d), and (e)   Add line 12, columns (b), (d), and (e)				2,005,756 <b>3</b>	
d e Subtota Total. A (See wo	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcul	lations )		1		
d e Subtota Total. / (See wo	I Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
d e Subtota Total. /	I Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcul  B Relationship of Activities to th	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
d e Subtota Total. / (See wo art XVII	I Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
d e Subtota Total. / (See wo int XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calculated.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
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d e Subtota Total. / (See wo int XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calculated.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
d e Subtota Total. / (See wo art XVII	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calculated.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
d e Subtota Total. / (See wo Int XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calculated.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
d e Subtota Total. / (See wo art XVII	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calculated.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
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d e Subtota Total. / (See wo art XVII	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calculated.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	lations )  e Accomplish  income is reporte		pt Purposes  f Part XVI-A contribu	3ited importantly to	
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orm 990-P	(2017)						Pa	ge <b>13</b>
Part XV	Information Re Exempt Organi		fers To and Transact	ions and F	Relationships With Nonchari	table		
			any of the following with a zations) or in section 527,		ganization described in section 501 political organizations?		Yes	No
<b>a</b> Transfer	s from the reporting foun	idation to a noncha	ırıtable exempt organizatio	n of				
(1) Ca:	sh					1a(1)		No
(2) Oth	ner assets					1a(2)		No
<b>b</b> Other tr	ansactions							
<b>(1)</b> Sal	es of assets to a nonchar	ıtable exempt orga	nization			1b(1)		No
			pt organization			1b(2)		No
<b>(3)</b> Rei	ntal of facilities, equipmer	nt, or other assets.				1b(3)		No
<b>(4)</b> Rei	mbursement arrangemen	nts				1b(4)		No
<b>(5)</b> Loa	ns or loan guarantees.					1b(5)		No
<b>(6)</b> Perf	ormance of services or m	embership or fund	raising solicitations			1b(6)		No
_			assets, or paid employees			1c		No
(a) Line No	( <b>b</b> ) Amount involved	(c) Name of nonch	arıtable exempt organızatıon	(d) Desc	cription of transfers, transactions, and sha	rıng arra	ngemen	ts
				·				
describe	,	Code (other than	, or related to, one or mor section 501(c)(3)) or in se			☐Yes	<b>✓</b>	No
	(a) Name of organization		(b) Type of organiza	ition	(c) Description of relati	onship		

of the	inswer to any of the above goods, other assets, or se transaction or sharing arm	rvices given b	y the reporting	foundation If the	foundation	receive	d less than fair ma	arket value
(a) Line No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Desci	ription of	transfers, transaction	s, and sharing arrangements
describ	oundation directly or indired in section 501(c) of the complete the following second (a) Name of organization	e Code (other schedule	than section 50	•	tion 527? .	-		☐ Yes ☑ No
0 4		f, it is true, co						statements, and to the best based on all information of
Sign Here	*****			2019-01-09		****		May the IRS discuss this return with the preparer shown below
	Signature of officer or	trustee		Date	<b>F</b> Tit	tle		(see Instr )? Yes No
•	Print/Type preparer'	s name	Preparer's Sigr	nature	Date		Check if self-	PTIN P01418541

M GREGORY KING CPA

Firm's name ► HADDOX REID EUBANK BETTS PLLC

Firm's address ▶ 188 EAST CAPITOL STREET STE 500

JACKSON, MS 39201

Paid **Preparer** 

**Use Only** 

Firm's EIN ▶64-0414329

Phone no (601) 948-2924

employed ▶ □

2019-01-08

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JANE S ROPER PRESIDENT 0 25 2034 EAST NORTHSIDE DRIVE JACKSON, MS 39211 ANNE W ROGERS SECRETARY 0 25 2034 EAST NORTHSIDE DRIVE JACKSON, MS 39211 CHARLOTTE W MCNEEL DIRECTOR 0.25

ANNE P WELLS	TREASURER	0	0	0
2034 EAST NORTHSIDE DRIVE JACKSON, MS 39211	0 25			
MARILYN M MCCLENDON	DIRECTOR	0	0	0
2034 EAST NORTHSIDE DRIVE JACKSON, MS 39211	0 25			

DIRECTOR 0 25

2034 EAST NORTHSIDE DRIVE JACKSON, MS 39211 SALLIE R MOSELEY

2034 EAST NORTHSIDE DRIVE JACKSON, MS 39211

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -		DLN: 93491043004069	
TY 2017 Accounting Fees Schedule						
	Name:	OLD LAD	IES HOME ASSO	CIATION		
	EIN:	64-03030	089			
Accounting Fees Schedule	i.					
Category	Am	ount	Net Investmen Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES		16,303	13,0	12 16,	303 3,261	

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## **TY 2017 Investments Corporate Bonds Schedule**

Name: OLD LADIES HOME ASSOCIATION

ETN: 64-0303080

EIN: 64-0303089  Investments Corporate Bonds Schedule			
Name of Bond	End of Year Book Value	End of Year Fair Market Value	
AIR LEASE CORP	23,622	23,576	
AMERICAN EXPRESS BANK	100,000	98,825	
AMERICAN EXPRESS BANK	250,000	244,537	
AMERICAN EXPRESS CREDIT CORP	23,981	23,729	
AMERICAN HONDA FINANCE CORP	36,948	36,814	
AMGEN INC	26,808	25,438	
ANHEUSER-BUSCH	50,046	49,855	
APPLE INC	25,948	25,361	
APPLE INC	150,000	145,096	
APPLE INC	24,808	24,086	
ASTRAZENECA PLC	25,003	24,866	
ASTRAZENECA PLC	100,962	98,714	
AT&T	27,280	24,083	
AT&T CALLABLE DTD 5/4/15 4.5%	25,215	25,536	
BANK OF AMERICA	158,755	151,143	
BANK OF MONTREAL	24,996	24,575	
BERKSHIRE HATHAWAY INC	153,483	146,202	
BIOGEN INC	49,089	47,707	
BOFI FEDERAL BANK	150,000	146,107	
CAPITAL ONE FINL CORP	25,009	24,609	

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CATERPILLER FIN. INC.	100,000	93,565
CELTIC BANK	100,000	97,610
CHUBB INSURANCE HOLDINGS INC	101,066	97,440
CISCO SYSTEMS INC	25,043	24,819
CISCO SYSTEMS INC	25,925	24,240
CISCO SYSTEMS INC	101,998	98,192
CITIGROUP INC	37,968	37,546
COCA COLA	100,106	97,334
COMCAST CORP	27,066	23,825
COMCAST CORP	22,895	22,714
CSX CORP	22,991	22,887
CVS HEALTH CORP	24,032	24,024
DESTRA PREFERRED & INCOME SECURITIES FUND	100,000	104,360
DODGE & COX INCOME FD	130,804	127,811
DUKE ENERGY CORP	23,456	23,046
ENTERY ARKANSAS INC	130,940	124,687
FIFTH THIRD BANK	25,041	24,347
FORD MOTOR CREDIT	25,437	24,886
GENERAL ELECTRIC	26,385	24,118
GILEAD SCIENCES INC	25,002	25,089

**Investments Corporate Bonds Schedule** 

Name of Bond	End of Year Book Value	End of Year Fair Market Value
GOLDMAN SACHS INC	28,603	24,966
GOLDMAN SACHS INC	23,709	23,348
HSBC BANK USA	200,000	195,188
HARLEY-DAVIDSON INC	103,240	99,079
IBM CORP	23,925	23,876
IBM CORP	101,310	97,707
INTEL CORP	26,249	25,394
JOHN DEERE CAPITAL CORP	25,133	24,857
JOHNSON & JOHNSON	98,360	94,230
JP MORGAN CHASE & CO. COM	107,731	100,811
JP MORGAN CHASE & CO. COM	150,000	149,286
JP MORGAN CHASE & CO. COM	51,345	49,727
KROGER	26,690	24,379
LOCKHEED MARTIN	24,691	24,579
LLOYDS BANK GROUP	23,018	23,230
MERRILL LYNCH & CO	28,966	25,065
MERRILL LYNCH & CO	23,436	25,267
MICROSOFT CORP	103,188	96,556
MOLSON COORS BREWING CO	24,237	25,589
MORGAN STANLEY	24,087	23,883

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY	25,222	24,381
NIKE INC	102,014	96,684
OCCIDENTAL PETROLEUM CORP	99,072	95,862
OPPENHEIMER TOTAL RETURN BOND FUND	32,925	31,968
ORACLE CORP	28,701	25,023
ORACLE CORP	104,079	99,722
ORACLE CORP	23,940	23,459
PIONEER BOND FUND CLASS	128,607	124,474
PRUDENTIAL FINANCIAL	26,620	24,921
QUALCOMM INC	255,132	236,990
ROYAL BANK OF CANADA	23,999	23,648
SHELL	24,945	24,680
SIMON PROPERTY GRP	150,184	143,920
SUNTRUST BKS	25,984	25,428
TORONTO-DOMINION BANK	24,576	24,028
TOYOTA MOTOR CREDIT	25,512	24,340
VALERO ENERGY	24,728	23,987
VERIZON	25,237	25,645
WALGREENS BOOTS ALLIANCE	25,096	24,621
WALT DISNEY	102,112	96,678

Name of Bond End of Year Book Value End of Year Fair Value

23,792

98,010

23,994

24,327

93,885

23,665

**Investments Corporate Bonds Schedule** 

WELLS FARGO & CO

WELLS FARGO & CO

WELLS FARGO & CO

## **TY 2017 Investments Corporate Stock Schedule**

Name: OLD LADIES HOME ASSOCIATION

**EIN:** 64-0303089

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ACE LTD	30,187	36,517
AMERICAN EXPRESS CO	32,464	37,312
APPLE INC	127,521	352,338
AT&T	56,766	142,600
BLACKROCK INC	69,773	114,845
BRISTOL MEYERS SQUIBB CO	65,909	63,250
CISCO SYSTEMS INC	79,808	115,160
CITIGROUP INC	52,608	66,960
CITRIX SYSTEMS INC	37,461	59,021
COCA COLA	24,249	1,014,525
COLGATE PALMOLIVE	67,446	688,128
DOLLAR GENERAL	98,784	106,460
EXXON MOBILE CORP	163,057	913,823
FORD MOTOR CO	29,760	22,160
GENERAL ELECTRIC	35,081	215,680
GOOGLE INC	71,789	98,528
GOOGLE INC	72,128	100,084
HONEYWELL INTERNATIONAL INC	74,020	100,868
INTEL CORP	58,447	120,357
JP MORGAN CHASE & CO. COM	106,392	296,919
LOGMEIN	9,453	12,595
LYONDELLBASELL INDUSTRIES	101,700	105,680
MCKESSON CORP	47,892	28,174
MEDTRONIC PLC	46,938	46,127
MERCK & CO	27,162	265,977
NEXTERA ENERGY, INC.	48,255	89,342
NIKE INC	59,033	72,087
ORACLE SYSTEMS	22,458	228,750
PROCTER & GAMBLE CO COM	73,963	463,788
PRUDENTIAL FINANCIAL	120,671	248,520

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SCHLUMBERGER	30,998	63,161
STRYKER CORP	60,014	86,414
WALT DISNEY	17,146	200,880
WASTE MANAGEMENT INC	51,053	71,334
WELLS FARGO & CO	56,584	340,665

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TY 2017 Investments Governments	nent Obligat	ions Schedule	
	_		
Name:	OLD LADIES F	HOME ASSOCIATION	
EIN:	64-0303089		
US Government Securities - End of Year Book Value:		2,608,839	
US Government Securities - End of Year Fair Market Value:		2,554,745	
State & Local Government Securities - End of Year Book Value:		1,512,230	
State & Local Government Securities - End of Year Fair Market Value:		1,502,416	

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### **TY 2017 Investments - Other Schedule**

Name: OLD LADIES HOME ASSOCIATION

**EIN:** 64-0303089

	,03		
Investments Other Schedule 2  Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIDELITY ADVISOR NEW INSIGHT S INST	AT COST	933,360	1,503,261
FRANKLIN MUTUAL DISCOVERY Z FUND	AT COST	1,083,901	1,181,411
JOHN HANCOCK DISCIP VALUE	AT COST	632,691	810,026
JOHN HANCOCK DISCIP VALUE MID CAP	AT COST	295,439	555,992
JOHN HANCOCK INTERNATIONAL GROWTH	AT COST	535,750	679,982
JOHN HANCOCK STRATEGIC INCOME OPP	AT COST	210,879	206,824
MERIDIAN SMAL CAP GROWTH INVESTOR	AT COST	186,243	252,053
OPPENHEIMER STEELPATH MLP SELECT	AT COST	115,000	90,429
PARHAM BRIDGES MEMORIAL FUND	AT COST	323,219	348,898
PIONEER MULTI-ASSET ULTRASHORT INC FUND	AT COST	190,838	188,748
PIONEER STRATEGIC INCOME FUND	AT COST	208,160	206,246
T. ROWE PRICE EQUITY INCOME FUND	AT COST	881,282	1,180,301
T. ROWE PRICE GROWTH STOCK	AT COST	258,580	725,871
T. ROWE PRICE MID CAP GROWTH FUND	AT COST	199,010	540,267
THORNBURG INVEST INC	AT COST	75,000	85,973
UNDISCOVERED MGRS BEHAVIORAL VALUE	AT COST	250,298	260,434

DLN: 93491043004069

Name: OLD LADIES HOME ASSOCIATION

**EIN:** 64-0303089

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Other Assets Schedule				
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value	
BENEFICIAL INTEREST IN PERPETUAL TRUST HELD BY THIRD PARTIES	18,177,231	19,124,958	19,124,958	

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TY 2017 Other Expenses Schedule							
Name: OLD LADIES HOME ASSOCIATION							
EIN:	64-0303089						
Other Expenses Schedule				4			
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK AGENCY FEES / MGT FEES	48.119	48.119	48.119	0

8,036

7,266

8,036

7,266

-2,492

8,036

7,266

ACCRETION

INSURANCE

EXPENSES ALLOCATED TO TAX-EXEMPT INCOME

DLN: 93491043004069

Name: OLD LADIES HOME ASSOCIATION EIN: 64-0303089

ETIA:

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Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
INCREASE IN VALUE OF BENEFICIAL INTEREST IN TRUST HELD BY 3RD PARTIES	947,727		947,727		

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TY 2017 Taxes Schedu	le			
	Name: OLD LADIE EIN: 64-030308		ION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	20,010	0	20,010	0

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Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	ibout Schedule B (F	ttach to Form 990, 990-EZ, or 990-PF lule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			2017	
Name of the organizati OLD LADIES HOME ASSO					Employer id	dentification number	
Organization type (che	ick one)				64-0303089	1	
Organization type (one	ck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	organization				
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	☐ 527 politi	cal organization					
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation				
	☐ 4947(a)(	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
			PF that received, during on the property of the Parts I and II S				
Special Rules							
under sections 5 received from ar	09(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, total	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	, 16a, or 16b, and that	
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 of the control of the contr	s, charitable, scien			
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the p	eively for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 of charitable, etc., purpose that were received during eneral Rule applies to the or more during the year	s, but no such cor ng the year for an nis organization be	ntributions tota exclusively re ecause it rece	aled more than \$1,000 eligious, charitable, etc , eived <i>nonexclusively</i>	
990-EZ, or 990-PF), but	ıt <b>must</b> answer "No	on Part IV, line 2	lle and/or the Special Ru , of its Form 990, or che it it doesn't meet the filing	ck the box on line	H of its		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Sched	ıle B (Form 990	0, 990-EZ, or 990-PF) (2017)	

Name of organization Employer identification number OLD LADIES HOME ASSOCIATION 64-0303089 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 REGIONS BANK AS TRUSTEE OF CRAT UW OF GERTRUDE TURNER FBO O Person **Payroll** 1900 5TH AVE N SUITE 2500 \$ 130,617 Noncash BIRMINGHAM, AL35203 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution REGIONS BANK R MASON STRICKER FOUNDATION FOR OLD LADIES HOM Person Payroll 210 EAST CAPITOL STREET 3RD FLOOR \$ 201,616 Noncash JACKSON, MS 39201 (Complete Part II for noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution UM WILLIAM H ELLSWORTH FOUNDATION Person **Payroll** PO BOX 1802 \$ 20,000 Noncash PROVIDENCE, RI02901 (Complete Part II for noncash contributions) (a) (b) (c) (d) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)