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Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

X Yes

Inspection For the 2009 calendar year, or tax year beginning and ending Please THE HENRY MIZE CHARITABLE C Name of organization Employer identification number Check if applicable use IRS FOUNDATION INC Address change label or 20-0564747 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 1520 MCCULLOUGH BLVD Specific Termination 1,958,648 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-TUPELO 38804 MS Amended return tions. F Name and address of principal officer H(a) Is this a group return for Application pending Are all affiliates included? Yes If "No," attach a list. (see instructions) X 501(c) ◀ (insert no ) 527 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Type of organization X Corporation Trust Other > M State of legal domicile Association Year of formation Summary Briefly describe the organization's mission or most significant activities ORGANIZED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE Activities & Governance PURPOSES. 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 89,647 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 141,604 94 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 89,741 141,604 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 213,000 266,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), fine 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,662 78,940 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 335,<u>662</u> 345,440 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -245,921 -203,836 19 Revenue less expenses Subtract line 18 from line 12 o S Beginning of Current Year End of Year 253,900 6,143,469 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 253. 900 6,143,469 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under garalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date PAUL E. MIZE JR PRESIDENT Type or print name and title Preparer's identifying number Check if Preparer's Paid signature 05/07/10 P00101030 employed > Preparer's PROFESSIONAL NAIL MCKINNEY 64-0760834 FIN > Firm's name (or yours **Use Only** PO BOX if self-employed), Phone address, and ZIP + 4 38802-0196 **▶** 662-842-6475 TUPELO

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

1	Bnefly describe the organization's mission RGANIZED EXCLUSIVELY URPOSES.	FOR EDUCATIONAL ANI	CHARITABLE		
			•	•	
	<u> </u>				<del></del>
	Did the organization undertake any signific the pnor Form 990 or 990-EZ?		hich were not listed on		Yes X No
	If "Yes," describe these new services on Se				
	Did the organization cease conducting, or a services?	make significant changes in how it cond	ucts, any program		Yes X No
	If "Yes," describe these changes on Sched	ute O			
	Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) organization				
	allocations to others, the total expenses, ar			3	
0	(Code ) (Expenses \$ PERATED EXCLUSIVELY F HE FUNCTIONS OR PURPO		IND TO CARRY (	O ) (Revenue \$	)
				-	•
	•			•	
			•		•
				•	
			•		
4h	(Code ) (Expenses \$	including grants of	•	) (Revenue \$	
40	(Code ) (Expenses \$	madding grants of	J.	) (Revenue \$	,
	·		•		•
		•		•	
			•		
				•	
	•	•			
	•	•			•
4c	(Code ) (Expenses \$	including grants of	\$	) (Revenue \$	)
			•		•
	•				
			•		•
	•	•	•	•	
				•	•
	<u> </u>			· 	·· · ·
4d	Other program services (Describe in Sche				
	(Expenses \$	including grants of \$	) (Revenue \$		
<u>4e</u>	Total program service expenses ▶	266,500	<u> </u>		
					Form <b>990</b> (2009)

•						Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"						
	complete Schedule A				1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to						
	candidates for public office? If "Yes," complete Schedule C, Part I				3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						l
	complete Schedule D, Part III				8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part						
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV				9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						l
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		Х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable			İ	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete						
	Schedule D, Part VI						
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				1	1	1
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						İ
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X						ŀ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						7
	Schedule D, Parts XI, XII, and XIII				12_		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	461	Yes	No X			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	L	_^_			- <del>-</del> -
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			ĺ	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				445		x
4.5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				45		x
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	٠			15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				46		x
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16_		-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				47		X
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	•			17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				40		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				40		x
20	If "Yes," complete Schedule G, Part III				19 20	$\dashv$	X
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		4.

Pa	art IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		ĺ	
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		İ	
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ļ	v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
32	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
JJ	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		一	
•	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	İ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		一	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ŀ	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X

<u> Pa</u>	irt V   Statements Regarding Other IRS Filings and Tax Compliance				
•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			
	gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•		ŀ
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•	2b		ـــــ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1			
	this return?		3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country	1.		i	İ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	K			
	and Financial Accounts				X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	.2	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction if "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardii		30		<del></del>
С	Prohibited Tax Shelter Transaction?	ig .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		<del></del>
va	organization solicit any contributions that were not tax deductible?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	nr.	- Ou		<u> </u>
	gifts were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal			
	benefit contract?	_	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			Ì	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	-	
_	organization, have excess business holdings at any time during the year?		8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.				<del> </del>
a	Did the organization make any taxable distributions under section 4966?	•	9a		<b></b>
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	102			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a   10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	100			
11	Gross income from members or shareholders	11a			i '
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
U	amounts due or received from them.)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI

Form 99Q (2009) THE HENRY MIZE CHARITABLE

	20 0001:11
ernance, Management, and Disclosure For ea	ich "Yes" response to lines 2 through 7b below,
"No" response to line 8a, 8b, or 10b below, de	escribe the circumstances, processes, or change

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	
for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n
Schadula O See instructions	

<u>Sec</u>	tion A. Governing Body and Management			r	
		1.1		Yes	No
1a	Enter the number of voting members of the governing body	1a			[ '
b	Enter the number of voting members that are independent	1b		ŀ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2	├──	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			Ì	
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3	<b>├</b>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?	4	<del></del>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5	<b>├</b>	X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			1	
	of the governing body?		7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			•	
	the year by the following			L	
а	The governing body?		8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				•
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal			
Rev	enue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			İ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11		$oxed{X}$
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
ь	Other officers or key employees of the organization		15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		100		
•	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed NONE				<del></del>
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	Λ	•		
18	• •	"			
	available for public inspection. Indicate how you make these available. Check all that apply				
46	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization: ▶ PAUL MIZE P.O. BOX 1668	_	CC0 04	2 ^	222
T	JPELO MS 3880		662-84	<u> </u>	<u> </u>

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Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average	Pos	ition (	(Chec	C) k all t	that a	(vlaa	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GUY MITCHELL DIRECTOR								0	0	
MIKE CLAYBORNE DIRECTOR								0	0	
JACK REED, SR DIRECTOR								0	0	
PAUL MIZE	<del>                                     </del>	<del>                                     </del>								
DIRECTOR		-		_			_	0	0	
•										
, , , , ,									- ·	
										<u>, , , , , , , , , , , , , , , , , , , </u>
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		1		-						

	(A) Name and Title	(B) Average hours per		_	chec		hat a	_	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other ompensation from the organization and related organization	)
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	-												
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				L.									
1b Tot								<u> </u>			L		
	al number of individuals (incorrable compensation from t				ose	ısteo	abo	ve)	who received more than \$1	00,000 in			
4 For the indi	ployee on line 1a? If "Yes," of any individual listed on line	complete Schedu 1a, is the sum of ganizations great i receive or accn	le J f repo er th	for so ortab an \$ mpe	uch i le co 150,0	ndivi impe 200?	dual ensat ' If "Y	ion a 'es,"		'n		3 4	X X
Section	B. Independent Contracto	ors							ctors that received more that	n \$100 000 of			
	pensation from the organiz					-		l		(B) ton of services		(C) Compen	anton.
	name and	DUSTILESS AUGTESS							Descrip	oon of services		Compen	Sadun
	· · · · · · · · · · · · · · · · · · ·					<del></del>							· <del></del>
										-			
	al number of independent co	•	-				to th	ose	listed above) who received			0	-
DAA						_							0 (2009)

Pa	art VIII Statement of Revenue								
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8 8	4-	Foderated asmoorans	1a				tevenue	-	512, 513, 01 514
Program Service Revenue   Contributions, gifts, grants and other similar amounts	Ia L	Federated campaigns	1b			1			
Po	D	Membership dues				1	ı .		
ra it	С.	Fundraising events	1c						
gë	a	Related organizations	1d			-			
sin	е	Government grants (contributions)	1e						
풀힐	f	All other contributions, gifts, grants, and similar amounts not included above	}						
흕핆		and similar amounts not included above	1f						
ou	g	Noncash contributions included in lines 1a-1	f S	₿					
9	h	Total. Add lines 1a-1f			<u> </u>				
흴					Busn. Code				
ye	2a								
8	b								
<u>  Ş</u>	С								
န်	d								
듩	е	•							
ğ	f	All other program service reven	ue						L
<u>4</u>	g	Total. Add lines 2a-2f			<u> </u>				
$\Box$	3	Investment income (including di	vidend	s, interes	t, and		-		
		other similar amounts)			<b>&gt;</b>	206,492	206,492		
	4	Income from investment of tax-	exempl	bond pro	ceeds	·			
	5	Royalties	•	·	•				
ŀ		(ı) Real		(II) F	ersonal				
	6a	Gross Rents							
	h	Less rental exps	··· †						
		Rental inc or (loss)							
	d	Net rental income or (loss)							
		O	(i) Securities (ii				-		
		sales of assets							
İ			130						
- }	b	basis & sales exps 1,817,	044						
ļ	_						•		
		· · · · · · · · · · · · · · · · · · ·	000			-64,888	-64,888		<u></u>
ı		Net gain or (loss) .	۱ ـــ			-04,888	-04,666		
9	ъa	Gross income from fundraising even	ls						İ
9,		(not including \$							
ا ۾		of contributions reported on line 1c)					'		
10		See Part IV, line 18	a .						
Other Reven		Less: direct expenses	ь[				<del></del>		· j
		Net income or (loss) from fundra	٠,	events					<del></del>
	9a	Gross income from gaming activities							1
		See Part IV, line 19	a						1
		Less direct expenses	ь[						
1		Net income or (loss) from gamır	ng activ	<u>rities</u>	<b>•</b>			<del></del>	
	10a	Gross sales of inventory, less							ļ
		returns and allowances	а						ı
	b	Less cost of goods sold	ьĮ						
	С	Net income or (loss) from sales	of inve	ntory	<u> </u>				
		Miscellaneous Revenue			Busn. Code				
	11a								
	b								
Ì	С								
	d	All other revenue							
ļ	е	Total. Add lines 11a-11d			<b></b>				
	12	Total Revenue. See instruction	s	<u> </u>	<b>•</b>	141,604	141,604	0	0

Form 990 (2009)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		Complete Column (71) But	are not required to compr	ctc columns (b), (c), and	(5).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21	266,500	266,500		
_	<del>-</del>	200,300	200,300		
2	Grants and other assistance to individuals in	i l	1		4
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		ĺ		
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		<u>-</u> . –		_
	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
7	Other salaries and wages			·	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	-			<del></del>
9	Other employee benefits				<del></del>
10	Payroll taxes .		-		
11	Fees for services (non-employees)				
а	Management .		· · · · · · · · · · · · · · · · · ·		
b	Legal	602		602	
С	Accounting	800		800	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		<del></del>		
		<del></del>		<del></del>	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings				
19	, , , , , , , , , , , , , , , , , , , ,				
20	Interest			···········	
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				<del></del>
24	Other expenses Itemize expenses not				1
	covered above (Expenses grouped together				ı
	and labeled miscellaneous may not exceed			ļ	
	5% of total expenses shown on line 25 below )				<del></del>
а	TRUSTEE FEES	73,179		73,179	<del></del>
þ	INSURANCE	2,190		2,190	
C	FOREIGN TAXES PAID	2,166		2,166	
d	OTHER TAXES	3		3	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	345,440	266,500	78,940	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	,			
	fundraising solicitation				

	K Balance Sheet		(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		5,201	1	35,134
2	Savings and temporary cash investments		113,329	2	1,022,276
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, tr				
1	employees, and highest compensated employees Comp	lete Part II of			
	Schedule L			5	·
6	Receivables from other disqualified persons (as defined u	inder section			
	4958(f)(1)) and persons described in section 4958(c)(3)(E	B) Complete			
.	Part II of Schedule L			6	
7 8	Notes and loans receivable, net		_	7	
8   8	Inventones for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or				
	other basis. Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities	5,135,370	11	5,086,059	
12	Investments—other secunties. See Part IV, line 11	_		12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets	·		14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		5,253,900	16	6,143,469
17	Accounts payable and accrued expenses		17		
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
21 22					
	employees, highest compensated employees, and disqua	•		•	
<u> </u>	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third	parties		23	
24	Unsecured notes and loans payable to unrelated third par	•		24	
25	Other liabilities Complete Part X of Schedule D			25	<del></del>
26	Total liabilities. Add lines 17 through 25			26	
$\overline{}$	Organizations that follow SFAS 117, check here ▶ [3]	and			
3	complete lines 27 through 29, and lines 33 and 34.	<u> </u>		- 1	
27	Unrestricted net assets		5,253,900	27	6,143,469
28	Temporanly restricted net assets		77-33-73-33	28	<u> </u>
29				29	
,   ~	Organizations that do not follow SFAS 117, check her	· ·			<del></del>
<u>.</u>	and complete lines 30 through 34.				
27 28 29 30 31 32 33 34	Capital stock or trust principal, or current funds			30	
31				31	-
31	Retained earnings, endowment, accumulated income, or	•		32	
32		oulei lulius .	5,253,900	33	6,143,469
	Total net assets or fund balances		5,253,900	33	6,143,469

Form **990** (2009)

orm	990,(2009) THE HENRY MIZE CHARITABLE 20-0564747		Pa	ge <b>1</b> 3
Pa	irt XI Financial Statements and Reporting	•		
•			Yes	No
1	Accounting method used to prepare the Form 990   X   Cash   Accrual   Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	ľ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1		
	issued on a consolidated basis, separate basis, or both	l		
	Separate basis Consolidated basis Both consolidated and separate basis	ŀ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A (Form 990 or 990-EZ)

· · ·

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.
► See separate instructions.

2009

Open to Public Inspection

THE HENRY MIZE CHARITABLE Employer identification number Name of the organization FOUNDATION INC 20-0564747 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d X Type III-Other c Type III—Functionally integrated b Type II X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No X and (iii) below, the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization anization in col (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes No Yes No CREATE FOUNDATION 23-7248582 X X X

Sche	dule A (Form 990 or 990-EZ) 2009 THE	HENRY M	ZE CHARIT	ABLE	20	-0564747	Page 2
Pa	art II Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
•	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			<u>,</u>	····		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		<u> </u>				<del>-</del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10						
						142	
12	Gross receipts from related activities, etc. (	=		b 50b to		12	
13	First five years. If the Form 990 is for the c	-	secona, inira, ioun	n, or illti tax year a	as a section 50 f(c)	(3)	▶ □
500	organization, check this box and stop here tion C. Computation of Public Su		200				
		'. <b>'</b>		(0)		122	
14	Public support percentage for 2009 (line 6,	, ,	•	(1))	•	14	<u> </u>
15	Public support percentage from 2008 Scher					15	%
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33	1/3 % or more, che	eck this box	. □
_	and stop here. The organization qualifies a		•				▶□
b	33 1/3 % support test—2008. If the organi				is 33 1/3 % or more	e, check this	<b>.</b> —
4-	box and stop here. The organization qualifi		• •		401	4004	▶ [_]
17a	10%-facts-and-circumstances test—2009	-					
	more, and if the organization meets the "fac			=	•	V how the	. □
_	organization meets the "facts-and-circumsta		= -		<del>-</del>		▶ ∐
b	10%-facts-and-circumstances test2008	*					
	more, and if the organization meets the "fac					V how the	. □
40	organization meets the "facts-and-circumsta				-		Z H
18	Private foundation. If the organization did	not check a box or	ı iine 13, 16a, 16b,	1/a, or 1/b, check	this box and see if	nstructions	▶ ⊔

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for Or (Complete only if you che				)		
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						_
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		L	<u> </u>	L	<u> </u>	
14	First five years. If the Form 990 is for the c	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	. ┌
500	organization, check this box and stop here tion C. Computation of Public Su		200	<del></del>			
15	Public support percentage for 2009 (line 8,					15	%
	Public support percentage from 2008 Sche	7.7	=	(1))		16	<del>/</del> %
16 Sec	tion D. Computation of Investmen					J 10	/6
17	Investment income percentage for 2009 (lin			column (f))	····	17	%
18	Investment income percentage for 2008 S		=		•	18	<u>/</u> %
19a	33 1/3 % support tests—2009. If the organ		•	 14, and line 15 is m	 nore than 33 1/3 %.	. —	
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ	=			• • •		
	line 18 is not more than 33 1/3 %, check thi	s box and stop he	re. The organization	n qualifies as a pub	olicly supported org	janization	. ▶ [
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	ind see instructions	5	▶ □

• 93889 05/07/2010 2 12 PM Schedule A (Form 990 or 990-EZ) 2009 THE HENRY MIZE CHARITABLE Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

► Attach to Form 990.

1545-0047	
위도	
OMB	

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Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

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Schedule I (Form 990) 2009 THE HENRY MIZE CHARITABLE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	OSCI ARTIV ARIA COREGUIE I-1 (L'OITH 330) II AVAIRDINA SPACE IS RECUEU.	וו ספר וווים וו	niai space is licede			
ت	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
·						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I,	line 2, and any other addi	tional information.

SCHEDULE O (Porm 990) **Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE HENRY MIZE CHARITABLE

FOUNDATION INC

Employer identification number 20-0564747

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC