

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

Department of the Treasury

benefit trust or private foundation)

		he Treasury ie Şervice	<u> </u>	The orga	anization ma	y have to use a	copy of	this return to	satisfy st	ate re	porting r	equirements		Inspection
A	or the	2009 cale	endar ye	ar, or tax	year begin	ning				and e	nding			
B C	heck if ap	plicable	Please use IRS	C Name	of organization	n DELTA	RESE	ARCH FOU	<b>NDATIO</b>	N		D Employer	identifi	cation number
A	ddress	change	label or	Doing	Business As							64-6025124	ļ	
N	ame cha	ange	print or	Numb	er and street	(or PO box if mai	l is not de	livered to stree	t address)	R	oom/suite	E Telephone	numbe	r
☐ In	iitial retu	ırn	type See	P O. BO	X 257							(662) 686-3	350	
	erminate	ed	Specific			r country, and ZIP	+ 4							<del></del>
Π̈́Α	mended	return	Instruc- tions	STONE		•		MS	387	776		G Gross rece	epts \$	1,212,339
=		n pending	FΝ			orincipal officer					H(a) Is	this a group retu	rn for af	
_						257, STONE\	/II I E A	AC 20776			1 ''	<del>-</del> -		
									7		<b>⊣</b> ''	e all affiliates ind "No," attach a lis		
		npt status	X 50	)1(c) (	3) ◀ (1	nsert no )	4947	(a)(1) or	527		- □ "	NO, attach ans	t (See ii	nstructions)
<u>1 W</u>	ebsite	<u>: ▶</u>								<u> </u>	H(c) Gr	oup exemption r	umber	<u> </u>
K Fo	orm of o	ganization	X Co	rporation	Trust	Association		ther <b>&gt;</b>		L Yea	ar of forma	ation	MS	State of legal domicile MS
Pa	art I	Sur	nmary											
	1	Briefly d	escribe	the orga	nization's r	nission or mo	st signif	icant activit	ies: RIC	E RES	EARCH A	ND PROMOTIC	N, WEE	ED CONTROL RESEARCH .
		RESEAF	RCH PR	OGRAM	S FOR TIM	IBER AND A	GRICUL	TURAL CR	OPS					
JUN 3 0 2010 Activities & Governance														
ET.														
See .	2	Check th	ns box	<b>▶</b> □ 1	f the organ	ization discon	tınued i	ts operation	s or disp	osed	of more	e than 25% o	of its n	et assets
0,	3				_	overning bod		•					3	7
ကန္တ	4	Number	of indep	endent	voting mer	nbers of the g	overnin	g body (Par	t VI, line	1b)			4	7
<b>2</b>	5	Total nui	mber of	employe	es (Part V	, line 2a)							5	0
<b>≥</b> 3	6	Total nui	mber of	voluntee	ers (estima	te if necessar	y) .					•	6	
-	7a	Total gro	ss unre	lated bu	siness revi	enue from Par	t VIII, c	olumn (C), I	ine 12 .				7a	0
SCANNED	b	Net unre	lated bu	<u>ısıness t</u>	axable ince	ome from Forr	n 990-T	, line 34	•				7b	0
		Prior Year Prior Year										Current Year		
<b>\$</b>	8	B Contributions and grants (Part VIII, Ine 1h)								0				
nue 🎤	9	Program service revenue (Part VIII, lihe 2g) RECEVED 66							662	2,833	1,123,549			
<b>७</b> % ∣	10	Investment income (Part VIII, column (A), lines 3, 4, and 70)							22	2,622	16,055			
ഗ <b>~</b>	11								1,867	9,441				
	12									0,322	1,149,045			
	13	· · · · · · · · · · · · · · · · · · ·								2,000				
	14									0				
ģ	15	Salaries, other compensation, employee benefits (Parlix, Solumn (A), lines 5–10)									0			
Expenses	16a			_	•	IX, column (A	•	•						0
xbe	ь		-		-	, column (D),	-			<u>C</u>	<u> </u>			
Ш	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)									3,837	804,408		
	18	•			-	nust equal Pa		lumn (A), lii	ne 25) .				3,837	806,408
	19	Revenue	e less ex	penses	Subtract I	ine 18 from lin	e 12		<u> </u>		<u> </u>		3,515	342,637
Assets or d Balances	22	T-1-1		<b></b> ,	40)						Begin	ning of Current		End of Year
ssel	20	Total ass				•					<b> </b>	1,48	,854	1,830,492
Net A Fund	21	Total liab	•	-	•		!: O	^				4 40	7 05 4	4 020 402
	22				ces Subir	act line 21 froi	n line 2	<u> </u>			<u> </u>	1,487	,004	1,830,492
Pai			nature		I doclare that	I have eveninged to	hic solum	unaludina assa		chodu	loc and of	atomosts and to	the bee	st of my knowledge
						te Declaration of p								
			9.	-		,	1. T		•				_	
C:	_		/		1 0 h	organ.C	<b>/</b>					15	-/6	7-10
Sig			Signature	of officer		0 0		_	1	10		Date		
Her	е		F	ddi	e m	Mora	an	<u> </u>		٦,				
			Type or pr	int name a	nd title									
		Prepa		-	4		_	Date			heck if			er's identifying number
Paid		signat	ture	15	78 C	e walne .	EF	) T 1	23/2010		elf- mployed	▶□		itructions) 04-6867
-	parer's	Firm's	name (or	VOUIS	OL ADICE	DDAD! 5V 5	24455			1 61				
Use	Only		employed	•		, BRADLEY, E								06295
			ss, and Zi			MAIN GREEN						Phone no	(662)	378-2286
May	the IF	S discus	s this re	turn with	the prepa	rer shown abo	ve? (se	e instructio	ns)			· · ·		X Yes No

				· · · · · · · · · · · · · · · · · · ·		
)	(Code:	) (Expenses \$	0 including g	rants of \$	0 ) (Revenue \$	0)
					· · · · · · · · · · · · · · · · · · ·	
				·	· · · · · · · · · · · · · · · · · · ·	
;	(Code <sup>-</sup>	) (Expenses \$	0 including g	rants of \$	0 ) (Revenue \$	0)
_ ;	Other program services	(Describe in Schedu	le O)			
	(Expenses \$	0 including		0) (Revenue \$	0)	·
2	Total program service	expenses >	806,408			
						Form <b>990</b> (200

# Part IV Checklist of Required Schedules

	•		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	Х							
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del>  ^`</del>	Х						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		$\vdash$	-^-						
-	candidates for public office? If "Yes," complete Schedule C, Part I									
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	3	<del> </del>	X						
	Part II									
5										
Ť	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	1							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>	$\vdash$							
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes,"									
	complete Schedule D, Part I	6		Х						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	t	<del>- ^-</del>						
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	⊢ <b>ʻ</b>								
•	complete Schedule D, Part III	8		Х						
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? <i>If</i> "Yes,"									
	complete Schedule D, Part IV	9		Х						
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u> </u>								
	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 .	11		Х						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	3 3, 5	ž	8 7						
	Schedule D, Part VI.	1,11	7,12							
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	3	2 (C)							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	5 ( 3 mm)		1 2 5						
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		3 350	3.4						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1. / 1		7. 64						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	5.5		الله الله الله الله الله الله الله الله						
	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	,		۰۰۰۰ ماریخارید						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	12/2	- ( ) f	7 4						
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	7.	7.	. 4. "						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<i>y</i>	£ "	<b></b>						
	Schedule D, Parts XI, XII, and XIII	12		Χ						
2A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	17	1							
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			<u>.</u> سنند						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X						
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,									
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u> _						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any									
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_ <u>X</u> _						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance									
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u> _						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا ا		.,						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on									
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v						
20	If "Yes," complete Schedule G, Part III .	19		<del></del>						
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20	000	X						
		Form	<b>990</b> (:	2009)						

Par	t 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 1? If "Yes," complete Schedule I, Parts I and II.	21	L	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			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
	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	<u> </u>	<b>†</b>	<del>                                     </del>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		├^
·		245		×
	to defease any tax-exempt bonds?	24c 24d		Î
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	<del> </del>	<del>├^</del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del> </del>	X
D	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			١
	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			Ì
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ŀ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ľ	
	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,	}		l · .
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	:	_ ~.	L_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,			<u> </u>
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			<u> </u>
-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\\</u>		<u> </u>
-	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,	33		<del>  ^</del>
J-7	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	<b>34</b>		<del>  ^</del>
33	Schedule R, Part V, line 2	35		V
20		35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			U
.~	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			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 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	Х	

Par	t 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		1					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	]	l					
С								
	gaming (gambling) winnings to prize winners?	1c	X	1				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1				
	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		}					
	this return?	3a		X				
b	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 authority							
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial							
	account)?	4a		x				
b	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			1				
	and Financial Accounts.			ŀ				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding							
	Prohibited Tax Shelter Transaction?	5c		1				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		·					
	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 or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_ ~ -					
	and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		Х				
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 personal		_	l				
	benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
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							
	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						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>_</b>				
10	Section 501(c)(7) organizations. Enter			ĺ				
а	Initiation fees and capital contributions included on Part VIII, line 12			l				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ				
11	Section 501(c)(12) organizations. Enter:	- [						
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources	- 1						
	against amounts due or received from them.)		Ì	-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a		<b></b>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l				

Part VI

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 Schedule O See instructions.

Sect	tion A. Governing Body and Management	-							
			Yes	No					
1a	Enter the number of voting members of the governing body	<b>,</b>							
b	Enter the number of voting members that are independent	7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		<b> </b> ,					
	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								
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х					
6	Does the organization have members or stockholders?	6	Х						
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members								
	of the governing body?	7a	X						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following.								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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	9a	L;	_X_					
	tion B. Policies (This Section B requests information about policies not required by the Internal								
Reve	enue Code.)		r——						
40-	Describe a second of the secon		Yes	No					
10a	, , , , , , , , , , , , , , , , , , ,	10a		_X_					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	40.							
44	affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
11A		11	Х						
12a		12a	Х						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12d							
•	rise to conflicts?	12b	x						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120							
•	describe in Schedule O how this is done.	12c	x						
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	<u> </u>							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•					
а	The organization's CEO, Executive Director, or top management official	15a	1	~ *					
b	Other officers or key employees of the organization	15b							
	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		<u>X</u>					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate								
	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							
	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► MS								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	nly)							
	available for public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the solution of the s	est							
	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: ► Susu Whatley (662) 686-33	50							
	P O BOX 257, STONEVILLE, MS 38776								

# 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

Check this box if the organization did not compensate any current officer, director, or trustee.

(C) (D) (E) (F) Position (check all that apply) Reportable Reportable Name and Title Average Estimated hours per Highest compensated employee compensation compensation amount of Key employee Individual Institutional week from from related other organizations compensation the (W-2/1099-MISC) from the organization (W-2/1099-MISC) organization trustee I trustee and related organizations DAN BRANTON 0 Х 0 0 TRAVIS SATTERFIELD 0 Х 0 0 0 FRANK MITCHENER 0 Х 0 0 0 BILL KENNEDY Х 0 0 0 0 STEVE MARTIN 0 Х 0 0 0 JIMMIE DICK CARTER 0 X 0 0 CHIP MORGAN Х 0. 0 0

Form **990** (2009)

_Pa	rt VII Section A. Officers, Directors, Tru		iploy T	ees			ghesi	Co		ployees (contin	
	` (A)	(B)	Position (shock all that a					- 1. 3	(D)	(E)	(F)
Name and title		Average hours per week	or director		Officer	Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
											· · · · · · · · · · · · · · · · · · ·
											<del></del>
										, ,	· · · · · · · · · · · · · · · · · · ·
		<u></u>									
<u>1b</u>	Total	<u> </u>					·	<b>•</b>	0	0	
2	Total number of individuals (including but no reportable compensation from the organizat		e list	ed a	ibove 0	e) wh	no re	ceive	ed more than \$1	00,000 in	
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee,	or h	ghes	st compensated		Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations gundividual										x
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye									5	
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest concompensation from the organization.	npensated inder	end	ent c	contra	acto	rs tha	at red	ceived more that	n \$100,000 of	
	(A) Name and business a	ddress							(B) Description of serv	ices Cor	(C) npensation
	NONE										
		·								<del></del>	
										-	
2	Total number of independent contractors (in			d to	thos	e lis	ted a	bove	e) who received		

1.149.045

1.139.604

Total. Add lines 11a–11d.

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. izations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column	(A) but are not re	quired to complete	COIGITITS (D), (O), E	ma (b).
	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	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,000	2,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	o			1
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees .	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	o			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	ol			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	o			
b	Legal	0			
C	Accounting	995	995		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	o			
f	Investment management fees	Ö			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	O			
15	Royalties	0	7-1-1-1	<u>.</u>	
16	Occupancy	0		<del>-</del>	
17	Travel	2,800	2,800		
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials .	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together			Í	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	MEETING SUPPLIES	1,515	1,515		
b	POSTAGE	121	121		
С	DUES & SUBSCRIPTIONS	50	50		
d	CONTRACTUAL	1,500	1,500		
e	RICE RESEARCH & PROMOTION	765,975	765,975		
f	All other expenses ADMINISTRATIVE EXPENSE	31,452	31,452		
25	Total functional expenses. Add lines 1 through 24f	806,408	806,408	0	0
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				
				<del></del>	

**Balance Sheet** Part X (A) (B) Beginning of year End of year 176,364 184,708 Cash—non-interest-bearing 2 1,379,262 2 Savings and temporary cash investments 1,012,279 3 3 Pledges and grants receivable, net 0 4 4,333 4 Accounts receivable, net . 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Assets 0 7 7 Notes and loans receivable, net. 0 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment cost or 10a 1,162,365 other basis. Complete Part VI of Schedule D 294,878 10c 266,522 b Less: accumulated depreciation . . . 10b 895,843 11 11 Investments—publicly traded securities 0 12 0 12 0 Investments---other securities. See Part IV, line 11 13 Investments-program-related. See Part IV, line 11 ol 13 0 14 ol 14 0 Intangible assets Other assets. See Part IV, line 11 . . . 15 15 16 1,487,854 16 1,830,492 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses. 18 Grants payable 18 19 Deferred revenue. 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities. Complete Part X of Schedule D 0 25 0 26 0 0 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 1.487.854 27 1,830,492 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances . . . 1,487,854 33 1.830,492 1,487,854 1,830,492 Total liabilities and net assets/fund balances

-orm s	990 (2009) DELTA RESEARCH FOUNDATION	64-6025124		Page IZ
Part	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	_		1
	Schedule O			1
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			İ
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:			i
	Separate basis Consolidated basis X Both consolidated and separate basis			
_				1
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audita, evalua why in Schodula O and describe any stans taken to undergo such audits	1 2 h		1

Form **990** (2009)

## **SCHEDULE A**

(Form 990 or 990-EZ)

# **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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** 64-6025124 **DELTA RESEARCH FOUNDATION** Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 5 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). ĥ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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. c | Type III-Functionally integrated Type III-Other a Type I **b** Type II 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 g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? . . . 11g(i) A family member of a person described in (i) above? 11g(ii) (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) h (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (iii) Type of organization (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes 0 0

Total

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . 2,094,526 982.520 1.021.540 662.833 1,123,549 5,884,968 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 982,520 1.021.540 662.833 1,123,549 5,884,968 4 Total. Add lines 1 through 3 2,094,526 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) Public support. Subtract line 5 from line 4 5,884,968 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2,094,526 982,520 1,021,540 662.833 1,123,549 5,884,968 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 40,372 98,046 113,523 98,622 88,790 439,353 . . . Net income from unrelated business activities, whether or not the business is regularly carried on . 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . 11 Total support. Add lines 7 through 10 6,324,321 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 93.05% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14. 15 92 32% 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 18

20

	DEETH REGEN	NOTTI CONDA	11011			04-002312	rage J
Par	t III Support Schedule for Organiz			ion 509(a)(2)			
	(Complete only if you checked t	he box on line	9 of Part I.)				
	tion A. Public Support			4 ) 0007	(4) 0000	( ) 2222	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				ı		
	membership fees received (Do not						_
	include any "unusual grants.")				<del></del>	<del></del> -	0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	}		l			
	in any activity that is related to the						0
3	organization's tax-exempt purpose Gross receipts from activities that are not an						0
•	unrelated trade or business under section 513			J		[	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf .					<del></del>	0
5	The value of services or facilities			ľ	İ	' I	
	furnished by a governmental unit to the	j					
6	organization without charge  Total. Add lines 1 through 5	0	0	0	0	0	<u>0</u> 0
	Amounts included on lines 1, 2, and 3	<u>-</u>				<u> </u>	
·u	received from disqualified persons .						0
	, ,						
b	Amounts included on lines 2 and 3 received	]	j				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		,				
	line 6.)						0
	tion B. Total Support		<del></del> -T				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,		ì				
	rents, royalties and income from similar		·				0
ь	sources . Unrelated business taxable income (less	<del></del>					
~	section 511 taxes) from businesses	1	- 1		1		
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0
12	carried on Other income. Do not include gain or		<del></del>				
	loss from the sale of capital assets		Ì				
	(Explain in Part IV.)	]					0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	<u></u>	0	0
4 4			t second third	l, fourth, or fifth	tax year as a	section 501(c)(	[3)
14	First five years. If the Form 990 is for the org	ganization's firs	i, 3000ma, ima				<b>-</b>
	organization, check this box and stop here	·		<u> </u>			
Sec	organization, check this box and stop here tion C. Computation of Public Support	Percentage	• •	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Sec 15	organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, co	Percentage olumn (f) divide	d by line 13, co		· . ]	15	0.00%
Sec 15 16	organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, con Public support percentage from 2008 Scheduling Scheduling Support percentage from 2008 Scheduling Sche	Percentage olumn (f) divide ale A, Part III, lir	d by line 13, co		·	15 16	0.00%
Sec 15 16 Sec	tion C. Computation of Public Support Public support percentage for 2009 (line 8, con Public support percentage from 2008 Schedution D. Computation of Investment Inc.	Percentage Dlumn (f) divide ale A, Part III, lir ome Percenta	d by line 13, cone 15			16	0.00%
Sec 15 16 Sec 17	organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, con Public support percentage from 2008 Schedution D. Computation of Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Incomputation Investment Investment Investment Incomputation Investment	Percentage olumn (f) divide ale A, Part III, lir ome Percenta 10c, column (f)	d by line 13, cone 15.  age divided by line		))	17	0.00%
Sec 15 16 Sec 17	organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, con Public support percentage from 2008 Schedution D. Computation of Investment Incomputation Investment Investment Investment Incomputation Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Inv	Percentage plumn (f) divide ule A, Part III, lir ome Percenta 10c, column (f) hedule A, Part	d by line 13, cone 15.  age divided by line III, line 17	e 13, column (f	. [	16 17 18	0.00% 0.00% 0.00%
Sec 15 16 Sec 17	organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, con Public support percentage from 2008 Schedution D. Computation of Investment Incomputation Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment I	Percentage plumn (f) divide ule A, Part III, lir ome Percenta 10c, column (f) thedule A, Part tion did not che	d by line 13, cone 15.  age divided by line lill, line 17 ck the box on line	e 13, column (f	e 15 is more th	16   17   18   13% an 33 1/3% an	0.00% 0.00% 0.00%
Sec 15 16 Sec 17	organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, con Public support percentage from 2008 Schedution D. Computation of Investment Incomputation Investment Investment Investment Incomputation Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Investment Inv	Percentage plumn (f) divided le A, Part III, linder Percenta 10c, column (f) thedule A, Part tion did not che top here. The column (f)	d by line 13, cone 15.  age divided by line 17. ck the box on lorganization qu	e 13, column (fi line 14, and lin lalifies as a pul	e 15 is more the	16   17   18   18   19   19   19   19   19   19	0.00% 0.00% 0.00%

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A (Form	990 or 990-EZ) 2009	DELTA RESEAR	RCH FOUNDATION	ONNC		64-6025124	Page 4
Part IV	Supplemental	Information. Co	mplete this part	t to provide the e	xplanations required	by Part II, line 1	Ō,
	Part II. line 17a	or 17b, and Part	III. line 12 Pro	vide any other ac	ditional information	See instructions	3
	<u>, e</u>	<u> </u>					
	• • • • • • • • • • • • • • • • • • • •						
·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	- • • • • • • • • • • • • • • • • • • •		
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	***********			• • • • • • • • • • • • • • • • • • • •			

### **SCHEDULE O** (Form 990)

# **Supplemental Information to Form 990**

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization Employer identification number DELTA RESEARCH FOUNDATION 64-6025124 ANY DOCUMENTS, WRITTEN POLICIES AND PROCEDURES, AND ANY OTHER APPROPRIATE INFORMATION IS AVAIABLE UPON REQUEST