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## SCANNED JUN 3 0 2010

Form

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

Open to Public Inspection

Α	For the 2009 ca	alendar y	ear, or tax year beginning, and ending					
В	Check if applicable	Please	C Name of organization UNIVERSITY OF MARY HARDIN BAY	YLOR		D	Emplo	yer identification number
	Address change	use IRS label or	FOUNDATION			_		
7	Name change	print or	Doing Business As		·- <u></u> -		74-	2052543
	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	1	Room/suite	E	•	one number
╡		See Specific	UMHB STATION BOX 8003				<u> 254</u>	-295-8642
	Termination	Instruc-	City or town, state or country, and ZIP + 4			<b>G</b> G	oss rece	pts \$ 217,429
	Amended return	tions	BELTON TX 76513			_		
_	Application pending		e and address of principal officer			H(a)	ls this a	group return for
_			NDY O'REAR			Ни	affiliate  Are all	
		1	HB STATION BOX 8003			1	include	d? Yes No
			LTON TX 76513			4	If "No,"	attach a list (see instructions)
L	Tax-exempt stat	us X	501(c) ( <b>3</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527			_		
<u>J_</u>		<u> </u>				H(c	) Group	exemption number
	Type of organization				ear of formation			M State of legal domicile
<u> </u>	Part I S	umma	<u></u>					<del></del>
	1 Briefly d	escribe t	ne organization's mission or most significant activities					
•	SUP	PORT :	PLANT FUND OF UNIV OF MARY HARDIN BAYLOR					
ĕ								
na	1							
Λě	0 0 0 0 0 1 4	h.a. h.a <b>N</b>	. The second state of the	4hon 250/	of its not so	oto		
ĝ		his box D		man 25%	or its net ass	eis I	ا م	3
∞5			members of the governing body (Part VI, line 1a)			}	3	3
ties			endent voting members of the governing body (Part VI, line 1b)			}	4	
Activities & Governance	1 '		employees (Part V, line 2a)			ŀ	5	0
Ac			volunteers (estimate if necessary)			}	6	3
	7a Total gr	oss unrel	ated business revenue from Part VIII, column (C. line 12	}	7a	209,881		
	b Net unr	elated bu	siness taxable income from Form 990 Time of VSO		D		7b	193,399
			9	ŀ	Рпог	rear_	-+	Current Year
en			grants (Part VIII, line 1h) revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 76)	ŀ				
Revenue	1			511	1 620			
æ	10 Investm	ent incor			1,638			
	11 Other re	evenue (F	rart VIII, column (A), lines 5, 6d, 8c, @@@@@@M1eUT	}		56,5		215,791
			add lines 8 through 11 (must equal Part VIII, selumn (A) line 12)			55,9		217,429
	1		ar amounts paid (Part IX, column (A), lines 1–3)	50,0	000	100,000		
	14 Benefits	paid to	or for members (Part IX, column (A), line 4)					
BS	15 Salaries	, other co	ompensation, employee benefits (Part IX, column (A), lines 5–10)	ļ				
Expenses	16a Profess		Iraising fees (Part IX, column (A), line 11e)	<u> </u>				
ă	<b>b</b> Total fur	ndraising	expenses (Part IX, column (D), line 25) ▶	Ļ				
ш	17 Other ex	kpenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	Ļ			345	380
	18 Total ex	penses .	Add lines 13–17 (must equal Part IX, column (A), line 25)	L		50,3		100,380
	19 Revenu	e less ex	penses_Subtract line 18 from line 12			05,6		117,049
Net Assets of				}	Beginning of			End of Year
SSE Rala	20 Total as	•			1,0	83,8	3 / 1	840,322
200	21 Total lia	•	art X, line 26)	Ļ		00 (	774	040 200
<u> </u>			d balances Subtract line 21 from line 20		1,0	83,8	3 / 1	840,322
<u> </u>			re Block					
	U	nder pene	ties of perjury, Ideclare that I have examined this return, including accompanying so is true, corperand complete. Declaration of preparer (other than officer) is based of	chedules an	d statements, a	and to the	best of	my knowledge
			is the complete becaration of preparer (other than onicer) is based to	511 All 11110111	ation of which	preparer	iias aiij	Kilowiedge
Si	1		ung jaun					
He	re	gnatu	re of official D				Date	-110110
	į 🕍		embre Kamm, VI for Busines & Favo	ance	>			5/14/10
_		Type of	print name and title					
	P	reparer's	St ST	Date	Che	ck if		Preparer's identifying number
Pa –	IQ s	gnature	John & remain	4-14	-/o self-	oloyed ▶		(see instructions) P00003355
	eparer's –		CREMEENS, HARRIS & CO., LLP				EIN D	<u> </u>
US		rm's name self-emplo	4710 ma rm				Phone	
		idress, an				1		940-691-0126
 Mav	v the IRS discu	es this re	turn with the preparer shown above? (see instructions)				10	Ves No

	UNIVERSITY OF MAR		4-2052543	Page 2
1 `Briefly descri	tatement of Program Servinbe the organization's mission PLANT FUND OF UNITY	ce accomplishments  IV OF MARY HARDIN BAYI	,OR	
the prior Form If "Yes," desc  Did the organ services? If "Yes," desc  Describe the Section 501(i	m 990 or 990-EZ? cribe these new services on Schedu nization cease conducting, or make cribe these changes on Schedule O e exempt purpose achievements for (c)(3) and 501(c)(4) organizations ar	significant changes in how it conducts, any p	orogram ram services by expenses eport the amount of grants and	Yes X No
4a (Code UNIV OF	)(Expenses \$ 10	00,000 including grants of \$ DR PLANT FUND	100,000 ) (Revenue \$	
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	

4d Other program services (Describe in Schedule O) including grants of \$ 100,000 (Expenses \$ ) (Revenue \$ 4e Total program service expenses ▶ Form **990** (2009)

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Part IV Checklist of Required Schedules

DAA

					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	<u> </u>
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			Ì		<b>\</b>
	Schedule C, Part II			4	L	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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ļ	[	l
	complete Schedule D, Part I			6	<u> </u>	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	L	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"					
	complete Schedule D, Part IV			9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			Ì		Ì
	quasi-endowments? If "Yes," complete Schedule D, Part V			10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				ļ	
	VII, VIII, IX, or X as applicable			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			1		
	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			1	1	1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII					
•	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				i	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- [	ļ	
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ		
12	Schedule D, Parts XI, XII, and XIII			12	$\vdash$	X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?	۲	Yes N	12	<del>                                     </del>	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	3			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>		13	]	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			1.13	$\Box$	
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b	[	X
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		x
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services					
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				i	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Yes," complete Schedule G, Part III			19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20		X
			-	Г	_ 000	(2000)

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P	art IV Checklist of Required Schedules (continued)			<b>-</b>
			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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1	}	
	United States on Part IX, column (A), line 27 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	Ì		
	employees? If "Yes," complete Schedule J	23	<u></u>	Х
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	]		Ì
	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		
С	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		<u> </u>
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			
	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		İ	
	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?		1	
	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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1	1	
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			
	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	1		
	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	- <del></del>		<u> </u>
50	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>	
٠.	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- <del></del>	<u> </u>	<del></del>
-	Schedule N, Part II	32	İ.	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>  "                                 </u>		<del></del> -
•	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,	- 50		
<b>-</b>	III, IV, and V, line 1	34	Ì '	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	37		<del></del>
33	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	_35	<del>                                     </del>	<del></del>
50	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	36	<del> </del>	<del>-</del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.		ļ	
	Part VI		į i	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37	<del>                                     </del>	
J0	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	x
	10 Hatter var i Still ood liiela die fedalled to complete ocheddie O	38	1 '	_ AA

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	Otatomente regarding other inter imige and rax compilaries		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			1
	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?		1.	<u>:                                    </u>	
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			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2	<u> </u>	<del>          _   _   _  </del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				i
	instructions)				]
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y		<b>.</b>	
	this return?		3		<del> </del>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3	b A	<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	iai		_	x
<b>.</b>	account)?  If "Yes," enter the name of the foreign country ▶		4	-	+
ь	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık			
	and Financial Accounts	ik.		Ì	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5	a	x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		<u> </u>		$\top$
Ť	Prohibited Tax Shelter Transaction?	3	5	c	
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?		6	a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			T
	gifts were not tax deductible?		_6	b	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			Ì	1
а	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?		7		<del> </del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7	<u>b</u>	┿
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		
	required to file Form 8282?	l <b>-</b> . l	7		<del>  -</del>
	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 perso benefit contract?	mai	7		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7		+
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7		$\vdash$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		<u> </u>		_
	required?		7	h	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				$T^-$
	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		1
9	Sponsoring organizations maintaining donor advised funds.				1 -
а	Did the organization make any taxable distributions under section 4966?		9	a	<u> </u>
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		9	<b>b</b>	↓
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	_10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		}	
11	Section 501(c)(12) organizations. Enter	المما			
а	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	112			
а	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against				
a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
a b 12a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11b	12	a	

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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.

Does the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  The officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Sec	tion A. Governing Body and Management				
b Einer the number of voting members that are independent  2		,			Yes	No
2	1a			_		
any other officer, director, faustee, or key employee?  3	b	Enter the number of voting members that are independent	1b   3			
3 Del the organization delegate control over management duties customarily performed by or under the derect supervisor of officers, direction of rulestees, or key employees to an amanagement officers.  4 Del the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  4 Del the organization become aware during the year of a material diversion of the organizations?  5 Does the organization have members or stockholders, or other persons who may elect one or more members  6 Does the organization have members, stockholders, or other persons who may elect one or more members  7 of the governing body?  8 A X  8 Doll the organization changes placed by the persons who may elect one or more members  8 of the governing body?  8 A X  9 Doll the organization of the governing body subject to approval by members, stockholders, or other persons?  7 D X X  8 Doll the organization changes placed by the material of the governing body?  9 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body before soil the organization provided and the organization provided and provi	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1		
supervision of officers, directors or fursitiess, or key employees to a management company or other person?  A				2	<u> </u>	X
to be the organization make any significant changes to its organization of the organization's assets?  Det the organization have members or stockholders?  Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  To bose the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  To bose the organization have members or stockholders, or other persons?  To bose the organization have members of the governing body subject to approval by members, stockholders, or other persons?  To bose the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  To bose the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  To bose the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  To bose the organization that subhority to act on behalf of the governing body?  Section B. Pollicies (This Section B requests information about policies not required by the Internal Revenue Code.)  To bose the organization have formation about policies not required by the Internal Revenue Code.)  To bose the organization have formation about policies not required by the Internal Revenue Code.)  To bose the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  To bose the organization have written policies are consistent with those of the organization?  To bose the organization provided a copy of this Form 990 to all members of its governing body before filing the form 990 to all members of its governing body before filing the form 990 to all members of its governing body before filing the form 990 to all members of its governing body before filing the form 990 to all members of it	3	Did the organization delegate control over management duties customarily performed by or under the direct				
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describe in Schedule O how this is done  12c  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  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?  15 Did the organization's CEO, Executive Director, or top management official  15 Did the organization's CEO, Executive Director, or top management official  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Dif "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?  16 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  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.  10 JENNIFER RAMM  10 JENNIFER RAMM  11 JENNIFER RAMM  11 JENNIFER RAMM  11 JENNIFER RAMM  12 JENNIFER RAMM  13 JENNIFER RAMM  14 JENNIFER RAMM  15 JENNIFER RAMM  15 JENNIFER RAMM  15 JENNIFER RAMM  15 JENNIFER RAMM  15 JENNIFER RAMM  15 JENNI		rise to conflicts?		12b		
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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?  15 The organization's CEO, Executive Director, or top management official  15 Other officers or key employees of the organization  15 Urityes" to line 15a or 15b, describe the process in Schedule O (See instructions)  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6:104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  19 Oescribe 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 ▶ JENNIFER RAMM  16 UMHB STATION BOX 8003		describe in Schedule O how this is done		12c		
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?  15 The organization's CEO, Executive Director, or top management official  15 Other officers or key employees of the organization  15 Urityes" to line 15a or 15b, describe the process in Schedule O (See instructions)  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6:104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  19 Oescribe 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 ▶ JENNIFER RAMM  16 UMHB STATION BOX 8003	13	Does the organization have a written whistleblower policy?		13		X
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If a Did 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?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)  available for public inspection Indicate how you make these available Check all that apply  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 ▶ JENNIFER RAMM  UMHB STATION BOX 8003	14	Does the organization have a written document retention and destruction policy?		14		
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  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	15	Did the process for determining compensation of the following persons include a review and approval by				
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If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  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	b	Other officers or key employees of the organization		<u> </u>		
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the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  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 ▶ JENNIFER RAMM  UMHB STATION BOX 8003						
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  JENNIFER RAMM. UMHB STATION BOX 8003	Sec					
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available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request  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  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JENNIFER RAMM  UMHB STATION BOX 8003		·				
Own website Another's website Upon request  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  State the name, physical address, and telephone number of the person who possesses the books and records of the organization JENNIFER RAMM  UMHB STATION BOX 8003		•				
<ul> <li>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</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JENNIFER RAMM</li> <li>UMHB STATION BOX 8003</li> </ul>						
policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   JENNIFER RAMM  UMHB STATION BOX 8003	19					
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JENNIFER RAMM UMHB STATION BOX 8003						
organization ► JENNIFER RAMM UMHB STATION BOX 8003	20					
•			3			
	BE	•		54-29	5-R	642

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 (A) Name and Title	(B) Average	Pos	ition	(chec	C)	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	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
RANDY O'REAR PRESIDENT								0	0	(
STEVE THEODORE VICE PRESIDE								0	0	
JENNIFER RAMM SEC/TREAS								0	0	
			<u> </u>							
				ļ						
·	,	<u> </u>	<u> </u>	ļ 						
		<u> </u>								
		-	_							, <u>, , , , , , , , , , , , , , , , , , </u>
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		-	_							
		-	_	-						
	<u>-</u>	_	<u> </u> 			_				
	<u> </u>									

Pa	rt VII Section A. Officers,	Directors, Trus	tees	, Ke	y Em	plo	/ees,	and	Highest Compensated E	mployees (continued)					
	(A) Name and Title	(B) (C) Average Position (check all that app							(D) Reportable compensation	(E) Reportable compensation	Est	(F) imated ount 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)	comp fro orga and	other compensation from the organization and related organizations			
			<u> </u>												
			-												
							-								
		-	-												
				ļ 											
	Total	<u> </u>	L	L	l	L	<u> </u>	<b>•</b>							
2	Total number of individuals (increportable compensation from				ose	liste	d abo	ve)	who received more than \$1	00,000 in					
3	Did the organization list any for	rmer officer, direc	ctor c	or tru				loye	e, or highest compensated	-		Yes	No		
4	employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization.	1a, is the sum of	f repo	ortab	le co	mpe	ensat				3		X		
5	Individual  Did any person listed on line 1a services rendered to the organ	a receive or accruization? If "Yes,"	ie co	mpe olete	nsati Sch	ion fi edul	rom a	any u or su	unrelated organization for schools		_4		x		
Sec 1	tion B. Independent Contractor Complete this table for your five	e highest comper	nsate	d inc	depe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of					
	compensation from the organiz	(A) business address							Descrip	(B) tion of services		(C) Compensa	tion		
		<del></del>						 		<del></del>					
								_		<del></del>					
								<u> </u>			+				
								-							
2	Total number of independent comore than \$100,000 in comper						to th	ose	listed above) who received			0	_		
DAA											F	om 990	(2009)		

Pa	<u>rt V</u>	III Statement of Reve	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	12	Federated campaigns	1a			Tevenue		012, 010, 01 014
Contributions, gifts, grants and other similar amounts	ı ıa	, •	1b			Ì	Ì	
ge		Membership dues					]	
fts, rar	C	Fundraising events	1c				Ì	
<u>.</u>	a	Related organizations	1d					
Sin	е	Government grants (contributions)	1e			}		
er E	f	All other contributions, gifts, grants,						
흕늉		and similar amounts not included above	1f					
no Tab	g	Noncash contributions included in lines 1a-	1f \$					
<u>S</u>	h	Total. Add lines 1a-1f		<u> </u>				
ine				Busn. Code				
ven	2a							
Re	b							
/ice	С							
Sen	đ			<u> </u>				
Ē	е							
Program Service Revenue	f	All other program service reven	nue					
P	g	Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including d	ividends, interes	st, and		· · · · · · · · · · · · · · · · · · ·		
		other similar amounts)	•	· •	1,638	1,638		
	4	Income from investment of tax-	exempt bond pr	oceeds ►				
	5	Royalties	олотира остиг р.	•	5,910	5,910		···
	•	(ı) Real	(11)	Personal				·
	6a	Gross Rents				ĺ		
	b	Less rental exps						
		Rental inc or (loss)						
				<u> </u>				
	d 7a	Gross amount from (I) Securities		) Other		<del></del>		<del></del>
		sales of assets		) Other	ļ			
		other than inventory						
	b	Less cost or other						
		basis & sales exps					ļ	
	С	Gain or (loss)						
	d	Net gain or (loss)	r					
eni	8a	Gross income from fundraising ever	nts					
nue		(not including \$				į		
λΘ		of contributions reported on line 1c)	ł	}				
Other Reven		See Part IV, line 18	a					
Ĕ	þ	Less direct expenses	ь[					
٦	С	Net income or (loss) from fundr	aising events	<b>•</b>				
	9a	Gross income from gaming activities	s.	Į		[	l	
		See Part IV, line 19	a				İ	
	b	Less direct expenses	ь					
	С	Net income or (loss) from gami	ng activities	<b>•</b>				
	10a	Gross sales of inventory, less						
		returns and allowances	а	1			1	
	b	Less cost of goods sold	ь					
		Net income or (loss) from sales	of inventory	<b>•</b>				
		Miscellaneous Revenue		Busn. Code			·	<del></del>
	11a	HOLLI-TEX SUPPLY CO.		423000	217,708	Į.	217,708	
	b	CONTRIBUTIONS FROM HO		423000	-580		-580	
	C	OTHER DEDUCTION		423000	-1,793		-1,793	
		All other revenue			-5,454		-5,454	<u> </u>
	e	Total. Add lines 11a-11d		<b>—</b>	209,881		3,232	<del></del>
	12	Total Revenue. See instruction	าร		217,429	7,548	209,881	
		I I I I I I I I I I I I I I I I	10					

Part IX Statement of Functional Expenses

 $V = \alpha = -N$ 

Form 990 (2Q09)

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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	100,000	100,000		·
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	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,				
	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	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	ĺ			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		ļ		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			<del></del>	
f	Investment management fees				
9	Other			<del></del>	
12	Advertising and promotion				
13	Office expenses				<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy Travel			<del></del>	
17 18	Payments of travel or entertainment expenses				<del>-</del>
	for any federal, state, or local public officials			į	
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	ACCOUNTING	380	·	380	
b					
C					<del></del>
ď					
e	All other expenses				
f 25	All other expenses  Total functional expenses. Add lines 1 through 24f	100,380	100,000	380	
<u>25</u> 26	Joint costs. Check here	100,380	100,000		
-0	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA					000

Part	X Balance Sheet		(A) Beginning of year		(B) End of year
1	Cashnon-interest bearing		50,367	1	67,624
1	Savings and temporary cash investments		30,30.	2	07,024
2			<del></del>	3	<del></del>
3	Pledges and grants receivable, net			4	<del></del>
4	Accounts receivable, net	trustosa kau		-+	<del></del>
5	Receivables from current and former officers, directors		ļ		
	employees, and highest compensated employees. Con	ipiete Part II of	ļ	5	
	Schedule L	ddaa aaatsan		<del></del>	<del></del>
6	Receivables from other disqualified persons (as defined		,	ļ	
	4958(f)(1)) and persons described in section 4958(c)(3	)(b) Complete		ا ۽	
	Part II of Schedule L		6		
7 8	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9		1 1		9 -	
108	Land, buildings, and equipment cost or		į į	- 1	
	other basis Complete Part VI of Schedule D	10a			
t	Less accumulated depreciation	10b	1 022 504	10c	770 600
11	Investments—publicly traded securities	1,033,504	11	772,698	
12	Investments—other securities See Part IV, line 11		12	<del></del>	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		1 000 000	15	040.00
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	1,083,871	16	840,322
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	<del></del>
19	Deferred revenue			19	<del></del>
20	Tax-exempt bond liabilities			20	
21 22	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
22	Payables to current and former officers, directors, trust	ees, key			
	employees, highest compensated employees, and disq	ualified			
	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated thin	d parties		23	
24	Unsecured notes and loans payable to unrelated third p	parties		24	<u> </u>
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25			26	
:	Organizations that follow SFAS 117, check here ▶	and			
27 28	complete lines 27 through 29, and lines 33 and 34.			ì	
27	Unrestricted net assets			27	
	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check h	nere ▶ 🛚 🗓	İ	į	
	and complete lines 30 through 34.			1	
30	Capital stock or trust principal, or current funds		30		
31	Paid-in or capital surplus, or land, building, or equipment	nt fund	49,483	31	49,483
32	Retained earnings, endowment, accumulated income,	or other funds	1,034,388	32	790,839
30 31 32 33 34	Total net assets or fund balances		1,083,871	33	840,322
34	Total liabilities and net assets/fund balances		1,083,871	34	840,322

Form **990** (2009)

Pa	rt 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			
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			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forn	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.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF MARY HARDIN BAYLOR FOUNDATION

Employer identification number 74–2052543

Pa	art I	Reas	on for	<u>Public</u>	Charity:	Status (All organization	ons must c	omplete	this p	art.) S	ee ins	tructio	ns.		
The	orgai	nization is not	a private	e foundat	ion because	it is (For lines 1 through 11	, check only o	ne box )							
1		A church, cor	nvention	of churc	hes, or asso	ciation of churches describe	ed in section	170(b)(1)(	۹)(i).						
2		A school des	cribed in	n section	170(b)(1)(A	)(ii). (Attach Schedule E)									
3	H					e organization described in s	section 170(b	)(1)(A)(iii)	_						
Δ			•		•	in conjunction with a hospital	•			γΑγείίι	Enter th	ne hospit	al's name		
7	L	city, and state		, ga Lati	от орогатов	in conjunction min a neoph	ar dooonbed ii		., 0(5)( .	,,,,,,,,,,		io noopii	aro marrio,		
5	$\Box$	•		ated for t	he henefit of	a college or university owner	ad or operated	l hy a gove	rnments	al unit de	ecubed	ın			
,	لــا	section 170(	•			•	cd or operated	i by a gove		ar drift de	SCHECO				
		•			•	vernmental unit described ir	s section 470	/b\/4\/ <b>b</b> \/.							
6	H			•	_	ubstantial part of its support			•	n tha aa	noral ni	ıblıa			
7		•		•		mplete Part II)	nom a goven	iiiierilai ui	וונ טו ווטו	ii tile ge	петагро	IDIIC			
						•	lost II )								
8	H	-				'0(b)(1)(A)(vi). (Complete P	•			orobin f		4 aross			
9	Ш	-		-		more than 33 1/3 % of its s				-		-			
		•			-	ot functions—subject to cert	•					i iis			
		• •	•			d unrelated business taxable	`		i i tax) ii	om busi	nesses				
40	$\Box$		•			, 1975 See section 509(a)(		,	->(4)						
10	7	•	•		•	xclusively to test for public s	•	•	,,,,		4.41-				
11	X	•	•		•	clusively for the benefit of, t	•			•		41			
		•		-		d organizations described in						tion			
			509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  Type I b Type II c Type III-Functionally integrated d X Type III-Other												
	X	a Type		b	Type II	c Type III–Fund					e III–Ot	ner			
е	A			•	_	nization is not controlled dire	-			•		ation			
					=	and other than one or more p	Jubiiciy Suppo	neu organ	izations	uescribe	eu in sei	Ston			
		509(a)(1) or s				mination from the IDC that it	ua a Tuna I. T				_				
f		organization,			willen delen	mination from the IRS that it	isa rype i, i	ype II, or I	ype iii s	ирропіп	g				[]
						on accorded any off or contr	nhutun faan	of the							
g		_		Jo, nas tr	ie organizatio	on accepted any gift or conti	ribution from a	iny of the							
		following per												<u> </u>	Τ
						itrols, either alone or togeth		s describe	a in (ii)					Yes	No
				_		the supported organization?	•						11g(i)	<del> </del>	X
		•		•		ed in (i) above?							11g(ii)	<del> </del>	X
		•		-	•	escribed in (i) or (ii) above?							[11g(iii)	L	X
h			ollowing T			e supported organization(s)					T	T	<del></del>		
		me of supported (II) EIN			N	(III) Type of organization (described on lines 1–9	1 ' '	(iv) is the organization in col (i) listed in your		(v) Did you notify the organization in		is the	(vii) Amı supp		
						above or IRC section		governing document?		col (i) of your		zed in the	одррон		
						(see instructions))	14.	T		port?		S?			
ID	T T T 7	TROT MY	OF 1	MDV	HADDEN	BAYLOR	Yes	No	Yes	No	Yes	No	<del></del>		
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			<del> </del>			10	X		X		X				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

17a 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

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule.	A (Form	990 or	990-EZ:	2009

Schedule A (Form 990 or 990-EZ) 2009 UNIVERSITY OF MARY HARDIN BAYLOR 74-2052543 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from 8 line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends. 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2008 Schedule A, Part III line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 investment income percentage from 2008 Schedule A, Part III, line 17 18 18 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV 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.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

UNIVERSITY OF MARY HARDIN BAYLOR

General Information on Grants and Assistance

FOUNDATION

Employer identification number 74–2052543

OMB No 1545-0047

Open to Public Inspection

1 Does the organization amend month of the grants or assistance, and the selection curera used to award the grants or assistance. The selection curera used to award the grants or assistance or assistance or assistance or assistance or assistance.  Part II describe in at the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Form 990, Part IV, line 25, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Form 990, Part IV, and Schedule I-I (Form 990) if additional space is needed  ONIV MARX HARDIN MAXION - PLANT FUND  DEBLYON  TX 76513  100,000		
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Schedule I (Form 990) 2009.

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

3 Enter total number of other organizations

· Page 2

Schedule I (Form 990) 2009 UNIVERSITY OF MARY HARDIN BAYLOR

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 74-2052543 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I (Form 990) 2009 .

SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

UNIVERSITY OF MARY HARDIN BAYLOR Name of the organization FOUNDATION

Employer identification number

74-2052543

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS UNIV OF MARY HARDIN BAYLOR PLANT FUND

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