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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Internal Revenue Service Note. The foundation may I	be able to use a copy of this	return to satisfy state repo		
For calendar year 2009, or tax year beginning MAR	1, 2009	, and ending	FEB 28, 2010	
G Check all that apply: Initial return Amended return	initial return of a fo	ormer public charity	Final return Name change	
Name of foundation	- I dai ooo dhan	90	A Employer identification i	number
Use the IRS			z zmprojer radmaneanom	
Otherwise. THE STREET MEDICAL FO	UNDATION		64-0409438	
print Number and street (or P O box number if mail is not de		Room/suite	B Telephone number	
or type. POST OFFICE BOX 8033			601-638-435	51
See Specific City or town, state, and ZIP code			C If exemption application is per	nding, check here
VICKSBURG, MS 39181			D 1. Foreign organizations,	
H Check type of organization: X Section 501(c)(3) ex	• •		Foreign organizations mee check here and attach com	nputation
	Other taxable private founda		E If private foundation statu	ıs was terminated
I Fair market value of all assets at end of year J Accounti	=	Accrual	under section 507(b)(1)(A), check here
	ther (specify)		F if the foundation is in a 60	
Part Analysis of Revenue and Expenses		·	under section 507(b)(1)((d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	500.			
2 Check X if the foundation is not required to attach Sch. 8 Interest on savings and temporary				··
3 cash investments	2 856	2 856		
4 Dividends and interest from securities	3,756.	3,756.		STATEMENT 1
5a Gross rents				
Net rental income or (loss)	·	· · · · · · · · · · · · · · · · · · ·		
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			-	· · · · · · · · · · · · · · · · · · ·
Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
, -				· _ · _ · _ ·
9 Income modifications Gross sales less returns 10a and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	4,256.	3,756.		
	0.	0.	0.	0.
14 Other employee salaries and wages		 		
15 Pension plans, employee benefits 9 16a Legal fees				
	1,800.	0.	0.	0.
b Accounting fees STMT 2 c Other professional fees	27000.			
0 17 Interest				
RECEIVED STMT 3 19 Depreciation and depleted 20 Decupancy 2010 21 Travel, conferences, an emeetings	232.	0.	0.	0.
19 Depreciation and depleter				
20 Decumarcy 2010 〇				
R 2 1 Travel, conferences, ant peetings				
E 22 Printing and publications				
2 3 Gild Explanses STMT 4	1,566.	0.	0.	0.
हुँ 24 Total operating and administrative	2 500	_		•
24 Total operating and administrative expenses. Add lines 13 through 23	3,598.	0.	0.	0.
25 Contributions, girts, grants paid	5,438.			5,438.
26 Total expenses and disbursements Add lines 24 and 25	9,036.	^		5,438.
27 Subtract line 26 from line 12:	3,030.	0.	0.	<u> </u>
2 Excess of revenue over expenses and disbursements	<4,780.	>		
b Net investment income (if negative, enter -0-)	\= <u></u>	3,756.	 	
c Adjusted net income (if negative, enter -0-)			0.	
923501 02-02-10 LHA For Privacy Act and Paperwork Reduction	Act Notice, see the instruc	tions.		Form 990-PF (2009)

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	148,444.
2	Enter amount from Part I, line 27a	2	<4,780.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	143,664.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	143,664.

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Part IV Capital Gains an	d Losses for Tax on I	nvestmen	t Income						
	e the kind(s) of property sold (e. nouse; or common stock, 200 sl			(b) H	ow acquired Purchase Donation	(c) Date (mo., d		(d) Dat (mo., d	
1a									
b NONE	3								
C	<u> </u>			<u> </u>					
_d									
<u>e</u>				<u>L.,</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
a									
b									
C	 								
d							<u>-</u> -		
e		1							
Complete only for assets showing of		·				(I) Gains (C	ol. (h) gain not less thar	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				(from col. (I		
a									
b	 ,								
<u>c</u>									
d				-					
<u>e</u>		_!							
2 Capital gain net income or (net capital	al loss) { If gain, also ent If (loss), enter -	er in Part I, line 0- in Part I, line	7 7	} [2				
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, col	as defined in sections 1222(5) a			}					
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	der Section 4940(e) fo	r Reduced	Tay on Net	Inve	stment in	come			
(For optional use by domestic private fo									
(1 of optional use by domestic private to	unuations subject to the section	1 4940(a) tax on	i net investment in	icome.)				
If section 4940(d)(2) applies, leave this	part blank.								
Was the foundation liable for the section	1 4942 tax on the distributable a	mount of any ve	ear in the base per	riod?				Yes	X No
If "Yes," the foundation does not qualify									110
1 Enter the appropriate amount in eac				es.					
(a)	(b)			(c)			Distrib	(d) ution ratio	
Base periód years Calendar year (or tax year beginning i	بالأعد بينيدها	istributions	Net value of no		table-use asset	s	col. (b) divi	ded by col.	(c))
2008		9,929.			96,64	4.		.1	02738
2007		10,391.			219,83	7.		.0	47267
2006		10,251.			201,90	6.		.0	5 <u>0771</u>
2005		9,065.			189,34			.0	<u>47876</u>
2004		8,079.			<u>196,16</u>	3.		.0	<u>41185</u>
						ļ			
2 Total of line 1, column (d)						2		. 2	<u>89837</u>
3 Average distribution ratio for the 5-ye		I on line 2 by 5,	or by the number	of year	rs	ŀ		_	
the foundation has been in existence	ıf less than 5 years					3		.0	<u> 57967</u>
4 Enter the net value of noncharitable-i	use assets for 2009 from Part X	. line 5				4		152	,6 <u>57</u> .
		,							10010
5 Multiply line 4 by line 3						5		8	<u>,849.</u>
6 Enter 1% of net investment income (1% of Part I, line 27b)					6			38.
·	. ,								<u>-</u>
7 Add lines 5 and 6						7		8	<u>,887.</u>
8 Enter qualifying distributions from Pa						8		5	<u>,438.</u>
If line 8 is equal to or greater than lin See the Part VI instructions.	e 7, check the box in Part VI, lin	e 1b, and comp	olete that part usin	g a 1%	tax rate.				

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Par	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4	4940(b), 4940(e),	or 4948	- see inst	ructio	ns)
1a l	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter *N//					
ı	Date of ruling or determination letter: (attach copy of letter if necessary-	-see instructions)	ļ	ŀ		
b I	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1_1_			<u>75.</u>
	of Part I, line 27b		j	İ		
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part]		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	nter -0-)	2_	 		<u>0.</u>
	Add lines 1 and 2		3_	 		75.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others er	nter -0-)	4	 		<u> </u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	 		<u>75.</u>
	Credits/Payments:	1				
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d			1		^
	Total credits and payments. Add lines 6a through 6d		7	 		<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8	 		75
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	 		75.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	la c	10	 		
	Enter the amount of line 10 to be: Credited to 2010 estimated tax rt VII-A Statements Regarding Activities	Refunded	1 11			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	u did it posticipate or into	*		Vac	No
	any political campaign?	or alla it participate or line	i verie ili	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	o instructions for definition	n)2	1b	\rightarrow	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie			-"	-	 ^
	distributed by the foundation in connection with the activities.	es or arry materials put	nisneu oi			
	Did the foundation file Form 1120-POL for this year?			10	.	x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			 "	<u>'</u>	<u> </u>
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$		0.			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax			Ì		1
	managers. ►\$ 0.	t imposed on loandation				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
	If "Yes," attach a detailed description of the activities.			<u> </u>	_	<u> </u>
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	ent, articles of incorpora	tion, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,	,	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		ı	√A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or				ł	
	 By state legislation that effectively amends the governing instrument so that no mandatory direct 	tions that conflict with the	e state law		!	
	remain in the governing instrument?			_6		
7	Did the foundation have at least \$5,000 in assets at any time during the year?			_7	<u> </u>	↓ _
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MS					
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General (or designate)			1	
	of each state as required by General Instruction G? If "No," attach explanation			8 <u>b</u>	<u> </u>	X
	Is the foundation claiming status as a private operating foundation within the meaning of section 45		or calendar		-	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their names and addresses		10		X
				Form 9 9	90-PF	(2009)

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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) THE STREET MEDICAL FOUND	ATION		<u>64-04094</u>	138	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
` (1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?		☐ Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s 🗶 No 📗	ì	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe	Or	. –	}	
the prevention of cruelty to children or animals?	,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru	· · · · · · · · · · · · · · · · · · ·	galaliono	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	*		▶	 +	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned			
expenditure responsibility for the grant?		//A	s No		
If "Yes," attach the statement required by Regulations section 53.494		/A	3 [] 110		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	* *				
ba Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on		s X No		
	oreanal hanafit aant-aata	Үе	00 لما د:	er	•
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	reisonal benefit contract?		}-	6b	<u>X</u> _
If "Yes" to 6b, file Form 8870	shaltor transtra-0		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye		_ _+	
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, rigniy	/		
List all officers, directors, trustees, foundation managers and their	compensation.				
A Maria and add are	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	all	lowances
CHARLES RILES	PRESIDENT AS	NEEDED			
/ICKSBURG, MS	1				
	0.00	0.	0.	.	0.
JOSEPH A. GERACHE	VICE PRESIDEN	T AS NEED	ED		
ICKSBURG, MS	1				
	0.00	0.	0.		0.
ROBERT E. QUIMBY	SECRETARY/TRE				
/ICKSBURG, MS					
201020110 112	0.00	0.	0.		0.
	0.00	•		•	
	1				
	1				
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none	enter "NONE."			
			(d) Contributions to	(e	Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acci	Expense ount, other lowances
NONE	devoted to position	-	compensation	- 41	OWATICES
NONE	1	1			
				+	
				 	
	-				
	 	<u> </u>		1	
	1				
		<u> </u>			
Total number of other employees paid over \$50,000			▶ i		0

Total. Add lines 1 through 3

0.

	art X Wilnimum Investment Return (All domestic foundations must complete this part Foreign four	idations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	152,557.
b	Average of monthly cash balances	1b	2,425.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	154,982.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	j	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	154,982.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,325.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	152,657.
6	Minimum investment return. Enter 5% of line 5	6	7,633.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	7,633.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	<u></u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,558.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,558.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,558.
F	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,438. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	_3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,438.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,438.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of	nualifies for t	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				7,558.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only	}	_	0.	
b Total for prior years:				
, _, _		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006 382.				
d From 2007				
e From 2008 5, 239.				
f Total of lines 3a through e	5,621.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 5,438.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				5,438.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	2,120.			2,120.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,501.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			<u> </u>
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	3,501.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 3,501.				
e Excess from 2009				L
				Form 000-DE (2000)

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	EET MEDICAL				09438 Page 10
Part XIV Private Operating F			II-A, question 9)	N/A	·
1 à If the foundation has received a ruling of	r determination letter that	it is a private operating	Ì		
foundation, and the ruling is effective for	2009, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described	ın section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					ļ ————
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not			 		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	,		+		
for active conduct of exempt activities.	!				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			_	· · · · · · · · · · · · · · · · · · ·	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	<u> </u>		 		<u> </u>
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					,
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	<u> </u>		-		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			-		
()					
an exempt organization			·		
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5 000 ar m	oro in accete
at any time during t			ii tiie iouiluatioi	i nau \$5,000 or ni	ore in assets
1 Information Regarding Foundation	-	Ab 00/ -64b- 4-4-1			
a List any managers of the foundation wh year (but only if they have contributed n	o nave contributed more nore than \$5 000) (See s	than 2% of the total cor	itributions received by the	e toundation before the clo	ise of any tax
	1010 than 40,000). (000 0	0011011 007 (4)(2).)			
NONE			/a- a- a- a- a- la		
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large port	ion of the ownership of a p	artnersnip or
	ou to to or grouter interes				
NONE					
2 Information Regarding Contributi					
Check here ► if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds. If
				complete items 2a, b, c, an	<u> </u>
a The name, address, and telephone num		m applications should b	e addressed;		
ROBERT E. QUIMBY, 60					
P.O. BOX 8033, VICKS					
b The form in which applications should b		-			
LETTER OUTLINING NEE	D FOR MEDIC	AL, EDUCAT	IONAL, OR R	ESEARCH MATE	RIAL
c Any submission deadlines:					
NONE					<u></u> -
d Any restrictions or limitations on awards					
MUST BE WITHIN THE S	TATE OF MIS	SISSIPPI A	ND A MEDICA	L ORGANIZATI	ON
					

3upplementary information				
3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any toundation manager	status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
DONATION TO FIRST BAPTIST			MEDICAL NEEDS	2,500.
MEDICAL CLINIC				_,,
1607 CHERRY STREET				
VICKSBURG, MS 39181				
VICKODONG, MD 39101				
DONATION TO GOOD GUEDUEDD			WEDTON MEETO	0 500
DONATION TO GOOD SHEPHERD			MEDICAL NEEDS	2,500.
MEDICAL CLINIC				
629 CHERRY STREET				
VICKSBURG, MS 39180	İ			
PERSCRIPTION DRUGS FOR			MEDICAL NEEDS	438.
CLINIC				
			1	
	1			
	ł.			
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	i		j	
	<u> </u>			
. 49,				
Total		 .	► 3a	5,438.
b Approved for future payment				
NONE				
			1	
			į į	
			1	
	}			
		1		
			į į	
Total			▶ 3b	0.
923611 02-02-10			For	m 990-PF (2009)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclud	ded by section 512, 513, or 514	
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code		
a	· 		╆╌┈┤		
b	·		 		
<u> </u>	·		╁──┼		
d	·				
e	· · · · - -		┝─┤		
g Fees and contracts from government agencies	· -		+		
2 Membership dues and assessments	<u> </u>		+		
3 Interest on savings and temporary cash			+		
investments			1		
4 Dividends and interest from securities			+		3,756.
5 Net rental income or (loss) from real estate:			╁─┼		3,750.
a Debt-financed property		· · · · · · · · · · · · · · · · · · · 	+		
b Not debt-financed property	 		1		
6 Net rental income or (loss) from personal			1		
property					
7 Other investment income	-		1 1		
	 				
8 Gain or (loss) from sales of assets other			1		
than inventory			 		
9 Net income or (loss) from special events	—	···			
10 Gross profit or (loss) from sales of inventory			 		<u> </u>
11 Other revenue:					
a	i i				
b	-				
·	· 				
d		 	 		
e	·		1		A 77.6
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u></u> i	0.	3,756.
13 Total Add line 12, columns (b), (d), and (e)				13	3,756.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	mplishment of Ex	empt	t Purposes	
Line No. Explain below how each activity for which inco	ome is reported in	column (e) of Part XVI-A	contrib	uted importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than				, , ,	F
3&11 MONEY GENERATED FROM I	NVESTED	CONTRIBUTED) AM	OUNTS IS USED	TO PROVIDE
EDUCATIONAL, MEDICAL A	ND RESEA	RCH ASSISTA	NCE	•	
	···				
923621 02-02-10					Form 990-PF (2009)

this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, information of which preparer has any knowledg Signature of officer or trustee Title Check if self-employed Preparer's identifying number Date Preparer's Paid Preparer's Use Only 3-9-10 P00451772 signature MAY AND COMPANY, LLP <u>64-0900153</u> Firm's name (or yours POST OFFICE BOX 821568 if self-employed). address, and ZIP code

<u>VICKSBURG, MS 39182-1568</u>

Form **990-PF** (2009)

(601)636-4762

Phone no.

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STA	ATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	CC	OLUMN (A) AMOUNT)
VARIOUS INVESTMENTS	_		3,756.		0.		3,7	56.
TOTAL TO FM 990-PF, PART I, I	LN 4 =		3,756.		0.		3,7!	56.
FORM 990-PF	AC	COUNTI	NG FEES			STA	ATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC				(D) CHARITAI PURPOSI	
ACCOUNTING FEES	:	1,800.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 16B	· · · · · · · · · · · · · · · · · · ·	1,800.		0.		0.	-	0.
FORM 990-PF		TAX	ES			STA	ATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
TAXES		232.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 18 =		232.		0.		0.		0.
FORM 990-PF	0'.	THER E	XPENSES			STA	ATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
OTHER FEES		166. 1,400.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 23		1,566.		0.		0.		0.

FORM 990-PF CC	PRPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
PUTNAM MUTUAL FUND & OTHER	-	108,810.	127,776.
TOTAL TO FORM 990-PF, PART II, LIN	TE 10B	108,810.	127,776.

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