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990-EZ

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public Inspection

		of the Treasury		assets t ► The organization r			of the year may use turn to satisfy state i			its		Inspect	ion	
A For the 2009 calend			ar year.			JULY 1			ending	JUNE	30	, 20	10	
_		applicable	Please	C Name of organizat		<u> </u>						fication num	ber	
$\overline{}$		change	use IRS	ST ANTHONY SCH	HOLARSHIP	FOUNDATION					26-2	204738		
	Name d	hange	label or print or	Number and street (o				Roo	m/suite E	Telephone	numt	ber		
ऱ	Initial ref		type	P O BOX 8348	•					662-915-5449				
=	Termina	i	See Specific	City or town, state or	country, and Z	IP + 4		ــــــــــــــــــــــــــــــــــــــ		Group E				
=		ed return	Instruc- tions.	UNIVERSITY, MIS	-				ון	Number	-	LION		
느		tion pending						_	G Account			Cash	Accrual	
	• Sec	ction 501(c)(3)		tations and 4947(a)			rusts must attac			pecify) ►	J. <u>(*</u>	J Casii L	Accidai	
_			u 001	inplaced dolladalor	. (. 0						ora	anization is i		
	4/-b-	ite: ► NONI	=								_	edule B (For		
	Webs			nly one) — 🗸 501(c	N/ 2 N 🐠 (n	seet no.) [] 4	947(a)(1) or []	527	•	or 990-PF		io i) d sido:	11 330,	
		, ,,,,					· · · · · · · · · · · · · · · · · · ·					than \$25 OC		
	Check			zation is not a section turn is not required,									U. A	
											e cuii	<u>''</u>	71,089	
_		es 5b, 6b, and 7	D, TO IIII	e 9 to determine gross benses, and Cha	s receipts, if \$	lot Assats o	r Fund Balan	cos (See the ir	netructio	უ ne fe	or Part I.)	71,009	
	art								-		113 10	or raiti.	69,447	
	1			ts, grants, and sin						. 1			09,441	
	2	-		revenue including				• •		. 2	+-			
	3		•	s and assessment	s			• •		. 3	+		4 640	
	4	Investmen						·1 ·		. 4			1,642	
	5a	Gross amo	ount fro	m sale of assets of	other than in	iventory .	 		-					
	b			er basis and sales						-100	1			
•	C			n sale of assets ot						50	-			
ž	6			tivities (complete applic				ming, c	check here ►					
Revenue	a	 Gross reve 	nue (n	ot including \$		of con	tributions							
æ		reported o	n line 1)			6a	<u>. </u>			. 3			
	ļ t		•	nses other than fu	•	•	<u>6</u> b				Ì			
	0	 Net incom 	e or (lo	ss) from special e	vents and a	ctivities (Subt	ract line 6b fron	n line	6a)	. <u>6</u> 0	:			
	7a	Gross sale	s of inv	ventory, less returi	ns and allow	vances	<u>7</u> a	<u> </u>						
	t													
	0	Gross prof	it or (lo	ss) from sales of i	inventory (S	ubtract line 71	o from line 7a)			. <u>7</u> 0	;			
	8	Other reve	nue (de	escribe ►	I R	FOFILE				_) 8				
	9									. ▶ 9			71,089	
	10	Grants and	d simila	r amounts paid (a	tiagh sched	lule)	701.			10	<u> </u>		2,000	
	11	Benefits paid to or for members NOV-1-9 2010							11	4				
S	12	Salaries, o	ther co	mpensation, and	embloyee b	enefits 2010). 기일[· ·			12	:			
ns.	13	Profession	al fees	and other payme	nts to todes	endent contra	actorson			<u> 13</u>	1			
xpenses	14	Occupano	y, rent,	utilities, and mair	tenance	UEN I	7			14	$\overline{}$			
ú	15	Printing, p	Printing, publications, postage, and shipping						15					
	16	Other exp	enses (describe ► FUN	IDRAISING) <u> 16</u>	<u>: </u>		2,083	
	17	Total exp	enses.	Add lines 10 throu	ugh 16 .	· · · · · ·	<u> </u>		<u> </u>	. 🕨 17	<u>'</u>		4,083	
y,	18) for the year (Sub							<u> </u>		67,006	
Set	19			nd balances at be							-			
As	}	end-of-yea	ar figur	e reported on prio	r year's retu	ım)				19			37,395	
Net Assets	20	Other cha	nges in	net assets or fund	d balances	(attach explar	ation)			20	<u> </u>			
Z	21	Net assets	or fun	d balances at end	of year. Co	mbine lines 1	8 through 20			. ▶ 21			104,401	
	Part I	Balanc	e She	ets. If Total assets	s on line 25,	, column (B) a	re \$1,250,000 c	r mor	e, file Forn	<u>1 990 inst</u>		of Form 99	0-EZ.	
				(See the instru	ctions for Pa	art II.)			(A) Begin	ning of year		(B) End of	year	
2	22 (Cash, savings	, and ii	nvestments						37,39	5 22	2	106,101	
		_									23	3		
			_	pe ▶							24	1		
										37,39	5 25	5	106,101	
	26	Total liabilitie	s (des	cribe ►)			26	6	1,700	
	27	Net assets of	r fund	balances (line 27	of column (l	B) must agree	with line 21)			37,39	5 27	7	104,401	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2009)



Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses	
Wha:	t is the organization's primary exempt purpose?	PROVIDE SCHOLARSHIPS I	E SCHOLARSHIPS FOR STUDENTS				
	cribe what was achieved in carrying out the org						
		izations and section					
	ner, describe the services provided, the number of program title.				for ot	a)(1) trusts, optional	
	· · · · · · · · · · · · · · · · · · ·				101 01	11013.7	
28	Provide scholarships for students at The University	of Mississippi	·····				
	(Grants \$) If this amount	28a	2,000				
29							

			,				
	(Grants \$) If this amount	29a					
30		·	200				
30							
	•••••						
		includes foreign grants, che			30a		
31	Other program services (attach schedule)						
		includes foreign grants, che			31a		
32	Total program service expenses (add lines 28a t				32		
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	ınstruc	tions for Part IV.)	
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances	
Rob	ert L Warner						
	W Washington Ave, Jonesboro AR 72401	President,	0		0	0	
	othy K Corley					<u></u>	
	Bradford Street, Florence AL 35633	V-President,	ه ا		0	o	
				<u> </u>		<u> </u>	
	ne D Kipp	Secretary					
	Box 651 Jackson, MS 39205		0		0	0	
Willi	am R Rhodes	Treasurer					
PΟ	Box 823 Oxford, MS 38655	· · · · · · · · · · · · · · · · · · ·	0		0	0	
Rod	ney C Richardson	Director					
1609	24th Avenue, Meridian MS 39301	Director	0		0	0	
R AI	an Moak						
4201	Bayshore Blvd Unit 1703 Tampa FL	Director	0		0	0	
	am R McCarty						
	Pinewood Drive Jackson, MS 39211	Director	0		0	0	
	ie M Brunt					<u>_</u>	
		Director			0		
0432	2 Cecil Avenue St. Louis MO 63105		<u> </u>			0	
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		,	1 ,-
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		- 1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	3 %	Z", 1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
39	Section 501(c)(7) organizations. Enter.	k ^ t.,	1 : .	
а	Initiation fees and capital contributions included on line 9		1.5	
b	Gross receipts, included on line 9, for public use of club facilities	} `	1	, .,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	1		, ,
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1. , 2	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	ays (# 15. w 1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-/
41	List the states with which a copy of this return is filed. ▶			
42a	The digarization of books are in care of a	662-91	5-544	9
	Located at ► 204A CONNER HALL UNIVERSITY MS ZIP + 4 ►	38	677	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	l Nr
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40h	Yes	NO /
	account)?	42b	 	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	147	*); *);	-
	and Financial Accounts.	, ;		,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	1	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<u> </u>	1- 33	1
	Form 990-EZ	44	·	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		1	T 🐪
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		m 99	0-E7	(2000

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) n 47(a)(1) nonexempt ond 51.	onexempt haritable tri	charitat usts mus	ole trusts only. A st answer question	II sec ns 46	tion 5-491	b		
46	Did the organization engage in direct or indirect	t political campaign ac	tivities on be	half of o	r in opposition to		Yes	No		
	candidates for public office? If "Yes," complete					46		✓		
47	Did the organization engage in lobbying activitie	s? If "Yes," complete \$	Schedule C, F	Part II .		47		✓		
	ls the organization a school as described in section					48		✓		
49a	Did the organization make any transfers to an ex	cempt non-charitable r	elated organi	zation? .		49a	✓			
	If "Yes," was the related organization a section 5					49b		✓		
	Complete this table for the organization's five highest compensated employees (other than officers, directors, t employees) who each received more than \$100,000 of compensation from the organization. If there is none, ent									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Con	npensation	(d) Contributions to employee benefit plans & deferred compensation	àci	Exper count a allowa	and		
NONE		-								
										
		<u> </u>			 					
f	Total number of other employees paid over \$100	0.000 ▶				<u> </u>				
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			(b) Ty	pe of service	(c) Co	mpens	ation		
NONE										
										
d	Total number of other independent contractors	each receiving over \$1	00,000	>						
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ned this return, including acco	empanying scheo	fules and st	atements, and to the bes	st of my	know	ledge		
Sign Here	Signature of officer WILLIAM R RHODES, TREASURER	To prepare (other trial office	SI, IS DESCU ON E		Mosseuler /					
	Type or print name and title Preparer's	Dat		ck if	Preparer's identifying nur	nber (Se	e instru	ctions)		
Paid Prepare	signature signature		self-	oloyed ► L	ם ביים					
Use Or	t Firm S name to				IN ►					
May th	e IRS discuss this return with the preparer show	n above? See instructi	ons		<u> ▶ [</u>	Yes		No (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
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ST A	ANT	HONY SCHO	LARSHIP FOUR	NDATION					26		204738	
Pai	t I	Reason	for Public Ch	arity Status (All org	ganızatio	ons mus	t compl	ete this	part.) Sec	e instruc	ctions.	
The	orga	anızation is no	ot a private foun	dation because it is:	(For lines	1 throug	h 11, ch	eck only	one box)			
1			•	rches, or association	-							
2				n 170(b)(1)(A)(ii). (Att								
3				nospital service organ			in sectio	n 170(b)	(1)(A)(iii).			
4	$\overline{\Box}$			tion operated in conj						170(b)(1)(A)(iii). F	nter the
•	_		me, city, and sta		u		opna. co			*******	,,,,,,,	
5			•	***************************************	ae or uni	versity ov	vned or a	nerated	by a gove	rnmenta	l unit des	cribed in
	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.)									onbod ii		
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit	describe	d in sect	ion 170(l	o)(1)(A)(v).			
7	V			receives a substantia		its suppo	ort from a	governm	nental unit	or from	the gener	al public
	_			1)(A)(vi). (Complete P								
8	닏			I in section 170(b)(1)								
9	Ш			receives: (1) more that								
				ed to its exempt funct								
				ent income and unre						511 tax	from bu	isinesses
		-	-	after June 30, 1975.								
10				nd operated exclusive								
11				nd operated exclusiv								
				olicly supported organ								
		509(a)(3). Ch	neck the box tha	t describes the type	of suppo	rting orga	anızation	and com	iplete line:	s 11e thr	ough 11	٦.
		a 🗌 Type	l - b 🗆	Type II c	🗌 Тур	e III-Fun	ctionally	ıntegrate	d	d 🗆	Type III	-Other
е				ify that the organizat								
		persons other than foundation managers and other than one or more publicly supported organizations described in section										
		509(a)(1) or s	section 509(a)(2)	•								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	l, Type II,	or Type	III supp	orting
		_	, check this box									. [
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	any of the			
•		following per	rsons?	•		•						
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or tog	jether wi	th persor	ns describ	ed ın (ii)		es No
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganizatio	n? .				11g(i)	
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
h		Provide the	following informa	ation about the suppo	orted org	anization	(s)					
(i)		e of supported	(u) EIN	(iii) Type of organization		organization		ou notify	(vi) Is			nount of
	org	ganization		(described on lines 1~9 above or IRC section		sted in your document?		nization in of your	(i) organizati		sup	port
				(see instructions))	govoring			port?	US			
					Yes	No	Yes	No	Yes	No		
								-			 	
						-		1	t			
							<u> </u>					
]							
									 		 i	
								<u> </u>				
			1		1	1	1	1	1			

Total

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)			
Sec	tion A. Public Support									
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				150,208	69,447	219,655			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-								
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3				15,208	69,447	219,655			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	erak in make	ا المادية	** ;	mer seneralem return anna	manuar a man a co				
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)	<u> </u>	<u> </u>	. 4			101,720			
6	Public support. Subtract line 5 from line 4.				S S 2	-	117,935			
Sec	tion B. Total Support									
Ça	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4				150,208	69,447	219,655			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				28	1642	1,670			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						****			
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 .	2.	1 1	` ` .	Carlot St.		217,985			
12	Gross receipts from related activities, etc					12				
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>		h, or fifth tax y		n 501(c)(3) ► ☑			
		_		4 1 (5)		44				
14	Public support percentage for 2009 (line	•	-	i, column (i))		14	<u>%</u>			
15	Public support percentage from 2008 Sci		•				%_			
16a	33% % support test—2009. If the organi									
	and stop here. The organization qualifies as a publicly supported organization									
b	33\% % support test—2008. If the organic box and stop here. The organization qua					33/3 % or more,	check this			
17-	•	•		•						
178	10%-facts-and-circumstances test—20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	. Explain in Part	IV how the			
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta" Private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qui	check this box alifies as a publi	and stop here. icly supported or	Explain in Part ganization	IV how the			

SCHE	Jule A (FOITT 990 OF 990-62) 2009						Page 3
Pai	t III ` Support Schedule for Orga				a)(2)		_
_	(Complete only if you check	ed the box o	n line 9 of Pa	irt I.)			
	tion A. Public Support		1			1	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	Mary 1	1.00				
Sec	tion B. Total Support	Parint was a server or			To seem go - seems - seems - se	ar named for a spin or	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				_		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4					
13	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>				
14	First five years. If the Form 990 is for organization, check this box and stop	here			•	ear as a section	
Sec	tion C. Computation of Public Su	· · · 					
15 16	Public support percentage for 2009 (III Public support percentage from 2008			-	(f))	15	<u>%</u> %
	tion D. Computation of Investme					_ 10	70
17	Investment income percentage for 200	*		d by line 13 o	olumn (fl)	17	%
18	Investment income percentage from 2	•	* * *	-		18	%
19a		anization did r	not check the b	ox on line 14, a		nore than 331/31	
b	331/3 % support tests—2008. If the orgal line 18 is not more than 331/3 %, check this	nization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and