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Form 990-PF

Return of Private Foundation

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

Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

OMB No 1545-0052 2010

For calendar year 2010, or tax year beginning and ending Final return G Check all that apply: Initial return Initial return of a former public charity Amended return Address change Name change Name of foundation A Employer identification number 64-6025312 VICKSBURG MEDICAL FOUNDATION Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 601-636-1445 P.O. BOX 820868 City or town, state, and ZIP code C If exemption application is pending, check here VICKSBURG, MS 39182 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 11,435,146. (Part I, column (d) must be on cash basis ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income N/A 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B interest on savings and temporary cash investments 173,456 173,456 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 44,005 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 6,561,593. 44,005 682 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances OGDEN b Less Cost of goods sold c Gross profit or (loss) 11 Other income 217,461 217,461 Total Add lines 1 through 11 16,500 9,900 6,600 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 2 9,050 5,430. 3,620. STMT b Accounting fees STMT 44,877 44,877. 0. c Other professional fees 17 Interest 918 551 367. 18 Taxes STMT 4 19 Depreciation and depletion 21 Travel, conferences, and meetings
22 Printing and publication 2,880. 4,800 1,920. 2,366 1,420 946. STMT 5 11,065 6,639 4.426. 23 Other expenses Total operating and administrative 89,576 71,697 17,<u>8</u>79. expenses Add lines 13 through 23 512,500 512,500 Contributions, gifts, grants paid Total expenses and disbursements. 602,076 71,697 Add lines 24 and 25 530,379 25 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements -384,615 145,764 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see the instructions.

| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | year | | |
|-----------------------------|------------|--|--------------------------|----------------|---------------------------|--|--|
| <u>-</u> | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash - non-interest-bearing | | | | | |
| | 2 | Savings and temporary cash investments | 254,822. | 937,061. | 937,061. | | |
| | 3 | Accounts receivable ► | _ | | | | |
| | | Less: allowance for doubtful accounts | | | | | |
| | 4 | Pledges receivable ► | | | | | |
| | | Less: allowance for doubtful accounts ▶ | | ľ | | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | ľ | disqualified persons | | | | | |
| | , | Other notes and loans receivable | | | | | |
| | ′ | Less: allowance for doubtful accounts | | | | | |
| " | ۰ | Inventories for sale or use | | | | | |
| Assets | 8 | - | | | | | |
| Ass | 40- | Prepaid expenses and deferred charges | 2 156 621 | 1,179,317. | 1,179,317. | | |
| | | Investments - U.S. and state government obligations STMT 7 Investments - corporate stock STMT 8 | 2,156,621. 7,921,902. | 9,090,420. | 9,090,420. | | |
| | | · | 1,921,902. | 9,090,420. | 3,030,420. | | |
| | | Investments - corporate bonds | | | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | | | |
| | | Less accumulated depreciation | | | | | |
| | | Investments - mortgage loans | 10 005 | 16 516 | 16 516 | | |
| | 13 | Investments - other STMT 9 | 12,885. | 16,516. | 16,516. | | |
| | 14 | Land, buildings, and equipment: basis | | | | | |
| | | Less accumulated depreciation | | 211 222 | 044 000 | | |
| | 15 | Other assets (describe ► STATEMENT 10) | 118,655. | 211,832. | 211,832. | | |
| | | | | | 44 40 - 446 | | |
| _ | | Total assets (to be completed by all filers) | 10,464,885. | 11,435,146. | 11,435,146. | | |
| | 17 | Accounts payable and accrued expenses | 63. | 63. | | | |
| | 18 | Grants payable | | | | | |
| es | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| jab | 21 | Mortgages and other notes payable | | | | | |
| _ | 22 | Other liabilities (describe STATEMENT 11) | 0. | 9,708. | | | |
| | | | | _ | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 63. | 9,771. | | | |
| | | Foundations that follow SFAS 117, check here | | | | | |
| 10 | | and complete lines 24 through 26 and lines 30 and 31 | | | | | |
| ĕ | 24 | Unrestricted | 10,464,822. | 11,425,375. | | | |
| lan | 25 | Temporarily restricted | | | | | |
| Ba | 26 | Permanently restricted | | | | | |
| Net Assets or Fund Balances | 1 | Foundations that do not follow SFAS 117, check here | | | | | |
| Ę | | and complete lines 27 through 31 | | | | | |
| S | 27 | Capital stock, trust principal, or current funds | | | | | |
| set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| řet | 30 | Total net assets or fund balances | 10,464,822. | 11,425,375. | | | |
| _ | | | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 10,464,885. | 11,435,146. | | | |
| | | III Analysis of Changes in Net Assets or Fund B | | | | | |
| LP | <u>art</u> | III Allalysis of Changes in Net Assets of Fand B | | | | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | | | |
| | (mus | st agree with end-of-year figure reported on prior year's return) | | 1 | 10,464,822. | | |
| 2 | Ente | amount from Part I, line 27a | 2 | -384,615. | | | |
| | | r increases not included in line 2 (itemize) | SEE STA | ATEMENT 6 3 | 1,361,699. | | |
| | | lines 1, 2, and 3 | | 4 | 11,441,906. | | |
| | | eases not included in line 2 (itemize) DEFFERED EXCIS: | E TAX | 5 | 16,531. | | |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | 6 | 11,425,375. | | |
| _ | | ,,,,, | | | Form 990-PF (2010) | | |

| | | or Tax on Investme | | Т(Б) Н | ow acquire | d (| :) Date acquired | (d) Date sold | |
|---|-------------------------------|---|---------------------------------------|--------------|----------------------|---------|---|-----------------------|--|
| 2-story brick wa | arehouse; or commo | operty sold (e.g., real estate n stock, 200 shs. MLC Co.) | 1 | l, b- | Purchase Donation | | (mo., day, yr.) | (mo., day, yr.) | |
| 1a TRUSTMARK | _ | | | | P | V | ARIOUS | VARIOUS | |
| b BANCORP SOUTH | | | | | P | _V | ARIQUS | VARIOUS | |
| <u>c</u> | | | | _ | | | | · · - | |
| <u>d</u> | | | | | | +- | | | |
| (e) Gross sales price | (f) Depreciatio (or allowa | | ost or other basis expense of sale | | | | (h) Gain or (los (e) plus (f) minus | | |
| a 570,710. | • | | 510,66 | | | | | 60,042. -16,037. | |
| b 5,990,883. | | | 6,006,92 | 20. | | | | <u>-16,037.</u> | |
| c d | • | | | | | | | | |
| e | | | | | | | • | | |
| Complete only for assets shown | ng gain in column (h) | and owned by the foundate | on on 12/31/69 | | | (1) 6 | ains (Col. (h) gai | n minus | |
| (i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of co over col. (j), if a | | | | | | col. (I | <), but not less th _osses (from col | ian -0-) or | |
| a | | | (), | | | | | 60.042. | |
| b | | | | | | | • | 60,042. -16,037. | |
| C | | | | | | | | | |
| <u>d</u> | | | | | | | | | |
| e | _ | | | | | | | | |
| 2 Capital gain net income or (net ca | | f gain, also enter in Part I, lin f (loss), enter -0- in Part I, lir | | }[| 2 | | | 44,005. | |
| 3 Net short-term capital gain or (los | ss) as defined in sect | ions 1222(5) and (6): | | | | | | | |
| If gain, also enter in Part I, line 8, | | | | | | | N/ | 7. | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | Inder Section | 4940(e) for Reduce | d Tax on Net | : Inv | estment | Inco | | <u>n</u> | |
| (For optional use by domestic private | | | • | | | | | | |
| | | , | | | , | | | | |
| If section 4940(d)(2) applies, leave t | ilis part bialik. | | | | | | | | |
| Was the foundation liable for the sec | | • | | rıod? | | | | Yes X No | |
| If "Yes," the foundation does not qua 1 Enter the appropriate amount in | | | | es. | | | | | |
| (a) Base period years | | (b) | 1 | (c) | | | Diet | (d) ribution ratio | |
| Calendar year (or tax year beginni | ng in) Adjuste | ed qualifying distributions | Net value of no | | ıtable-use a | ssets | (col. (b) c | livided by col. (c)) | |
| 2009 | | 672,484 | | | ,627,4 | | | .069851 | |
| 2008 | | 508,952 | | | , 211 , 8 | | | .045394 | |
| 2007 | | 670,607 572,049 | | | ,677,4 ,174,5 | | | .049030 .043421 | |
| 2005 | | 543,985 | | | $\frac{1}{686}$ | | | .042878 | |
| | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | .250574 | |
| 3 Average distribution ratio for the | | · · | 5, or by the number | r of yea | ars | | | | |
| the foundation has been in existe | nce if less than 5 yea | ars | | | | | 3 | .050115 | |
| 4 Enter the net value of noncharital | ole-use assets for 20 | 10 from Part X, line 5 | | | | | 4 | 10,623,297. | |
| | | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | 532,387. | |
| 6 Enter 1% of net investment incor | me (1% of Part I, line | 27b) | | | | | 6 | 1,458. | |
| 7 Add lines 5 and 6 | | | | | | | 7 | 533,845. | |
| 8 Enter qualifying distributions from | n Part XII, line 4 | | | | | | 8 | 530,379. | |
| If line 8 is equal to or greater that | | x in Part VI, line 1b, and cor | mplete that part usir | ng a 19 | % tax rate | | | | |
| See the Part VI instructions | | | | | | | | | |

| | 990-PF (2010) VICKSBURG MEDICAL FOUNDATION | 64- | 6025 | <u> 312</u> | F | age 4 |
|----|---|----------|----------|--------------|------------|-------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 1948 | - see ir | stru | ctior | 15) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1_ | | | 2,9 | <u> 15.</u> |
| | of Part I, line 27b | | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | 3 | | | 2,9 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | 5 | <u> </u> | | 2,9 | <u> 15.</u> |
| 6 | Credits/Payments: | | | | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 14,446. | 4 | | | | |
| b | Exempt foreign organizations - tax withheld at source | _ | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | _ | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | |
| | Total credits and payments. Add lines 6a through 6d | 7 | | 1 | 4,4 | <u>46.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | 1 | 1,5 | <u>31.</u> |
| | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 11,531. Refunded ▶ | 11 | | | | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni | e in | ļ | | Yes | |
| | any political campaign? | |] | 1a | | <u>X</u> |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | ed or | | | į | |
| | distributed by the foundation in connection with the activities | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | 1c | | _X_ |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ | <u>_</u> | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. ► \$O. | | | | | |
| 2 | 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 | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | ļ | 3_ | | <u>X</u> |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | _4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N | 1/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | Х |
| | 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 | | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | te law | | | | |
| | remain in the governing instrument? | | | 6 | | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | <u>X</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 | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | ļ | | | Ì |
| | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for call | endar | | | | |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | <u></u> | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | _ | | 10 | | X |
| | | | Forr | n 990 | -PF(| (2010) |

| orm 990-PF (2010) VICKSBURG MEDICAL FOUNDA | TION | Poguirod (control | 64-60253 | 12 Page 6 |
|--|--|---|---|---|
| Part VII-B Statements Regarding Activities for Which F 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru 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 for expenditure responsibility for the grant? | Form 4720 May Be F 1 4945(e))? If to carry on, directly or indirectly In described in section In described in sections In described in section in described in sections In described in section in sect | ectly, Ye Ye Ye Ye Ye Ye Ye Or Regulations | s X No s X No s X No s X No | 5b |
| If "Yes," attach the statement required by Regulations section 53 4948 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attributed the point of the proposed of the p | s X No N/A | 6b X | | |
| Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| SEE STATEMENT 12 | | 16,500. | 0. | 0. |
| Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Contributions to | /a) Evnance |
| (a) Name and address of each employee paid more than \$50,000 NONE | (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| Total number of other employees paid over \$50.000 | | | | 0 |

| Form 990-PF (2010) VICKSBURG MEDICAL FOUNDATION | 64-60 | 25312 Page 7 |
|---|-----------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued) | ion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | 4 | |
| | | |
| | -{ | |
| | | - |
| | - | |
| | | |
| | 7 | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic | cal information such as the | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers produ | uced, etc. | |
| 1N/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| 1 | | |
| Port IV R C | <u> </u> | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on la | nas 1 and 2 | Amount |
| 1 N/A | nes i anu z | Amount |
| IV/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| Table Add bass 4 Abrassa 0 | | |
| Total. Add lines 1 through 3 | | 0. |

| Р | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | dation | s, see instructions.) |
|-----------|--|-----------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 9,872,166. |
| b | Average of monthly cash balances | 1b | 897,906. |
| C | Fair market value of all other assets | 1c | 15,001. |
| d | Total (add lines 1a, b, and c) | 1d | 10,785,073. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | <u>0.</u> |
| 3 | Subtract line 2 from line 1d | 3 | 10,785,073. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 161,776. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 10,623,297. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 531,165. |
| P | postributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part (see instructions) | d certair | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 531,165. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 2, 915. | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 2,915. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 528,250. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 528,250. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| <u>7_</u> | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 528,250. |
| | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. | | E20 270 |
| a b | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B | 1a | 530,379. 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 1b 2 | <u>U•</u> |
| 3 | Amounts set aside for specific charitable projects that satisfy the. | 2 | |
| a | Suitability test (prior IRS approval required) | 3a | |
| a 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 | 530,379. |
| 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 | 530,379. |
| - | Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | | |
| | 4940(e) reduction of tax in those years. | 1-200 | |

Part XIII Undistributed Income (see instructions)

| | | | | |
|--|---------------|----------------------------|-------------|-------------------------------------|
| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
| 1 Distributable amount for 2010 from Part XI, | | | | |
| line 7 | | | | 528,250. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | _ | | |
| | | 0. | | · |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 17,400. | | | | |
| d From 2008 e From 2009 192,221. | | | | |
| f Total of lines 3a through e | 209,621. | | | |
| 4 Qualifying distributions for 2010 from | 205,021. | | | |
| Part XII, line 4: ► \$ 530, 379. | | | | |
| a Applied to 2009, but not more than line 2a | | İ | 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 2010 distributable amount | | | | 528,250. |
| e Remaining amount distributed out of corpus | 2,129. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | - | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 211,750. | | | |
| b Prior years' undistributed income. Subtract | 211,730. | | | |
| 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 | | 0. | | |
| assessed d Subtract line 6c from line 6b. Taxable | | U•] | | ··································· |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | | • |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 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 2005 | | | | |
| not applied on line 5 or line 7 | 0. | | | <u> </u> |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 211,750. | | | <u></u> |
| Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 17,400. | | | | |
| c Excess from 2008 |] | | | |
| d Excess from 2009 e Excess from 2010 2,129. | | | | |
| e Excess from 2010 2,129. | | | | Form QQO-DF (2010) |

| Form 990-PF (2010) VICKSBU | RG MEDICAL | FOUNDATION | | | 25312 Page 10 |
|---|------------------------------|-----------------------------|--|--------------------------------|---------------------------|
| Part XIV Private Operating F | oundations (see in: | structions and Part VI | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2010, enter the date of t | the ruling | ▶ ∟ | | |
| b Check box to indicate whether the found | dation 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) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| 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. | | | i | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | - | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | 1 | | |
| 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 | | | | | |
| 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 foundati | on had \$5 000 or m | ore in assets |
| at any time during t | | | ii tile loulidati | οπ παα φο,σσο στ πι | Ole III ussets |
| <u>_</u> | | <u> </u> | | | |
| 1 Information Regarding Foundation | - | than 00/ of the total cor | stributions received by | the foundation before the ele | non of any tax |
| a List any managers of the foundation wh year (but only if they have contributed n | | | uributions received by | the foundation before the cit | use of ally lax |
| | 1016 than \$0,000). (066 3 | 0011011 007 (0)(2)) | | | |
| NONE | | | | | |
| b List any managers of the foundation wh other entity) of which the foundation ha | | | (or an equally large p | ortion of the ownership of a p | partnership or |
| | s a 10% of greater filteres | 51. | | | |
| NONE | | | | | |
| 2 Information Regarding Contribut | | | - | | |
| Check here 🕨 🗶 if the foundation of | | | | | |
| the foundation makes gifts, grants, etc. | (see instructions) to indiv | viduals or organizations | under other conditions | s, complete items 2a, b, c, an | id d. |
| a The name, address, and telephone num | ber of the person to who | m applications should b | e addressed: | | |
| | | | | | |
| SEE STATEMENT 13 | | | | | |
| b The form in which applications should t | e submitted and informa | tion and materials they : | should include: | | |
| c Any submission deadlines: | | · | - | | |
| d Any restrictions or limitations on award | s, such as by geographic | al areas, charitable fields | s, kinds of institutions | or other factors: | |
| , | , | , | , Si mondionoj | - | |
| | | | | | |
| D23601 12-07-10 | | | | | Form 990-PF (2010) |

| 3 Grants and Contributions Paid During the | Year or Approved for Future F | Payment | , | · - |
|--|--|----------------------|----------------------------------|-------------------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | <u></u> |
| a Paid during the year | | | | |
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| | | | | |
| SEE STATEMENT 14 | | | | |
| Total | | | ▶ 3a | 512,500 |
| b Approved for future payment | | | ! | |
| | | | | |
| | | | | |
| ***** | | | | |
| NONE | | | | |
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| | | | | |
| Total | | | <u> </u> | 0 |
| 23611 12-07-10 | | | F | orm 990-PF (2010 |

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

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) | | |
|---|-----------------|-----------------|-----------------------|---------------------------------|-------------------|--|--|
| • | (a) Business | (b) | (C) Exclu- sion | (d) | Related or exempt | | |
| 1 Program service revenue | code | Amount | code | Amount | function income | | |
| a | _ | | | | | | |
| b | | | | | | | |
| c | _ | | _ | | | | |
| d | _ | | _ | | | | |
| e | _ | | | | | | |
| f | - | | | | | | |
| g Fees and contracts from government agencies | | | - | | | | |
| 2 Membership dues and assessments | | | - | | | | |
| 3 Interest on savings and temporary cash investments | | | | _ | | | |
| 4 Dividends and interest from securities | | | | | 173,456 | | |
| 5 Net rental income or (loss) from real estate: | | | | | | | |
| a Debt-financed property | | | | | | | |
| b Not debt-financed property | | | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | | | |
| 7 Other investment income | | | | _ | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | 44,005 | | |
| 9 Net income or (loss) from special events | | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | | |
| 11 Other revenue: | | | | | | | |
| a | | | | | | | |
| b | | | | | | | |
| C | | | | | | | |
| d | 1 | | | | | | |
| e | _ | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | |). | 0. | | | |
| 3 Total Add line 12, columns (b), (d), and (e) | | | | 13 _ | 217,461 | | |
| See worksheet in line 13 instructions to verify calculations. | | | | | | | |

Relationship of Activities to the Accomplishment of Exempt Purposes

| ▼ | the foundation's exempt purposes (other than by providing funds for such purposes) | | | | | | | | | | | | |
|----------|--|----|---------------------------------------|-------|------|-------------|-----|-------------|--------------|------|----------|----|--|
| 4&8 | MONEY | GE | ENERATED | FROM | INVE | STED | CON | RIBUTED | AMOUNT | S IS | USED | ТО | |
| | PROVI | DE | EDUCATION | ONAL, | MEDI | CAL, | AND | RESEARC | H ASSIS | TANC | <u> </u> | | |
| | | | _ | | _ | | | | | | | | |
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| 000004 | | | | | | | | | | | | | |

12-07-10

| Part XV | | BURG ME. | DICAL FO | ONDATION | iono on | d Polotica | | 045314 | Pa | ge 13 |
|--------------------------------|---|-----------------------|-------------------------|----------------------|---------------|--|--------------------------------|------------------------|---------|-------------|
| PartAv | | | ansters to a | and Iransaci | ions an | ia Relatioi | nships With Non | cnaritable | | |
| | Exempt Organ | | | | | | | | | |
| | e organization directly or indi | | | | | | ection 501(c) of | | res | No |
| | ode (other than section 501(c | | | | cal organiza | ations? | | | | ı |
| | fers from the reporting found | lation to a noncha | aritable exempt or | ganization of: | | | | | | |
| (1) Ca | ash | | | | | | | 1a(1) | | <u> </u> |
| (2) 0 | ther assets | | | | | | | 1a(2) | | X |
| b Other | transactions: | | | | | | | | | ı |
| (1) S | ales of assets to a noncharita | ible exempt orgai | nization | | | | | 1b(1) | | _X_ |
| (2) P | urchases of assets from a no | ncharitable exem | pt organization | | | | | 1b(2) | | _X_ |
| (3) R | ental of facilities, equipment, | or other assets | | | | | | 1b(3) | | _X_ |
| (4) Reimbursement arrangements | | | | | | | | | | X |
| (5) Lo | oans or loan guarantees | | • | | | | | 1b(5) | | X |
| (6) P | erformance of services or me | embership or fun | draising solicitatio | ns | | | | 1b(6) | | X |
| c Sharin | ig of facilities, equipment, ma | ailing lists, other a | assets, or paid em | ployees | | | | 1c | | X |
| d If the a | answer to any of the above is | "Yes," complete | the following sche | dule. Column (b) s | hould alwa | ys show the fa | ir market value of the go | ods, other asse | ts, | |
| | vices given by the reporting f | | | | | | | | | |
| colum | n (d) the value of the goods, | other assets, or | services received. | | | | | | | |
| (a) Line no | (b) Amount involved | (c) Nam | e of noncharitable | e exempt organizat | on | (d) Descrip | tion of transfers, transaction | s, and sharing arra | ngeme | nts |
| | | | N/A | | | | | | • | |
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| | foundation divostly or individu | the officer of court | or valated to see | | | tions describe | <u> </u> | | | |
| | foundation directly or indirectly | | • | | pi organiza | uons describe | U | | v | No |
| | tion 501(c) of the Code (othe | | ri(c)(3)) or in sect | 1011 527 | | | | Yes | ىما | _ NO |
| D II TES | <u>," complete the following sch</u> (a) Name of org | | | (b) Type of orga | nization | | (c) Description of rela | ationehin | | |
| | N/A | gamzation | | (b) Type of orga | TIZULIOIT | | (c) Description of rea | ationomp | | |
| | N/A | | | <u> </u> | | - | | | | |
| | , | | | | | | | | | |
| | | | - | | | | | | | |
| | | | | | | | | | | |
| | Under penalties of perjury, I declar | e that Mhave examin | and this return, includ | ing accompanying scl | nedules and s | statements and t | o the best of my knowledge | and belief it is true | 00178 | |
| ۱, | and complete Declaration of preparation | | | | | | | and belief, it is true | s, conc | Oi, |
| Sign (| KUN X | Sr. | | 1/ | 1 3/18 | /u . | C1113 TD1/13.17 | | | |
| 11616 | Conneture of officer or tr | - Legi | - | / | 3/57 | | CHAIRMAN | | | |
| | Signature of officer or tri | | | | ate . | Data 4 | Title If I | DTIN | | |
| Doid | Print/Type preparer's na | | | ignature | | Dates all | | PTIN | | |
| Paid | NATHAN CUM | MINS | / | | | | self- employed | | | |
| Prepare | . | | | | | | | | | |
| Use On | | | | | | | Firm's EIN ► | .04) 505 | | |
| | Firm's address ▶ PC | | | | | | Phone no. (6 | 01)636- | -47 | 62 |
| | ı VT | CKSBURG | . MS 391 | おスーIりも 8 | | | I | | | |

| FORM 990-PF DIVIDENT | DS AND | INTER | EST FROM | SECUI | RITIES | STATEMENT | 1 |
|-------------------------------|-------------|--------------------------------------|---------------------------|--------------|------------------------------|-----------|-----|
| SOURCE | | CAPITAL GAINS GROSS AMOUNT DIVIDENDS | | | COLUMN (A) AMOUNT | | |
| VARIOUS | _ | | 173,456. | | 0. | 173,4 | 56. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 | | 173,456. | | 0. | 173,4 | 56. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 2 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING | | 9,050. | 5 | ,430. | | 3,6 | 20. |
| TO FORM 990-PF, PG 1, LN 16B | | 9,050. | 5 | ,430. | | 3,6 | 20. |
| FORM 990-PF (| OTHER 1 | PROFES | SIONAL F | EES | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | EST- COME | (C) ADJUSTED NET INCOM | | |
| TRUST FEES | 4 | 4,877. | 44 | ,877. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 4 | 4,877. | 44 | ,877. | | | 0. |
| FORM 990-PF | | TAX | ES | | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | | (C) ADJUSTED NET INCOM | | |
| TAXES - SOCIAL SECURITY | | 918. | | 551. | | | 67. |
| TO FORM 990-PF, PG 1, LN 18 | | 918. | | 551. | | | 67. |
| = | | | | | | | = |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT 5 | |
|---|------------------------------|------------------------------|--------------|---------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE: MENT INC | | | |
| INSURANCE MISC | 3,323. 7,742. | - | 994. 645. | 1,329 | |
| TO FORM 990-PF, PG 1, LN 23 | 11,065. | 6, | 539. | 4,426 | |
| FORM 990-PF OTHER INCREASES | IN NET ASS | ETS OR FU | ND BALANCES | STATEMENT (| |
| DESCRIPTION | | | | AMOUNT | |
| UNREALIZED GAINS OTHER CASH TO ACCRUAL ADJUSTM | ENT | | | 1,358,069 | |
| TOTAL TO FORM 990-PF, PART II | I, LINE 3 | | | 1,361,699 | |
| FORM 990-PF U.S. AND S | TATE/CITY G | OVERNMENT | OBLIGATIONS | STATEMENT ' | |
| DESCRIPTION | U.S GOV' | | BOOK VALUE | FAIR MARKET VALUE | |
| U.S. GOVERNMENT | X | | 1,179,317. | 1,179,317 | |
| TOTAL U.S. GOVERNMENT OBLIGAT | IONS | - | 1,179,317. | 1,179,317 | |
| | | | | 1,113,311 | |
| TOTAL STATE AND MUNICIPAL GOV | ERNMENT OBL | GATIONS | -·· | | |
| TOTAL STATE AND MUNICIPAL GOV | | IGATIONS - = | 1,179,317. | 1,179,317 | |
| TOTAL TO FORM 990-PF, PART II | | = | 1,179,317. | | |
| TOTAL TO FORM 990-PF, PART II FORM 990-PF | , LINE 10A | = | 1,179,317. | 1,179,317 | |
| | , LINE 10A | = | | 1,179,317 STATEMENT FAIR MARKET | |

| FORM 990-PF OT | HER INVESTMENTS | | STATEMENT 9 |
|--|---------------------------------------|-----------------------------------|-----------------------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| INTEREST AND DIVIDEND RECEIVABLES | COST | 16,516. | 16,516. |
| TOTAL TO FORM 990-PF, PART II, LI | NE 13 | 16,516. | 16,516. |
| FORM 990-PF | OTHER ASSETS | | STATEMENT 10 |
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| METER DEPOSIT PREPAID EXPENSE DEFERRED EXCISE TAXES FUNDS IN TRANSIT | 300. 14,446. 3,909. 100,000. | 300. 11,532. 0. 200,000. | 300. 11,532. 0. 200,000. |
| TO FORM 990-PF, PART II, LINE 15 | 118,655. | 211,832. | 211,832. |
| FORM 990-PF OT | HER LIABILITIES | | STATEMENT 11 |
| DESCRIPTION | | BOY AMOUNT | EOY AMOUNT |
| DEFERRED FEDERAL EXCISE TAX | | 0. | 9,708. |
| TOTAL TO FORM 990-PF, PART II, LI | NE 22 | 0. | 9,708. |

FORM 990-PF

STATEMENT 12

| TRUSTEES AND | AGERS | DIATEMENT 12 | | |
|---|--------------------------|-------------------|---------------------------------|--------------------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| HOWELL N GAGE 1400 HIGHWAY 61 NORTH VICKSBURG, MS 39183 | CHAIRMAN 3.00 | 12,000. | 0. | 0. |
| DR. M L DAVIS 112 DEERFIELD DRIVE VICKSBURG, MS 39180 | TRUSTEE 0.00 | 1,200. | 0. | 0. |
| ROBERT K PURKS 6674 MIDHILL PLACE FALLS CHURCH, VA 22043 | V-CHAIRMAN 0.00 | 900. | 0. | 0. |
| PHILIP B. WATSON, JR P.O. BOX 26 ST JOSEPH, LA 71366 | SECRETARY/TREA | ASURER 1,200. | 0. | 0. |
| DR. SUSAN CHIARITO 1724 EISENHOWER DR VICKSBURG, MS 39180 | TRUSTEE 0.00 | 1,200. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 16,500. | 0. | 0. |

PART VIII - LIST OF OFFICERS, DIRECTORS

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 13 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

HOWELL N GAGE, P.O. BOX 1578 VICKSBURG, MS 39181-1578 601-636-5514

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

MOST OF THE INSTITUTIONS TO WHICH GRANTS HAVE BEEN APPROVED FOR PAYMENT IN SUCCEEDING YEARS, UNLESS THEY FAIL TO QUALIFY OR UNLESS FUNDS AVAILABLE FOR SUCH PAYMENTS ARE INCREASED OR DECREASED AS THE CASE MAY BE.

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

| FORM 990-PF GRANTS PAID | STATEMENT 14 | | |
|-------------------------------------|--|---------------------|----------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| ALCORN STATE UNIVERSITY, LORMAN MS | SCHOLARSHIPS | EXEMPT | 50,000. |
| EMORY UNIVERSITY | SCHOLARSHIPS | ЕХЕМРТ | 30,000. |
| HINDS COMMUNITY COLLEGE, RAYMOND MS | SCHOLARSHIPS & FACULTY DEVELOPMENT | EXEMPT | 100,000. |
| MILLSAPS COLLEGE, JACKSON MS | SCHOLARSHIPS | ЕХЕМРТ | 50,000. |
| MISSISSIPPI COLLEGE, JACKSON MS | SCHOLARSHIPS | ЕХЕМРТ | 65,000. |
| MISSISSIPPI STATE UNIVERSITY | SCHOLARSHIPS | ЕХЕМРТ | 25,000. |
| MS ACADEMY OF FAMILY PHY. | GENERAL ADMINISTRATION | ЕХЕМРТ | 15,000. |
| UNIVERSITY OF MISSISSIPPI -PURKS | SCHOLARSHIPS | ЕХЕМРТ | 100,000. |

| VICKSBURG MEDICAL FOUNDATION | | | 64-6025312 |
|---|------------------------|--------|------------|
| UNIVERSITY OF MISSISSIPPI - ETHICS PROGRAM | GENERAL ADMINISTRATION | EXEMPT | 25,000. |
| UNIVERSITY OF MISSISSIPPI - PHARMACY | SCHOLARSHIPS | ЕХЕМРТ | 50,000. |
| CHAMBER OF COMMERCE | GENERAL ADMINISTRATION | EXEMPT | 2,500. |
| TOTAL TO FORM 990-PF, PART XV, L | INE 3A | | 512,500. |

21