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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2010</b>  <b>Open to Public Inspection</b>
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<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNIVERSITY OF MISSISSIPPI FOUNDATION  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite POST OFFICE BOX 249 MEMORY HOUSE  City or town, state or country, and ZIP + 4 UNIVERSITY, MS 386770249	<b>D Employer identification number</b>  23-7310293  <b>E Telephone number</b>  (662) 915-5944  <b>G</b> Gross receipts \$ 134,609,396
	<b>F</b> Name and address of principal officer Mr Wendell Weakley UNIV OF MS FOUNDATION UNIVERSITY, MS 38677	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	<b>J Website:</b> ▶ WWW.UMF.OLEMISS.EDU	
	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation 1973		
<b>M</b> State of legal domicile MS		

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE FOUNDATION IS RESPONSIBLE FOR RECEIVING, RECEIPTING,INVESTING, AND DISTRIBUTING GIFTS FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .
Revenue	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶1,076,324
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .

<b>Part II</b>	<b>Signature Block</b>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

Sign Here	<div>Signature of officer</div> <div>MAGGIE ABERNATHY TREASURER/CFO</div>	<div>2012-01-10</div> <div>Date</div>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	Firm's name ▶ KPMG LLP					Firm's EIN ▶
	Firm's address ▶ 50 North Front Street Suite 900 Memphis, TN 38103					Phone no ▶ (901) 523-3131

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No



Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE UNIVERSITY OF MISSISSIPPI FOUNDATION IS A NONPROFIT CORPORATION CHARTERED IN 1973 BY THE STATE OF MISSISSIPPI TO OPERATE PRIMARILY FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI THE FOUNDATION IS RESPONSIBLE FOR RECEIVING, RECEIPTING, INVESTING AND DISTRIBUTING ALL GIFTS FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI IT PURSUES THIS MISSION IN AN ENVIRONMENT OF PRODUCTIVE TEAMWORK, EFFECTIVE COMMUNICATION, AND RELENTLESS SERVICE TO OUR DONORS, UNIVERSITY ADMINISTRATORS, FACULTY, STAFF AND STUDENTS COMMUNICATION OF UNIVERSITY NEEDS AND PRIORITIES ALONG WITH ENCOURAGING INVESTMENT IN THE FUTURE OF OLE MISS ARE INTEGRAL TO OUR SUCCESS INTEGRITY, HONOR, CIVILITY, SERVICE AND RESPECT FOR OUR DONORS AND THEIR WISHES SERVE AS THE FOUNDATION'S GUIDING PRINCIPLES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 11,053,328 including grants of \$ 11,053,328 ) (Revenue \$ )

UNIVERSITY PROGRAMS - TRANSFERS TO THE UNIVERSITY TO BE USED TO PROVIDE NON-ACADEMIC PROGRAMS AND ACTIVITIES, SUCH AS HONORS PROGRAMS, LIBRARIES, AND SPECIAL EVENTS

4b

(Code ) (Expenses \$ 7,257,213 including grants of \$ 7,257,213 ) (Revenue \$ )

SCHOLARSHIPS - TRANSFERS TO THE UNIVERSITY FOR DIRECT STUDENT FINANCIAL SUPPORT

4c

(Code ) (Expenses \$ 4,275,900 including grants of \$ 4,275,900 ) (Revenue \$ )

ACADEMIC EXCELLENCE - TRANSFERS TO UNIVERSITY ACADEMIC DEPARTMENTS FOR FACULTY AND GENERAL USE, ACCOUNTANCY, APPLIED SCIENCE, BUSINESS, EDUCATION, ENGINEERING, JOURNALISM, LAW, LIBERAL ARTS, MEDICAL CENTER, PHARMACY, OUTREACH, AND RESEARCH

4d

Other program services (Describe in Schedule O )

(Expenses \$ 23,718,241 including grants of \$ 23,082,765 ) (Revenue \$ )



















4e

Total program service expenses \$ 46,304,682



Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	



Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	



Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	55		
		1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	17		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
	b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12.			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders.			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b		
c Enter the amount of reserves on hand.			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b		



Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedMS
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MAGGIE ABERNATHY 406 UNIVERSITY AVENUE OXFORD, MS 38655 (662) 915-3851



Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)



Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								484,125	643,930	106,677

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DRJKIM SESSUMS 514 WCHIPPEWA BROOKHAVEN, MS 39601	SCULPTOR	145,000
RUFFALO CODY PO BOX 3018 CEDAR RAPIDS, IA 52406	FUNDRAISING	282,514

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 2



Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function  revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d	3,290,993		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,013,680		
	g	Noncash contributions included in lines 1a-1f \$		2,621,176		
	h	Total. Add lines 1a-1f . . . . .		26,304,673		
	Program Service Revenue	2a	Business Code			
		UMMC PROGRAM REIMBURSEMENTS	611710	1,046,659	1,046,659	
b		FOOTBALL GAME TICKETS	611710	378,622	378,622	
c		CONTINUING EDUCATION FEES	611430	102,150	102,150	
d		CREDIT CARD FEE INCOME	611710	11,018	11,018	
e		STUDENT LOAN INTEREST INCOME	611430	7,554	7,554	
f		All other program service revenue		20,749	20,749	
g		Total. Add lines 2a-2f . . . . .		1,566,752		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		8,805,136		8,805,136
	4	Income from investment of tax-exempt bond proceeds . .		0		
	5	Royalties . . . . .		5,602		5,602
	6a	Gross Rents	(i) Real 1,059,177	(ii) Personal		
	b	Less rental expenses	740,135			
	c	Rental income or (loss)	319,042			
	d	Net rental income or (loss) . . . . .		319,042		319,042
	7a	Gross amount from sales of assets other than inventory	(i) Securities 96,799,591	(ii) Other		
	b	Less cost or other basis and sales expenses	96,235,551			
	c	Gain or (loss)	564,040			
	d	Net gain or (loss) . . . . .		564,040		564,040
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 61,876			
	b	Less direct expenses . . . . .	b 38,845			
	c	Net income or (loss) from fundraising events . .		23,031		23,031
	9a	Gross income from gaming activities See Part IV, line 19 .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . .		0		
10a	Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . .		0			
Miscellaneous Revenue			Business Code			
11a	LIFE INSURANCE PROCEEDS	525100	6,589			6,589
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		6,589			
12	Total revenue. See Instructions . . . . .		37,594,865	1,566,752		9,723,440



Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	45,669,206	45,669,206		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	508,316		508,316	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	578,709	18,002	503,709	56,998
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	150,120		150,120	
9	Other employee benefits . . . . .	94,178		94,178	
10	Payroll taxes . . . . .	71,873		71,873	
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	115,623		115,623	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	352,949			352,949
f	Investment management fees . . . . .	415,793		415,793	
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	251,934	3,500		248,434
13	Office expenses . . . . .	268,511	120,763	68,877	78,871
14	Information technology . . . . .	63,790		31,895	31,895
15	Royalties . . . . .	0			
16	Occupancy . . . . .	24,025	1,610	15,166	7,249
17	Travel . . . . .	757,656	491,601	15,149	250,906
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	38,538			38,538
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	139,232		139,232	
23	Insurance . . . . .	39,025		39,025	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	OTHER	32,288		32,288	
b	DUES AND SUBSCRIPTIONS	3,216		3,216	
c	UMMC FUND EXPENSES	13,652		3,168	10,484
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	49,588,634	46,304,682	2,207,628	1,076,324
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			8,862,840	2	6,878,425
	3	Pledges and grants receivable, net . . . . .			19,394,674	3	20,660,408
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	3,330,030	1,992,201	10c	1,883,903
	b	Less: accumulated depreciation . . . . .	10b	1,446,127			
	11	Investments—publicly traded securities . . . . .			223,200,571	11	206,931,261
	12	Investments—other securities. See Part IV, line 11 . . . . .			56,327,045	12	92,786,515
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			14,743,569	15	15,735,339
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			324,520,900	16	344,875,851	
Liabilities	17	Accounts payable and accrued expenses . . . . .				17	
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			38,688,419	25	38,517,215
	26	Total liabilities. Add lines 17 through 25 . . . . .			38,688,419	26	38,517,215
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			4,806,645	27	7,720,791
	28	Temporarily restricted net assets . . . . .			130,827,278	28	139,550,955
	29	Permanently restricted net assets . . . . .			150,198,558	29	159,086,890
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			285,832,481	33	306,358,636
	34	Total liabilities and net assets/fund balances . . . . .			324,520,900	34	344,875,851



Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,594,865
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,588,634
3	Revenue less expenses Subtract line 2 from line 1	3	-11,993,769
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	285,832,481
5	Other changes in net assets or fund balances (explain in Schedule O)	5	32,519,924
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	306,358,636

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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

2010

Open to Public  
Inspection

Name of the organization UNIVERSITY OF MISSISSIPPI FOUNDATION	Employer identification number 23-7310293
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☒

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	26,517,989	30,893,175	29,102,427	24,104,783	26,304,673	136,923,047
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	26,517,989	30,893,175	29,102,427	24,104,783	26,304,673	136,923,047
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,550,916
6 Public Support. Subtract line 5 from line 4						110,372,131

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	26,517,989	30,893,175	29,102,427	24,104,783	26,304,673	136,923,047
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,582,344	14,112,380	10,435,612	10,195,810	9,869,915	56,196,061
9 Net income from unrelated business activities, whether or not the business is regularly carried on					34,630	34,630
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	11,609,476	2,090,112	1,377,595	26,144	6,589	15,109,916
11 Total support (Add lines 7 through 10)						208,263,654
12 Gross receipts from related activities, etc (See instructions )					12	5,738,582
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	52.996 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	51.501 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		



Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a 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						
c 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.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
UNIVERSITY OF MISSISSIPPI FOUNDATION

Employer identification number  
23-7310293

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	184,023,095	154,131,254	186,234,060	
b	Contributions . . . . .	7,781,885	9,961,425	7,309,781	
c	Investment earnings or losses . . . . .	34,250,933	23,697,783	-30,375,798	
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	6,891,400	3,767,367	9,036,789	
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	219,164,513	184,023,095	154,131,254	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 073 %

b

Permanent endowment ▶ 71 030 %

c

Term endowment ▶ 29 043 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		300,000		300,000
b Buildings . . . . .		3,030,030	1,446,127	1,583,903
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,883,903







Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,594,865
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	49,588,634
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,993,769
4	Net unrealized gains (losses) on investments	4	31,835,922
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	684,002
9	Total adjustments (net) Add lines 4 - 8	9	32,519,924
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	20,526,155

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	70,509,959
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	31,835,922
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	684,002
e	Add lines 2a through 2d . . . . .	2e	32,519,924
3	Subtract line 2e from line 1 . . . . .	3	37,990,035
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	-395,170
c	Add lines 4a and 4b . . . . .	4c	-395,170
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	37,594,865

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	49,983,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	49,983,804
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	-395,170
c	Add lines 4a and 4b . . . . .	4c	-395,170
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	49,588,634

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION INTENDS TO USE THE ENDOWMENTS FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI BY PROVIDING FUNDING FOR SCHOLARSHIPS AND OTHER UNIVERSITY ACTIVITIES
OTHER RECONCILIATION BETWEEN NET ASSETS, FINANCIAL STMTS, AND RETURN	PART XI, LINE 8 AND PART XII, LINE 2D	CHANGE IN VALUE OF THE UNREALIZED INVESTMENT IN SPLIT INTEREST AGREEMENTS AND CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES
OTHER RECONCILIATION BETWEEN NET ASSETS, FINANCIAL STMTS, AND RETURN	PART XII, LINE 4B	INVESTMENT MANAGEMENT FEES THAT ARE NETTED WITH INTEREST AND DIVIDEND INCOME IN THE AUDITED FINANCIAL STATEMENT, BUT NOT REPORTED SEPARATELY FOR TAX RETURN PURPOSES IN PART VIII, LINE 3 415,793, RENTAL EXPENSES THAT ARE NETTED WITH RENTAL INCOME IN PART VIII, LINE 6, BUT REPORTED SEPARATELY AS AN EXPENSE FOR AUDITED FINANCIAL STATEMENT PURPOSES (740,135), CREDIT CARD INCOME THAT IS REPORTED NET OF CREDIT CARD EXPENSES IN PART IX, LINE 24B (31,982), FUNDRAISING EXPENSES THAT ARE REPORTED NET OF FUNDRAISING INCOME INC PART VIII, LINE 12, BUT REPORTED SEPARATELY AS AN EXPENSE FOR AUDITED FINANCIAL STATEMENT PURPOSES (38,846)
OTHER RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES ON RETURN	PART XIII, LINE 4B	INVESTMENT MANAGEMENT FEES THAT ARE NETTED WITH INTEREST AND DIVIDEND INCOME IN THE AUDITED FINANCIAL STATEMENTS, BUT ARE SHOWN SEPARATELY FOR TAX RETURN PURPOSES ON PART IX, LINE 11F 415,793, RENTAL EXPENSES THAT ARE NETTED WITH RENTAL INCOME IN PART VIII, LINE 6 BUT REPORTED SEPARATELY AS EXPENSES FOR AUDITED FINANCIAL STATEMENT PURPOSES (740,135) CREDIT CARD INCOME THAT IS REPORTED NET OF CREDIT CARD EXPENSES IN PART IX, LINE 24B (31,982), FUNDRAISING EXPENSES THAT ARE REPORTED NET OF FUNDRAISING INCOME INC PART VIII, LINE 12, BUT REPORTED SEPARATELY AS AN EXPENSE FOR AUDITED FINANCIAL STATEMENT PURPOSES (38,846)



SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY OF MISSISSIPPI FOUNDATION

Employer identification number  
23-7310293

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO CODY	PHONE SOLICITING		No	495,822	282,514	213,308
MAHAFFAY'S QUALITY PRINTING	MAIL SOLICITING		No	237,221	39,765	197,456
Total . . . . . ▶				733,043	322,279	410,764

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MS



Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>UMMC TASTE</u>	<u>KENTUCKY DERBY</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	48,581	13,975	53,208	115,764	
	2	Less Charitable contributions . . . . .	32,398	1,625	19,865	53,888	
3	Gross income (line 1 minus line 2) . . . . .	16,183	12,350	33,343	61,876		
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .	4,175	4,407	1,500	10,082	
	6	Rent/facility costs . . . . .	259	5,000	8,642	13,901	
	7	Food and beverages . . . . .		2,975	1,902	4,877	
	8	Entertainment . . . . .		500		500	
	9	Other direct expenses . . . . .	4,396	3,317	1,772	9,485	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					38,845
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					23,031

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_



11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY OF MISSISSIPPI FOUNDATION

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
23-7310293

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MISSISSIPPI216 LYCEUM UNIVERSITY,MS 38677	64-6001159	501(c)(3)	43,336,685				SEE PART IV
(2) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER2500 NORTH STATE STREET JACKSON,MS 39216	64-6008520	501(C)(3)	2,097,215				SEE PART IV
(3) UNIVERSITY OF MISSISSIPPI216 LYCEUM UNIVERSITY,MS 38677	64-6001159	501(c)(3)		235,306	COMP SALES	VARIOUS	SEE PART IV

2

Enter total number of section 501(c)(3) and government organizations . . . . .

2

3

Enter total number of other organizations . . . . .



Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
MONITORING PROCEDURES OF FUNDS IN THE US	PART I, LINE 2	THE UNIVERSITY OF MISSISSIPPI FOUNDATION DISBURSES FUNDS DIRECTLY TO THE UNIVERYITY OF MISSISSIPPI AS REQUESTED BY DEPARTMENTS WITHIN THE SCHOOL FUNDS SENT TO THE UNIVERSITY AS A CASH GRANT ARE NOT DISBURSED WITHOUT THE FOUNDATION RECEIVING WRITTEN REQUEST AND PROPER APPROVAL AND AUTHORIZATION FROM THE DESIGNATED DEPARTMENT THE PAYMENT IS TO BENEFIT THE UNIVERSITY DOES NOT MONITOR THE GRANTS DIRECTLY MADE TO THE UNIVERSITY ONCE TO MONEY IS DISBURSED
PURPOSE OF GRANTS	PART II, LINE 1	GRANTS PAID TO THE UNIVERSITY OF MISSISSIPPI ACADEMIC EXCELLENCE 4,275,900, UNIVERSITY SUPPORT 11,053,328 SCHOLARSHIPS 7,257,213 ALL OTHER UNIVERSITY GRANTS 20,750,244 VARIOUS NON-CASH ASSETS 235,306 GRANTS PAID TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER TO FUND OPERATIONAL EXPENSES OF THE MEDICAL CENTER 2,097,215



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

UNIVERSITY OF MISSISSIPPI FOUNDATION

Employer identification number

23-7310293

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment from the organization or a related organization?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	9	



**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WENDELL W WEAKLEY	(i)	196,765	0	0	29,515	14,977	241,257	0
	(ii)	0	0	0	0	0	0	0
(2) BRYAN BARKSDALE	(i)	0	0	0	0	0	0	0
	(ii)	643,930	0	0	0	0	643,930	0
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								



**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------



SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
UNIVERSITY OF MISSISSIPPI FOUNDATION

Employer identification number  
23-7310293

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .	X	1	17,448	ACTUAL COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		175,236	COMPARABLE SALES
5 Clothing and household goods . . . . .				
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	39	1,818,180	AVERAGE HIGH-LOW
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial	X	3	584,300	APPRAISAL
17 Real estate—Other . .				
18 Collectibles . . . . .	X	2	3,495	APPRAISAL
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ( <u>TABLECLOTHS</u> )	X	1	100	ACTUAL COST
26 Other ► ( <u>RECEPTION</u> )	X	1	2,452	ACTUAL COST
27 Other ► ( <u>FILM,DVD,VIDEO</u> )	X	5	615	APPRAISAL
28 Other ► ( <u>CORRESPONDENCE</u> )	X	2	19,350	APPRAISAL
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . .	29	8		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	Yes	No	
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				



**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization UNIVERSITY OF MISSISSIPPI FOUNDATION	Employer identification number 23-7310293
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Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	PART III, LINE 4D	OTHER PROGRAM EXPENSES - FUNDS TRANSFERRED FOR UNIVERSITY FACILITIES, SALARY, OFFICE, TRAVEL, PROMOTION, ETC



Identifier	Return Reference	Explanation
COMPLIANCE POLICY	PART VI, LINE 12C	ANNUALLY , EACH BOARD MEMBER IS REQUIRED TO REVIEW THE FOUNDATION CONFLICT OF INTEREST POLICY THIS IS DOCUMENTED BY A SIGNED CONFIRMATION STATEMENT FROM EACH MEMBER



Identifier	Return Reference	Explanation
990 REVIEW	PART VI, LINE 11A	AS PER THE FOUNDATION BY-LAWS AND THE CHARTER OF THE AUDIT COMMITTEE, THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH FOUNDATION MANAGEMENT THIS IS DOCUMENTED IN THE COMMITTEE MINUTES THE 990 IS EMAILED TO EACH MEMBER OF THE GOVERNING BODY PRIOR TO THE FILING OF THE TAX RETURN



Identifier	Return Reference	Explanation
PUBLIC AVAILABILITY OF DOCUMENTS	PART VI, LINE 19	THE FOUNDATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AS WELL AS POSTED TO THE FOUNDATION WEBSITE AT WWW.UMFOUNDATION.COM



Identifier	Return Reference	Explanation
FAMILY RELATIONSHIP	PART VI, LINE 2	SANDRA M. GUEST, VICE-PRESIDENT/SECRETARY AND RONNIE D. GUEST, DIRECTOR OF FOUNDATION SERVICES HAVE A FAMILY RELATIONSHIP



Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS	PART XI LINE 5	UNREALIZED GAIN/(LOSS) ON INVESTMENTS \$31,835,922 CHANGE IN VALUE OF CASH SURRENDER AGREEMENTS \$584,761 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES \$99,241



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRYAN BARKSDALE TITLE DIRECTOR HOURS 40



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

UNIVERSITY OF MISSISSIPPI FOUNDATION

Employer identification number

23-7310293

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNIV OF MISS FOUNDATION REALTY LLC PO Box 249 UNIVERSITY, MS 38677 20-5945758	REAL ESTATE	MS		10,803,000	UMF
(2) ISOM PLACE LLC PO Box 249 UNIVERSITY, MS 38677 64-0865754	FACILITY RENT	MS	9,800	803,230	UMF

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MISSISSIPPI COMMON FUND TRUST  POST OFFICE BOX 249 MEMORY HOUSE  UNIVERSITY, MS 38677 64-0875827	FUNDRAISING	MS	501(C)(3)	PF	UMF		
(2) UNIVERSITY OF MISSISSIPPI  216 LYCEUM  UNIVERSITY, MS 38677 64-6001159	PUBLIC UNIV	MS	501(C)(3)	509(a)(1)	NA		
(3) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER  2500 NORTH STATE STREET  JACKSON, MS 39216 64-6008520	MEDICAL UNIV	MS	501(C)(3)	509(a)(1)	NA		



Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							



Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF MISSISSIPPI	B	43,571,991	
(2) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	B	2,097,215	
(3) MISSISSIPPI COMMON FUND TRUST	C	3,290,993	
(4) UNIVERSITY OF MISSISSIPPI	I	144,765	
(5) UNIVERSITY OF MISSISSIPPI	K	325,500	
(6) UNIVERSITY OF MISSISSIPPI	N	101,461	

Schedule R (Form 990) 2010



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 23-7310293

Name: UNIVERSITY OF MISSISSIPPI FOUNDATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
DR AND MRS RALPH BROCK CRUT PO BOX 249 UNIVERSITY, MS38677 64-6217012	TRUST	MS	UMF	TRUST	0	0	
BECKETT & MARY HARTWELL HOWORTH CRUT PO BOX 249 UNIVERSITY, MS38677 64-6224338	TRUST	MS	UMF	TRUST	0	0	
BEVERLY B WALLER CRUT PO BOX 249 UNIVERSITY, MS38677 58-1893866	TRUST	MS	UMF	TRUST	0	0	
CHARLES AND SARAH W CARMICHAEL CRUT PO BOX 249 UNIVERSITY, MS38677 20-6400164	TRUST	MS	UMF	TRUST	0	0	
DR BLAIR E BATSON 2002 CRUT PO BOX 249 UNIVERSITY, MS38677 48-6398401	TRUST	MS	UMF	TRUST	0	0	
DR JOHN M PEARSON 2000 CRUT PO BOX 249 UNIVERSITY, MS38677 91-2133078	TRUST	MS	UMF	TRUST	0	0	
ELIZABETH CUMMINGS FORTUNE CLUT #2 PO BOX 249 UNIVERSITY, MS38677 64-6213195	TRUST	MS	UMF	TRUST	0	0	
ELMO HOWELL CRAT PO BOX 249 UNIVERSITY, MS38677 64-6220324	TRUST	MS	UMF	TRUST	0	0	
ELMO HOWELL CRAT II PO BOX 249 UNIVERSITY, MS38677 73-6345578	TRUST	MS	UMF	TRUST	0	0	
JESSIE D PUCKETT JR CRUT PO BOX 249 UNIVERSITY, MS38677 64-6214363	TRUST	MS	UMF	TRUST	0	0	
JOHN & MARY KEETON UNITRUST PO BOX 249 UNIVERSITY, MS38677 48-6398400	TRUST	MS	UMF	TRUST	0	0	
JOHN & MARGARET KEETON JR CRUT #2 PO BOX 249 UNIVERSITY, MS38677 20-6399981	TRUST	MS	UMF	TRUST	0	0	
JOHN & MARGARET KEETON CRUT III PO BOX 249 UNIVERSITY, MS38677 20-7274306	TRUST	MS	UMF	TRUST	0	0	
LUCIAN S MINOR 2001 CRAT PO BOX 249 UNIVERSITY, MS38677 90-0036090	TRUST	MS	UMF	TRUST	0	0	
LUCIAN S MINOR CRAT PO BOX 249 UNIVERSITY, MS38677 72-6176569	TRUST	MS	UMF	TRUST	0	0	
ROSE CALIFF GROSS CHARITABLE TRUST PO BOX 249 UNIVERSITY, MS38677 48-6398396	TRUST	MS	UMF	TRUST	0	0	
ROY & SEREDA SHEFFIELD 2003 CRAT PO BOX 249 UNIVERSITY, MS38677 87-6265424	TRUST	MS	UMF	TRUST	0	0	
SALLIE & BRUCE DILLINGHAM JR 1999 CRUT PO BOX 249 UNIVERSITY, MS38677 91-2054322	TRUST	MS	UMF	TRUST	0	0	
T A LILES JR CRUT PO BOX 249 UNIVERSITY, MS38677 64-6217246	TRUST	MS	UMF	TRUST	0	0	
VIRGINIA M DEIBERT CRUT PO BOX 249 UNIVERSITY, MS38677 64-6205111	TRUST	MS	UMF	TRUST	0	0	



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
WILL A & DEWEY HICKMAN 1996 CRUT PO BOX 249 UNIVERSITY, MS38677 72-6176567	TRUST	MS	UMF	TRUST	0	0	
LUCIAN S & MARY W MINOR CRAT PO BOX 249 UNIVERSITY, MS38677 26-6259159	TRUST	MS	UMF	TRUST	0	0	
JOHN & MARGARET KEETON JR CRUT IV PO BOX 249 UNIVERSITY, MS38677 26-6259269	TRUST	MS	UMF	TRUST	0	0	
ROY AND SEREDA SHEFFIELD 2011 CRAT PO BOX 249 UNIVERSITY, MS38677 45-6347501	TRUST	MS	UMF	TRUST	0	0	



Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	UNIVERSITY OF MISSISSIPPI	B	43,571,991	
(2)	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	B	2,097,215	
(3)	MISSISSIPPI COMMON FUND TRUST	C	3,290,993	
(4)	UNIVERSITY OF MISSISSIPPI	I	144,765	
(5)	UNIVERSITY OF MISSISSIPPI	K	325,500	
(6)	UNIVERSITY OF MISSISSIPPI	N	101,461	



Additional Data

Software ID:

Software Version:

EIN: 23-7310293

Name: UNIVERSITY OF MISSISSIPPI FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDELL W WEAKLEY PRESIDENT/CEO	40 0	X		X				196,765	0	44,192
ROBERT R BAILESS DIRECTOR	01	X								
LOUIS K BRANDT DIRECTOR	01	X								
DAVID E BREVARD DIRECTOR	01	X								
CHARLES T CANNADA CHAIR -ELECT	01	X								
JAMES O CARPENTER DIRECTOR	01	X								
MEREDITH W CREEKMORE DIRECTOR	01	X								
JAN G FARRINGTON CHAIR	01	X								
ROGER P FRIOU DIRECTOR	01	X								
MARTHA DALE FRITTS DIRECTOR	01	X								
T MICHAEL GLENN DIRECTOR	01	X								
JAMIE G HOUSTON DIRECTOR	01	X								
MICHAEL T MCREE DIRECTOR	01	X								
ELIZABETH W QUIRK DIRECTOR	01	X								
SUZAN THAMES DIRECTOR	01	X								
JON C TURNER DIRECTOR	01	X								
ALLEN H CROSSWELL DIRECTOR	01	X								
WILLIAM T MAY DIRECTOR	01	X								
MARKEEVA A MORGAN DIRECTOR	01	X								
BRYAN BARKSDALE DIRECTOR	01	X						0	643,930	0
ROLAND O BURNS JR DIRECTOR	01	X								
C YORK CRAIG JR DIRECTOR	01	X								
SAMUEL B HASKELL III DIRECTOR	01	X								
SALLY H HEDERMAN DIRECTOR	01	X								
ABBY M MANNING DIRECTOR	01	X								



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ROBERT SEIBELS III DIRECTOR	01	X									
JOHN SUMNER DIRECTOR	01	X									
RICHARD G NOBLE DIRECTOR	01	X									
SANDRA M GUEST VICE PRESIDENT/SECRETARY	40 0			X					113,822		23,979
MAGGIE E ABERNATHY TREASURER/CFO	40 0			X					61,875		14,871
RONNIE D GUEST DIRECTOR- FOUNDATION SERVICES	40 0					X			111,663		23,635