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Form **990-PF**Department of the Treasury

Internal Revenue Service

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number 20-3426826 C SPIRE WIRELESS FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number l360 1018 HIGHLAND COLONY PARKWAY 601-974-7645 City or town, state, and ZIP code C If exemption application is pending, check here RIDGELAND, MS 39157 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change X Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, còl. (c), line 16) under section 507(b)(1)(B), check here 21,354. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 534,000. N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Check Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for aff RECEIVED 0 7 Capital gain net ind ffrom Part IV. line 21 8 Net short-term capital gain MAY 2 1 2012 Income modifications 10a Gross sales less ret b Less Cost of goods sold c Gross profit or (loss) 11 Other income 534,000 0 12 Total. Add lines 1 through 11 20,652 0. 20,652. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,870. STMT 1 1,385 0. **b** Accounting fees c Other professional fees 17 Interest
18 Taxes S
19 Depreciation and depletion
20 Occupancy
21 Travel, conferences, and meetings 4,927 4,927. STMT 2 0. 22 Printing and publications 23 Other expenses S'
24 Total operating and administrative 18,062 0 STMT 3 18,062. expenses. Add lines 13 through 23 45,026 0 45,511. 488,900 Contributions, gifts, grants paid 488,900. 26 Total expenses and disbursements 533,926 Add lines 24 and 25 0 534,411. 27 Subtract line 26 from line 12: 74 2 Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2011)

		0-PF (2011) C SPIRE WIRELESS FOUNDA			3426826 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
÷			(a) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	21,280.	21,354.	21,354.
		Savings and temporary cash investments			
	3	Accounts receivable ▶			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable -			
	١_	Less: allowance for doubtful accounts			
	٥	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			•
Ass		Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
		· · · · · · · · · · · · · · · · · · ·			
		Investments - corporate stock			
	1	Investments - corporate bonds Investments - land, buildings, and equipment basis			
	11				
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other		-	
	14	Land, buildings, and equipment: basis			
	'"	Less accumulated degreciation			
	15	Other assets (describe			-
	")			
	16	Total assets (to be completed by all filers)	21,280.	21,354.	21,354.
_		Accounts payable and accrued expenses	22/2004	2270021	
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
Ë	1	Other liabilities (describe >			
		,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here		·	
		and complete lines 24 through 26 and lines 30 and 31			
ces	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
Ва	26	Permanently restricted			
힡		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţÀ	29	Retained earnings, accumulated income, endowment, or other funds	21,280.	21,354.	
Ž	30	Total net assets or fund balances	21,280.	21,354.	
	31	Total liabilities and net assets/fund balances	21,280.	21,354.	
F	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30	· · · · · · · · · · · · · · · · · · ·	
•		st agree with end-of-year figure reported on prior year's return)	~ ~	1	21,280.
2	•	r amount from Part I, line 27a		2	74.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	21,354.
		eases not included in line 2 (itemize)		5	0.
		I not assets or fund halances at end of year (line 4 minus line 5) - Part II or	olumn (h) line 20	-	21 354

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Multiply line 4 by line 3 543,686. 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 0. 7 Add lines 5 and 6 543,686. 7 Enter qualifying distributions from Part XII, line 4 534,411. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

	990-PF (2011) C SPIRE WIRELESS FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u> 20-</u>	3426	826		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		-			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
_	of Part I, line 27b				•	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	,	,		0.
6	Credits/Payments:					
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c	ĺ				
	Backup withholding erroneously withheld 6d	1				
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		•		<u> </u>
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11				
	irt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c		х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
·						
۰	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
2	If "Yes," attach a detailed description of the activities			-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	nr.				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,,		3		х
As	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		/	5		х
J	If "Yes," attach the statement required by General Instruction T			 		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
٠	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?	, 1411		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
•	If "Yes," complete Part II, col (c), and Part XV					_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	MS					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
•	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar				\vdash
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		x

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Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		,		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory particles.	rivileges?			
	If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► CSPIRE.COM/COMPANY_INFO/ABOUT/PROGRAMS/FOUNDAT	NOI			
14		<u> 601-97</u>	4-7	645	
	Located at ▶ 1018 HIGHLAND COLONY PARKWAY STE 360, RIDGELAND,	ZIP+4 ▶39			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
	country				
Pa	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1.	During the year did the foundation (either directly or indirectly):				
Ia		es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	es X No			
		es X No			
	(4) (2000	es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	es X No			
	(6) Agree to pay money or property to a government official? (Exception Check "No"		1		
	if the foundation agreed to make a grant to or to employ the official for a period after			}	
		es X No			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	68 [21] 140	Ì		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	► □	""		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1		
	before the first day of the tax year beginning in 2011?		1c		х
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		-		**
2	defined in section 4942(j)(3) or 4942(j)(5)):		-		
	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	าก			
•		es X No	1		
	If "Yes," list the years ▶	•†			
٠	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac				
	statement - see instructions.)	N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	14/21	-20	_	
٠.	b,,,,,,,,,,,,,,,,,,,				
36		es X No			
	of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons a				
١	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule)				
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	N/A	3ь		
A.	1 Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	44/ A	4a		х
). Did the foundation mivest during the year any amount in a manner that woold jeopardize its charitable purposes. 1) Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purposes.	e that	70		
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	· · · · · · · · · · · · · · · · · · ·	4b		x
	nac not been formered from journal policies and first day of the tax year buyinning in \$0.11.	Fn	rm 99 0)-PF	
		I U	550	(2011

Part VII-B Statements Pagerding Nativities for Which I		Doguirod	<u> 20-34268</u>	20	Page 6			
Part VII-B Statements Regarding Activities for Which I	-orm 4/20 May Be I	nequirea (contin	ued)					
5a During the year did the foundation pay or incur any amount to:	- 404E(=\\Q		. 					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?								
(2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive?	ir to carry on, directly or indir		s X No					
, ,	2		es X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes		T6	S LA NO					
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		s X No					
509(a)(1), (2), or (3), or section 4940(d)(2)?	or adventional auranage or		S LAJ NO					
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?								
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	dar the eventions described		S LAL NO					
section 53.4945 or in a current notice regarding disaster assistance (see instru	·	iii negulaliolis	N/A	5b				
,	•		N/A	30	_			
Organizations relying on a current notice regarding disaster assistance check h c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		unad						
		. —	es 🗀 No					
expenditure responsibility for the grant?		N/A LITE	es L No					
If "Yes," attach the statement required by Regulations section 53.494:	• •							
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No					
a personal benefit contract?	percanal hanglit against	Y6	15 LAL NO	ch	v			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b. file Form 8870	SEL POLITA DELIGITIC CONTRACTY		}	6Ь	<u> </u>			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	shaltar transaction?		es X No					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		76				
b If 'Yes,' did the foundation receive any proceeds or have any net income attribution. Information About Officers, Directors, Trust		anagore Highl	N/A	7b				
Part VIII Paid Employees, and Contractors	ees, roundation ivid	anayers, mgm	,					
1 List all officers, directors, trustees, foundation managers and their	compensation.							
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e	Expense count, other			
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc	count, other llowances			
	to position	- Cinter o j	compensation	 	- I CHILLING			
SEE STATEMENT 4	İ	20,652.	0.		0.			
				1				
				1				
				1	_			
	1	1						
	1			1				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	, enter "NONE."						
(a) Name and address of each analysis and mark than 000 000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	400	ount, other llowances			
NONE		-						
		-		1				
]							
	1							
				1				
	1							
			-					
		<u> </u>						
Total number of other employees paid over \$50,000					0			

C SPIRE WIRELESS FOUNDATION		420020 Page /
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
1 N/A		
2		<u>u</u>
3		
4		
Dod IV D O		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year or	- l 4 4 0	A
	n lines 1 and 2.	Amount
1 N/A		
0		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 2		

Pa	IT X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	72,512.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	72,512.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	. 0
3	Subtract line 2 from line 1d	3	72,512.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,088.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	71,424.
6	Minimum investment return. Enter 5% of line 5	6	3,571.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	3,571.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3_	3,571.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,571.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,571.
Pa	Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	534,411.
	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	534,411.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	534,411.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculation whether the foundation of	rushine for t	an contina

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,		<u>'</u>		
line 7				3,571.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	<u> </u>
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 286,993.				
b From 2007 76,203.				
c From 2008 427,633.				
d From 2009 470,214.				
e From 2010 465,729.	4 506 550			
f Total of lines 3a through e	1,726,772.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 534,411.			1	
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount	<u> </u>			3,571.
e Remaining amount distributed out of corpus	530,840.			3,311.
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	2,257,612.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			-
8 Excess distributions carryover from 2006	206 002			
not applied on line 5 or line 7	286,993.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,970,619.			
IO Analysis of line 9:	1,010,010.			
a Excess from 2007 76, 203.				
b Excess from 2008 427,633.				
c Excess from 2009 470, 214.				
d Excess from 2010 465, 729.				
e Excess from 2011 530,840.				
			*	Form 990-PE (2011)

	WIRELESS F			20-34	26826 Page 10		
Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A			
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating					
foundation, and the ruling is effective fo	r 2011, enter the date of t	he ruling	>				
b Check box to indicate whether the found	dation is a private operatir	g foundation described in	n section	4942(j)(3) or 49	942(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·			
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total		
investment return from Part X for				· · · · · · · · · · · · · · · · · · ·			
each year listed							
b 85% of line 2a							
c Qualifying distributions from Part XII,							
line 4 for each year listed							
d Amounts included in line 2c not				†			
used directly for active conduct of							
exempt activities							
e Qualifying distributions made directly							
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the	-						
alternative test relied upon:							
a "Assets" alternative test - enter: (1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b "Endowment" alternative test - enter							
2/3 of minimum investment return shown in Part X, line 6 for each year							
listed							
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest,							
dividends, rents, payments on securities loans (section							
512(a)(5)), or royalties)							
(2) Support from general public							
and 5 or more exempt organizations as provided in							
section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from		<u> </u>					
an exempt organization							
(4) Gross investment income							
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets		
at any time during t	he year-see instr	uctions.)					
1 Information Regarding Foundation	n Managers:						
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	se of any tax		
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)					
NONE					<u> </u>		
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large port	ion of the ownership of a p	artnership or		
other entity) of which the foundation ha	s a 10% or greater interes	st.					
NONE							
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:				
Check here 🕨 📖 if the foundation of	only makes contributions	to preselected charitable o	organizations and does	not accept unsolicited req	uests for funds If		
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, c	omplete items 2a, b, c, an	d d.		
a The name, address, and telephone num	ber of the person to who	n applications should be	addressed:				
BETH BYRD, 601-355-1	.522						
1018 HIGHLAND COLONY PARKWAY STE 360, RIDGELAND, MS 39157							
b The form in which applications should t							
REQUESTS ARE MADE BY	FORMAL GRA	NT REQUEST	FORM AND A	PPROVED BY T	HE BOARD.		
c Any submission deadlines:							
d Any restrictions or limitations on award	d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:						

3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
MISSISSIPPI ARTS COMMISSION		TAX-EXEMPT	2011 GOVERNOR'S AWARD	
501 NORTH WEST STREET SUITE 1101A			FOR EXCELLENCE IN THE	
JACKSON, MS 39201			ARTS	1,500
JACKSON CANCER LEAGUE		TAX-EXEMPT	SEASONS OF HOPE GALA	
1380 LIVINGSTON LANE				
JACKSON, MS 39213				5,000
MS HERITAGE TRUST		TAX-EXEMPT	MS'S 10 MOST	
P.O. BOX 577		IAA-EAEMFI	ENDANGERED	
JACKSON MS 39205				1,000
				•
		}		
RONALD MCDONALD HOUSE MEMPHIS		TAX-EXEMPT	ROCK 103 RADIOTHON	
535 ALABAMA AVENUE MEMPHIS, TN 38105				5,000
<u> </u>				• • • • • • • • • • • • • • • • • • •
JUNIOR AUXILIARY OF CLARKSDALE		TAX-EXEMPT	A TOUCH OF GOLD CHILDREN'S BENEFIT	
P.O. BOX 532 CLARKSDALE MS 38614			BALL	1,000
	NTINUATION SHE	ET(S)	▶ 3a	488 900
b Approved for future payment				
MONTE				
NONE				
		 		
Total		<u>.L</u>	N 01	
Total			<u> </u>	000 PE (004

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of contribution Amount Name and address (home or business) recipient DIABETES FOUNDATION OF MISSISSIPPI TAX-EXEMPT 2011 BACCHUS BALL 800 AVERY BOULEVARD, STE 100 RIDGELAND, MS 39157 2,500. MS ASSOICATION OF INDEPENDENT SCHOOLS TAX-EXEMPT TEACHER OF THE YEAR 176 COUNTRY PLACE PARKWAY AWARDS PEARL MS 39208 3,000. MISSION MISSISSIPPI TAX-EXEMPT 2011 MISSION SPONSOR P.O. BOX 22655 JACKSON MS 39225 5,000. STEWPOT COMMUNITY SERVICES TAX-EXEMPT TASTE OF MISSISSIPPI 1100 W. CAPITOL STREET JACKSON, MS 39203 2,500, MARCH OF DIMES TAX-EXEMPT MARCH FOR BABIES 1991 LAKELAND DRIVE, STE G JACKSON, MS 39216 2,500, MS SIDS ALLIANCE, INC. TAX-EXEMPT WALK FOR BABIES 2011 276 NISSAN PARKWAY, SUITE D CANTON MS 39046 2,500, HOPEWELL CAMP AND CONFERENCE CENTER TAX-EXEMPT RUN FOR HOPE 24 COUNTY ROAD 231 OXFORD MS 38655 5,000. LEADERSHIP GREATER JACKSON OAK FOREST ELEMENTARY TAX-EXEMPT P.O. BOX 22548 PLAYGROUND JACKSON, MS 39225 5,000. OLE MISS BAND TAX-EXEMPT 11TH ANNUAL PRIDE OF P.O. BOX 1848 THE SOUTH UNIVERSITY MS 38677 5,000, MS SENIOR OLYMPICS TAX-EXEMPT 2011 SENIOR OLYMPIC 102 CLINTON PARKWAY GAMES CLINTON, MS 39056 1,000. Total from continuation sheets 475,400.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient MS CHILDREN'S MUSEUM TAX-EXEMPT EDUCATION FUND P.O. BOX 55409 JACKSON, MS 39296 100,000. SOUTHERN CHRISTIAN SERVICES TAX-EXEMPT ATH ANNULA D.G. SONNY 800 EAST RIVER PLACE STE 104 FOUNTAIN MEMORIAL GOLF JACKSON MS 39202 TOURNAMENT FOR KIDS 3,000. JACKSON FUTBOL CLUB TAX-EXEMPT SUMMER CAMP PROGRAM P.O. BOX 12783 2,500, JACKSON MS 39236 MISSISSIPPI STATE UNIVERSITY TAX-EXEMPT ANNUAL SCHOLARSHIP P.O. BOX 6149 MISSISSIPPI STATE, MS 39762 15,000. ALCORN STATE UNIVERSITY TAX-EXEMPT ANNUAL SCHOLARSHIP 1000 ASU DRIVE 12,000, ALCORN STATE, MS 39096 DELTA STATE UNIVERSITY TAX-EXEMPT ANNUAL SCHOLARSHIP P.O. BOX 3141 CLEVELADN, MS 38733 6,000. JACKSON STATE UNIVERSITY TAX-EXEMPT ANNUAL SCHOLARSHIP P.O. BOX 17144 JACKSON, MS 39217 15,000. MISSISSIPPI UNIVERSITY FOR WOMEN TAX-EXEMPT ANNUAL SCHOLARSHIP 1100 COLLEGE STREET #1618 COLUMBUS MS 39201 6,000. UNIVERSITY OF SOUTHERN MISSISSIPPI TAX-EXEMPT ANNUAL SCHOLARSHIP 118 COLLEGE DRIVE #5021 HATTIESBURG MS 39406 15,000, MISSISSIPPI VALLEY STATE UNIVERSITY TAX-EXEMPT ANNUAL SCHOLARSHIP 14000 HWY 82 #7226 6,000, ITTA BENA MS 38941 Total from continuation sheets

Part XV

C SPIRE WIRELESS FOUNDATION 20-3426826

Part XV Supplementary Information

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
JNIVERSITY OF MISSISSIPPI		TAX-EXEMPT	ANNUAL SCHOLARSHIP	
P.O BOX 249 UNIVERSITY MS 38677				45 000
UNIVERSITY, MS 30077				15,000
JACKSON PREP PAT		TAX-EXEMPT	HEART OF THE HOME	
P.O. BOX 4940				
JACKSON, MS 39296				1,000
MS DEPARTMENT OF MENTAL HEALTH		TAX-EXEMPT	12TH ANNUAL CONFERNCE	
239 NORTH LAMAR STREET JACKSON MS 39201			ON ALZHEIMER'S DISEASE	3 000
menosii, no open				3,000
SALVATION ARMY		TAX-EXEMPT	COMPUTER LAB	
P.O. BOX 31954				
JACKSON, MS 31954				10,000
EUDORA WELTY FOUNDATION P.O. BOX 55685		TAX-EXEMPT	SCHOLASTIC WRITING AWARDS	
JACKSON, MS 39296			HWARDS	8,000
				·
BETHANY CHRISTIAN SERVICES		TAX-EXEMPT	SILENT AUCTION AND	
2624 SOUTHERLAND STREET			BENEFIT BANQUET	
JACKSON MS 39216				1,500
MS CHILDREN'S MUSEUM		TAX-EXEMPT	EDWONELON HADE	
P.O. BOX 55409		TAX-EXEMPT	EDUCATION FUND	
JACKSON, MS 39296				100,000
MISSISSIPPI SOCIETY FOR DISABILITIES		TAX-EXEMPT	TIS THE SEASON 2011	
P.O. BOX 4958 JACKSON MS 39296			HOLIDAY GALA & AUCTION	2,500
				2,300
FIRST PRESBYTERIAN DAY SCHOOL		TAX-EXEMPT	HOLIDAY POTPOURRI 2011	
1390 NORTH STATE STREET				
JACKSON, MS 39202				1,000
ICH DEUELODMENIM POINTON		May nymen	124my november 15	
JSU DEVELOPMENT FOUNDATION P.O. BOX 17144		TAX-EXEMPT	134TH FOUNDER'S DAY BANQUET	
JACKSON, MS 39217				400
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient MISSISSIPPI MUSEUM OF ART TAX-EXEMPT ART GARDEN 380 SOUTH LAMAR STREET JACKSON MS 39201 30,000. 2012 ART OF HEAR AMERICAN HEART ASSOCIATION TAX-EXEMPT 4830 MCWILLIE CIRCLE JACKSON, MS 39206 10,000. MS BUILDING BLOCKS TAX-EXEMPT IMPROVE SCHOOL READINESS 403-B TOWN CENTER BOULEVARD STE C RIDGELAND, MS 39157 25,000. BUSINESS & PROFESSIONAL OUTREACH TAX-EXEMPT OUTREACH MINISTRY (BPO) 1401 PINEHAVEN ROAD 5,000. CLINTON, MS 39056 FRIENDS OF MISSISSIPPI VETERANS ACTIVE ANNUAL TAX-EXEMPT P.O BOX 1265 CORPORATE MEMBER 500. MERIDIAN, MS 39302 CATHOLIC CHARITIES, INC. TAX-EXEMPT TENNIS TOURNAMENT 200 NORTH CONGRESS STREET JACKSON MS 39201 5,000. LEONARD E. WARREN MELANOMA FOUNDATION TAX-EXEMPT RUN FROM THE SUN 5K 86 SUNLINE DRIVE RUN & WALK BRANDON, MS 39042 500. MISSISSIPPI DEPARTMENT OF ARCHIVE & TAX-EXEMPT AN EVENING WITH ANDREW HISTORY JACKSON P.O. BOX 571 JACKSON, MS 39205 1,000. THE HOME PLACE TAX-EXEMPT SENIOR ADULTS P.O. BOX 720 MADISON MS 39130 500. MISSISSIPPI CHAPTER PARKINSON DISEASE TAX-EXEMPT MOVING TOWARDS A CURE P.O. BOX 5943 2012 BRANDON, MS 39047 1,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient IMPACT MISSION TAX-EXEMPT CRISIS CARE CENTER & 868 GOODMAN ROAD GIRLS HOME SOUTHHAVEN MS 38671 1,000. MISSISSIPPI KIDNEY FOUNDATION TAX-EXEMPT 2012 UPTOWN DRAWDOWN 3000 OLD CANTON ROAD. STE 110 GALA JACKSON MS 39216 3,000. GIRL POWER UNLIMITED TAX-EXEMPT IF YOU LEAD ME, I WILL P,O BOX 720316 FOLLOW YOUTH BYRAM, MS 39272 INITIATIVE CAMPAIGN 1,000. MISSION FIRST TAX-EXEMPT CHILDREN'S PROGRAM FOR P.O. BOX 250 IN-NEED FAMILIES JACKSON, MS 39205 5,000. BOYS & GIRLS CLUB OF CENTRAL MS TAX-EXEMPT AFTER SCHOOL PROGRAM P.O. BOX 3194 JACKSON, MS 39207 5,000, MISSISSIPPI FESTIVAL TAX-EXEMPT DELTA ARTS PROGRAM 308 N. MAIN STREET SARDIS MS 38666 1,000. CROSSROADS MINISTRY TAX-EXEMPT SHELTER FOR WOMEN IN P.O. BOX 3075 TIME OF TRANSITION RIDGELAND, MS 39158 1,000. LAUREN ROGERS MUSEUM OF ART TAX-EXEMPT EDUCATION OURTEACH P.O. BOX 1108 ENDOWMENT LAUREL, MS 39221 5,000, MISSISSIPPI MUSEUM OF NATURAL SCIENCE TAX-EXEMPT WHERE THE WILD THINGS 2148 RIVERSIDE DR ARE TECHNOLOGY JACKSON, MS 39202 INITIATIVE 5,000. METHODIST CHILDREN'S HOME TAX-EXEMPT DRPHANAGE FOR CHILDREN P.O. BOX 66 NEW HOME CLINTON MS 39060 5,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
TEACH FOR AMERICA				
299 SOUTH 9TH STREET, STE 212		TAX-EXEMPT	EDUCATION FUND	
OXFORD, MS 38655				5,000
TINESTLE DIADEMEG DECENDOU POUDDAMION			2010 2000 2000	
JUVENILE DIABETES RESEARCH FOUNDATION 1640 LELIA DRIVE, STE 130		TAX-EXEMPT	2012 HOPE GALA	
JACKSON, MS 39216				3,000
		1		
		-		
· · · · · ·				
				
Total from continuation charts				
Total from continuation sheets				

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

Form 990-PF (2011)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)	
g	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code	Alliount	code	Amount	function income	
a						
b	ļ					
c						
d						
e						
f						
g Fees and contracts from government agencies			 			
2 Membership dues and assessments			 			
3 Interest on savings and temporary cash						
investments			├			
4 Dividends and interest from securities			-			
5 Net rental income or (loss) from real estate:			<u> </u>			
a Debt-financed property				—		
b Not debt-financed property		_	ļ			
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			1			
9 Net income or (loss) from special events					,	
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:			1			
	1					
			 			
<u> </u>						
d						
e	ļ					
12 Subtotal. Add columns (b), (d), and (e)		0.			0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	0.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	t Purposes		
Line No. Explain below how each activity for which incor	ne is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of	
the foundation's exempt purposes (other than to be a second of the foundation).	by providing fu	inds for such purposes).	_			
				-	-	
					· · · · ·	
						
			_			
						
						
				······································		
						
						
			_			
102024						

		501(c) of the Code (other than section 501	·	mpt organization.	3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Yes X No
b If "	es," co	emplete the following schedule.				
		(a) Name of organization	(b) Type of or	ganization	(c) Description of r	elationship
		N/A				
						
Sign Here	and be	penalties of perjury, I declare that I have examined lifef, it is five, correct, and complete Declaration of ature of officer or trustee	preparer (other than taxpayer) is base Date	od on all information of	ents, and to the best of my knowledge f which prepared has any knowledge EXECUTIVE DIRECTOR Itle	May the IRS discuss this return with the preparer shown below (see instr.)? Yes No
Paid		Print/Type preparer's name	Preparer's signature	Date	Check If self- employed	PTIN
Preparer Use Only		Firm's name ▶			Firm's EIN ▶	
		Fırm's address ▶				
					Phone no.	
						Form 990-PF (2011)

Schedule B (Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

C SPIRE WIRELESS FOUNDATION 20-3426826 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections. 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

C SPIRE WIRELESS FOUNDATION

20-3426826

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CELLULAR SOUTH, INC. 1018 HIGHLAND COLONY PARKWAY STE 330 RIDGELAND, MS 39157	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	#7 CYPRESS LANE JACKSON, MS 39211	\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BETH BYRD 4793 CRESTWOOD DR JACKSON, MS 39211	\$14,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WADE CREEKMORE 2137 HERITAGE HILL DR JACKSON, MS 39211	\$1,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	DOLLY AND WESLEY GOINGS 101 KIRKWOOD CT JACKSON, MS 39211	\$ 2,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JAMES CREEKMORE #7 CYPRESS LANE JACKSON, MS 39211	\$ 2,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

C SPIRE WIRELESS FOUNDATION

20-3426826

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	SIDNEY CREWS 198 KIRKWOOD PL JACKSON, MS 39211	\$1,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution)		

Name of organization

Employer identification number

C SPIRE WIRELESS FOUNDATION

20-3426826

Part II	rt II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$	<u></u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Schedule B	(Form 990,	990-F7.	or 990-PF)	(2011	١
2011044.0	(1 01111 000,	330 LZ,	0133071)	12011	,

Page 4

WIRELESS FOUNDATION Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. (b) Purpose of gift Transferee's name, address, and the total of the total of exclusively religious.	c., contributions of \$1,000 or less for	20-3426826 (7), (8), or (10) organizations that total more than \$1,000 for the state of the year. (Enter this information once) (d) Description of how gift is held	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name, address, a	(e) Transfer of gif		
Transferee's name, address, a		+	
		Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gif	it t	
Transferee's name, address, a		Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gif		
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gif	tt	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
	Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transfer of git Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of git Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift	

FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	1,385.	0.		1,870.	
TO FORM 990-PF, PG 1, LN 16B	1,385.	0.		1,870.	
FORM 990-PF	TAX	ES	S	TATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	4,927.	0.		4,927.	
TO FORM 990-PF, PG 1, LN 18 =	4,927.	0.		4,927.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES CONTRACT LABOR MISCELLANEOUS OTHER EXPENSES SUPPLIES WEB SITE	81. 14,481. 2,107. 1,166. 227.	0. 0. 0. 0.		81. 14,481. 2,107. 1,166. 227.	
TO FORM 990-PF, PG 1, LN 23	18,062.	0.		18,062.	

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DI FOUNDATION MANAG			EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BETH BYRD	EXECUTIVE DIREC	TOR		
1018 HIGHLAND COLONY PARKWAY STE 360 RIDGELAND, MS 39157	8.00	20,652.	0.	0.
HU MEENA	PRESIDENT			
1018 HIGHLAND COLONY PARKWAY STE 300 RIDGELAND, MS 39157	0.00	0.	0.	0.
WESLEY GOINGS	VICE PRESIDENT			
1018 HIGHLAND COLONY PARKWAY STE 500 RIDGELAND, MS 39157	0.00	0.	0.	0.
MEREDITH CREEKMORE	SECRETARY/TREAS	URER		
1018 HIGHLAND COLONY PARKWAY STE 500 RIDGELAND, MS 39157	0.00	0.	0.	0.
JIM RICHMOND	DIRECTOR			
1018 HIGHLAND COLONY PARKWAY STE 340 RIDGELAND, MS 39157	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	20,652.	0.	0.

260137

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F0012 - Page 1 of 3

OFFICE OF THE MISSISSIPPI S P.O. BOX 136, JACKSON, MS 392

Business ID: 877660

Date Filed: 10/11/2011 12:00 PM

C. Delbert Hosemann, Jr.

Secretary of State



Articles of Amendment

The undersigned persons, pursuant to Section 79-4-10.06 (if a profit corporation) or Section 79-11-305 (if a nonprofit corporation) of the Mississippi Code of 1972, hereby execute the following document and set forth:

1. Type of Corporation					
Profit	Nonpro	fit			
2. Name of Corporation		· · · · · · · · · · · · · · · · · · ·			
The Cellular South C	Charitable Foundat	ion			
3. The future effective da (Complete if applicab					
4. Set forth the text of ea	ch amendment adopte	ed. (Attach page)			
5. If an amendment for cancellation of issued shaped they are not contained in	bares, set forth the p	rovisions for implemen	nge, reclassification, or ting the amendment if		
6. The amendment(s) wa	s (were) adopted on				
October 5, 2011			Date(s)		
FOR PROFIT CORPORA	TION (Check the appro	opriate box)			
Adopted by the	incorporators	directors without share shareholder action was			
FOR NONPROFIT CORP	ORATION (Check the	appropriate box)			
Adopted by the	incorporators	board of directors with member action was not			
FOR PROFIT CORPORA	TION				
7. If the amendment was approved by shareholders (a) The designation, number of outstanding shares, number of votes entitled to be cast by each voting group entitled to vote separately on the amendment, and the number of votes of each voting group indisputably represented at the meeting were					
Designation	No. of outstanding shares	No. of votes entitled to be cast	No. of votes indisputably represented		

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333

	Articles of Amendment	
(b) EITHER (i) the total numb to vote separately on	per of votes cast for and against the amendment by each voting group entitled the amendment was	
Voting group	Total no. of votes cast AGAINST	[(
OR (ii) the total numl	ber of undisputed votes cast for the amendment by each voting group was	-
Voting group	Total no. of undisputed votes cast FOR the plan	
and the number of vo	otes cast for the amendment by each voting group was sufficient for approval	
FOR NONPROFIT C	CORPORATION	
(a) The designation, each class entitled to	t was approved by the members number of memberships outstanding, number of votes entitled to be cast by o vote separately on the amendment, and the number of votes of each class nted at the meeting were	
Designation	No. of memberships No. of votes entitled No. of votes outstanding to be cast indisputably represented	

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Articles of Amendment



(b) EITHER

	er of votes cast for and aga the amendment was	ainst the amendment by each class entitled to	
Voting class	Total no. of votes cast FOR	Total no. of votes cast AGAINST	
			760
OR (ii) the total numb	er of undisputed votes cas	st for the amendment by each class was	٠
Voting class	Total no. of undisputed amendment	votes cast FOR the	

and the number of votes cast for the amendment by each voting group was sufficient for approval by that voting group.

By: Signature

Suf-

Printed Name

Carson M. Hughes

(Please keep writing within blocks)

Title

Asst. Secretary

2011 OCT 11 : 11:

260137

Attachment to Articles of Amendment of The Cellular South Charitable Foundation

1. The name of the corporation is changed from The Cellular South Charitable Foundation to C Spire Wireless Foundation.



A ITORNEYS AT LAW

Holly S. Crystal

E-mail hcrystal@brunini com Direct 601 973.8719

The Pinnacle Building, Ste 100 Post Office Drawer 119 190 East Capitol Street Jackson, Mississippi 39201 Telephone 601 948.3101

Jackson, Mississippi 39205

Facsimule 601 960 6902

October 10, 2011

Mississippi Secretary of State 700 North Street Jackson, Mississippi 39201

RE:

The Cellular South Charitable Foundation

Dear Madam/Sir:

Enclosed are an original and a copy of Articles of Amendment for The Cellular South Charitable Foundation. Please file the original, stamp the copy as "filed" and give the copy to our office representative. Our firm's check is enclosed in the amount of \$50.00 for the filing fee. Please feel free to contact me should you have any questions.

Sincerely,

Brurini, Grantham, Grower & Hewes, PLLC

Holly S. Crystal

2011 OCT 11 [7:11:55

HSC/vp Enclosures