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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.

	For c	alen	dar year 2011 or tax year beginning			, and ending			
	Nan	ne of	foundation				A	Employer identification	number
	MISSISSIPPI SPORTS MEDICINE FOUNDATION							64-0869099	
			nd street (or P O box number if mail is not deliv	R	Telephone number				
			EAST FORTIFICATI					601-354-44	88
			wn, state, and ZIP code	.011			C	If exemption application is pe	
	-		KSON, MS 39202				ľ	ii exemption application is pe	inding, bridge flow
			all that apply: Initial return		Initial return of a fo	ormer public charity	- n	1. Foreign organizations	check here
	u c	HEUN	Final return		Amended return	officer public officerty	٦	1. Toroign organizationo	, dilodik ilolo
			Address char	nne	Name change		-	Foreign organizations med 2. check here and attach coi	eting the 85% test,
	H (hack	type of organization: X Section :	If private foundation stat					
			ction 4947(a)(1) nonexempt charitable t	· · · · · · · · · · · · · · · · · · ·	Other taxable private founds	ation		under section 507(b)(1)	
	L Fa			J Accountin		X Accrual	٦,	If the foundation is in a 6	•
			Part II, col. (c), line 16)		er (specify)			under section 507(b)(1)	
	•		1.355.944	Part I, colun	nn (d) must be on cash i	basis)	_ [4.144. 000.10 00. (5)()	(0), 0.10011111111
			Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and		(a) Revenue and	(b) Net investment	\top	(c) Adjusted net	(d) Disbursements
			(The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a))	(d) may not	expenses per books	income	Ì	income	for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received							
			Check X If the foundation is not required to a	_			\top		
		3	Interest on savings and temporary cash investments	Ī					
		4	Dividends and interest from securities		25,090.	25,090).		STATEMENT 1
2012		5a	Gross rents						
7		ь	Net rental income or (loss)	Ī			T		
14	4	6a	Net gain or (loss) from sale of assets not on lin	e 10	35,653.				
63	Revenue	ь	Gross sales price for all assets on line 6a 143	899.					
JUN		7	Capital gain net income (from Part IV, line 2)			35,653	3.		
		8	Net short-term capital gain	<u> </u>			\perp		
* 1 - 1 × 1 ×		9	Income modifications	_			_	ENCH/ER	
		10a	Gross sales less returns and allowances				<u> </u>	RECEIVED	ــــــــــــــــــــــــــــــــــــــ
:- -		Ь	Less Cost of goods sold				-		
27		C	Gross profit or (loss)]_			<u> </u>	JUN 2 0 2012	jø
3		11		}_			21		一元
		12	Total. Add lines 1 through 11		60,743.	60,743		OGDEN, LOF	
		13	Compensation of officers, directors, trustees,	etc	0.) .	0600111	0.
		14	Other employee salaries and wages	}-			7		
	Š	ı	Pension plans, employee benefits	}			-+		
	nse	ì	Legal fees	em 2	4 005	2 405	,+		2 400
	ĝ	1	<u> </u>	TT 2	4,995.	2,497	' + 	0.	2,498.
	e E	l .	Other professional fees	}			\dashv		
	Ě	ı	Interest	1T 3	632.	ļ).	0.	50.
	str	18 19	Taxes STN Depreciation and depletion	11 3 H	032.	 	- ' +		
	Ë	20	Occupancy	t		 	+		
	퉏	21	Travel, conferences, and meetings	ł			+		
	Þ	21	Printing and publications	}			-+		
	a G	23	- ·	1T 4	50.		5.	0.	50.
	Operating and Administrative Expens		•	** *		·	* 		
	ers		expenses. Add lines 13 through 23	1	5,677.	2,497	7 .	0.	2,598.
	ŏ	25	Contributions, gifts, grants paid	Ţ	114,500.		+	_ _	114,500
		1	Total expenses and disbursements.	Ī					
			Add lines 24 and 25		120,177.	2,497	7.	0.	117,098.
		27	Subtract line 26 from line 12:				1		
		l	Excess of revenue over expenses and disburs	ements	<59,434.	>	-		
		ı	Net investment income (if negative, enter	Г		58,246	5.		
		C	Adjusted net income (if negative, enter -0	-)				0.	

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		l of year
rait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	1,272.	30,749	. 30,749.
2	Savings and temporary cash investments			
3	Accounts receivable -			-
	Less; allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
- [Less: allowance for doubtful accounts ▶			
5	Grants receivable			<u> </u>
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			<u> </u>
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts ▶			
<u>ه</u> ا	Inventories for sale or use			<u> </u>
Assets 6 8	Prepaid expenses and deferred charges	72.	418	418.
∛ 10a	Investments - U.S. and state government obligations			
l t	Investments - corporate stock			
ì	Investments - corporate bonds			
1	Investments - land, buildings, and equipment, basis			
	Less accumulated depreciation	10 A	any manager or sylvan	
12	Investments - mortgage loans			
13	Investments - other STMT 6	1,477,087.	1,324,777	1,324,777.
14	Land, buildings, and equipment: basis			
1	Less accumulated depreciation			
15	Other assets (describe ►)			
1	,			
16	Total assets (to be completed by all filers)	1,478,431.	1,355,944	1,355,944.
18	Grants payable			7
140	Deferred revenue			7
Liabilities 51 20 21	Loans from officers, directors, trustees, and other disqualified persons			
ਜ਼ ਜ਼ 21	Mortgages and other notes payable			
ا تا	Other liabilities (describe			-
				-
23	Total liabilities (add lines 17 through 22)	0.	C) .
	Foundations that follow SFAS 117, check here			7
}	and complete lines 24 through 26 and lines 30 and 31.	\		l l
S 24	Unrestricted	1,474,431.	1,351,944	
or Fund Balance	Temporarily restricted	4,000.	4,000	
E 26	Permanently restricted			
힏	Foundations that do not follow SFAS 117, check here			
<u></u>	and complete lines 27 through 31.			
ັ _{ເກ} ີ 27	Capital stock, trust principal, or current funds			
Net Assets	Paid-in or capital surplus, or land, bldg., and equipment fund			-
ASS 29	Retained earnings, accumulated income, endowment, or other funds			
30 E	Total net assets or fund balances	1,478,431.	1,355,944	H
2 00	Total not assess of fund balandes	1,110,111	1/333/343	•
31	Total liabilities and net assets/fund balances	1,478,431.	1,355,944	
			17000751	·
Part	Analysis of Changes in Net Assets or Fund B	alances		
1 Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		T
	st agree with end-of-year figure reported on prior year's return)			1,478,431.
	er amount from Part I, line 27a		_	2 <59,434.
	er increases not included in line 2 (itemize)			3 0.
	lines 1, 2, and 3			4 1,418,997.
	reases not included in line 2 (itemize)	SEE STA		63,053.
	Il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		————	6 1,355,944.
	,			Form 990-PF (2011)

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Form 990-PF (2011) MISSISSIPPI SPORTS MEDICINE FOUNDATION

	1990-PF (2011) MISSISSIPPI SPORTS MEDICINE FOUNDATION 64-0869			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	CTIOI	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here land enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%		5	<u>82.</u>
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		~	_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
-	Add lines 1 and 2		5	82.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	<u>82.</u>
	Credits/Payments:			
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,000.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) Ball a with hold a second with hold with			
	Backup withholding erroneously withheld Table and the and appropriate Add least 8 at health 6 d	-	1 0	٠ <u>٠</u>
	Total credits and payments. Add lines 6a through 6d		T, 0	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			18.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2012 estimated tax 418. Refunded			0.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► 418. Refunded ► 11 Introduction 11 Introduction 12 Introduction 13 Introduction 13 Introduction 14 Introduction 15 Introduction 15 Introduction 15 Introduction 16 Introduction 16 Introduction 17 Introduction 17 Introduction 17 Introduction 18 Introduction			<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Τ	Yes	No
10	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
Ů	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10		
	distributed by the foundation in connection with the activities.	1		
c	Did the foundation file Form 1120-POL for this year?	10	-	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	- ``	 	
_	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers.▶\$ 0.			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	İ	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			'
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	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?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MS			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1
_	of each state as required by General Instruction G? If "No," attach explanation	8b	X	 -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
40	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	 	X
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X_

	990-PF (2011) MISSISSIPPI SPORTS MEDICINE FOUNDATION 64-0869	<u>099</u>	{	Page 5
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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	l	ļ	
	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	X	
	Website address ► N/A			
14	The books are in care of ▶ CHRIS ETHRIDGE, SEC-TREASURER Telephone no. ▶ 601-35	4-4	488	
	Located at ▶1325 EAST FORTIFICATION ST, JACKSON, MS ZIP+4 ▶39	202		
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	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	Į	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	ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ļ		
	a disqualified person?		Į	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			,
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1	1	
	for the benefit or use of a disqualified person)?		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		}	
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	į		
	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			
C	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	1	
•	before the first day of the tax year beginning in 2011?	 1c	- }	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			_==_
_	defined in section 4942(j)(3) or 4942(j)(5)):	ļ	-	
а	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	ļ	1	
-	before 2011?			
	If "Yes," list the years ▶			
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b	1	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
-				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ļ	
	during the year?		- 1	
h	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.	İ	j	
	Form 4720, to determine if the foundation had excess business holdings in 2011.) N/A	26	1	
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		
U	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	,		v
	nad not been temoted it on jeopardy before the hist day of the tax year beginning in 2011?	4b		X

Form **990-PF** (2011)

	0-Pf (2011) MISSISSIPPI SPORTS MEDIC.			04-08690	799		Page 6
	VII-B Statements Regarding Activities for Which F	orm 4/20 May Be H	requirea (contin	ued)		т	
•	ring the year did the foundation pay or incur any amount to:		<u> </u>				1
٠.	Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		s X No			
(2)	Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		[]		l	'
	any voter registration drive?			s X No			•
	Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No		ļ	,
(4)	Provide a grant to an organization other than a charitable, etc., organization	n described in section	<u></u>	[]			
	509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		İ	İ
(5)	Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		[]		1	
	the prevention of cruelty to children or animals?			s X No			١,
	iny answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	in Regulations				37
	ction 53.4945 or in a current notice regarding disaster assistance (see instru	•			5b		X
	ganizations relying on a current notice regarding disaster assistance check hi						
	he answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta				1	'
	penditure responsibility for the grant?		Ye	es 🔲 No 📗			ļ
	"Yes," attach the statement required by Regulations section 53.4945	• •					
	I the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		s X No			
	personal benefit contract?		Ye	es Lax No			37
	the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ŀ	<u>6b</u>	├	X
	"Yes" to 6b, file Form 8870.			[-		l	
	any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		├	 -
<u> </u>	Yes, did the foundation receive any proceeds or have any net income attribu		Uiabb	N/A	7b_	L	
Part	VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, roundation Ma	inagers, nigni	y			
List	all officers, directors, trustees, foundation managers and their	compensation.					
			(c) Compensation	(d) Contributions to	\top	(e) Ex	ense
	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	i a	ccount allowa	ense t, other
		το μοσιτίστι	enter-0-)	compensation	╁	allowa	111069
					1		
उप्र	STATEMENT 7		0.	o			0.
تبدر	STATEMENT /		 	<u>_</u>	+-		<u> </u>
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					1		
			 		+-		
	·						
		1					
			 		+-		
							
Con	npensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."				
		(b) Title, and average		(d) Contributions to employee benefit plans and deferred	T	(e) Ex	ense t, other
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	' a	ccount allowa	i, other inces
	NONE				+		
		-	1		\top		
-							
			 	-	\dagger		
			<u> </u>		+		
			 		+		
_							
Total n	umber of other employees paid over \$50,000	<u> </u>					0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e	(c) Compensation
NONE		
		1
		
		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 PROVIDE HEALTH & ACCIDENT INSURANCE TO INDIGENT STUDENT		
ATHLETES TO COVER INJURIES SUSTAINED IN ATHLETIC EVENTS.		
THE STATE OF THE S	-	114,500.
2		
3		
_ 		
¹		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<u> </u>	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3	_	
Total. Add lines 1 through 3		0.
i and the second of the second		rm 990-PF (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	1,139,788.
b	Average of monthly cash balances	1b	23,426.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,163,214.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,163,214.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,448.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,145,766.
6_	Minimum investment return. Enter 5% of line 5	6	57,288.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	57,288.
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 _	582.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	56,706.
4	Recoveries of amounts treated as qualifying distributions	4	_0.
5	Add lines 3 and 4	5	56,706.
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	56,706.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a_	117,098.
	Program-related investments - total from Part IX-B	1b	<u>0.</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Year China and administration	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	117,098.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		F A A
	income. Enter 1% of Part I, line 27b	5	582.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	116,516.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section
	4940(e) reduction of tax in those years.		

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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,				
line 7				56,706.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			18,074.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 117,098.				
a Applied to 2010, but not more than line 2a			18,074.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions) d Applied to 2011 distributable amount	0.			56 706
e Remaining amount distributed out of corpus	42,318.			56,706.
5 Excess distributions carryover applied to 2011	42,318.			
(if an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,318.			
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			į	
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				_
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006		———— —		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	42,318.			
O Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 42, 318.				

	IPPI SPORTS			64-08	69099 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶ └		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0040	Prior 3 years	(4) 0000	(a) Tatal
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for		1	ļ.		
each year listed				 	
b 85% of line 2a	ļ		<u> </u>	 	
 Qualifying distributions from Part XII, 					
line 4 for each year listed	ļ			 	
d Amounts included in line 2c not	}	•			
used directly for active conduct of			1		
exempt activities			-	 	
e Qualifying distributions made directly			}		
for active conduct of exempt activities.	ļ				
Subtract line 2d from line 2c			 	 	
3 Complete 3a, b, or c for the alternative test relied upon:	ļ				
a "Assets" alternative test - enter:]				
(1) Value of all assets	<u> </u>	<u> </u>	 	 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		ı	ļ		ı
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					ı
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		-			
an exempt organization			<u> </u>	<u> </u>	<u> </u>
(4) Gross investment income	<u>L</u>	<u></u>		<u> </u>	<u></u>
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during	the year-see instr	uctions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large porte	on of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗓 if the foundation of	only makes contributions	to preselected charitable	organizations and does i	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.				omplete items 2a, b, c, and	l d.
a The name, address, and telephone num	iber of the person to who	n applications should be	addressed:		
	 				
b The form in which applications should i	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
		 		 	
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	

NONE			
Total	 L	<u></u> 3b	0,

Page_12

Part XVI-A

MISSISSIPPI SPORTS MEDICINE FOUNDATION

Analysis of Income-Producing Activities

Cates areas and unless otherwise and cated	Unrelated	business income	Excluded by section 512, 513, or 514					
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income			
1 Program service revenue:	code		code	741104110				
a b	<u> </u>		 					
	 		 					
d			 					
	 		 					
e			 					
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			14	25,090.				
5 Net rental income or (loss) from real estate:								
a Debt-financed property								
b Not debt-financed property								
6 Net rental income or (loss) from personal								
property								
7 Other investment income								
8 Gain or (loss) from sales of assets other	1		1					
than inventory			18	35,653.				
9 Net income or (loss) from special events			1					
10 Gross profit or (loss) from sales of inventory			 					
11 Other revenue:	1 1		1					
a	-		+					
b			+ +					
C			1 1					
d	ļ							
e	 		 	60 742				
12 Subtotal. Add columns (b), (d), and (e)	<u></u>	0.	<u> </u>	60,743.	0.			
13 Total. Add line 12, columns (b), (d), and (e)				13	60,743.			
(See worksheet in line 13 instructions to verify calculations.)								
Part XVI-B Relationship of Activities t	to the Accor	nplishment of E	kempt I	Purposes				
Line No. Explain below how each activity for which inco	me is reported in	column (a) of Part VVI-	L contribut	ad importantly to the accome	highment of			
the foundation's exempt purposes (other than			COMMINUM	su importantly to the accomp	mannent of			
								

Form 990			SSIPPI SP					64-086			ge 13
Part 2	(VII	Information Re Exempt Organ		sters To a	and I	ransactions a	and Relation	ships With Nonch	aritabl	В	
4 Did	*ho.or	ganization directly or indi		of the follower	na with a			etion FO1(a) of		Yes	No
		other than section 501(c				-		CHOH 50 I(C) 01	ı	163	140
		from the reporting found					nzauons:			ÌÌ	
	Cash	irom the reporting round	ation to a noncharita	ioie exempt or	yanızanı	on or.			1a(1)		v
٠.		accate							1a(2)	7	X
• • • • • • • • • • • • • • • • • • • •	(2) Other assets b Other transactions:									\vdash	
	(1) Sales of assets to a noncharitable exempt organization										Х
٠,		ases of assets from a no							1b(1) 1b(2)	$\overline{}$	X
		l of facilities, equipment,		or garnzation					1b(3)		X
		oursement arrangements							1b(4)	T —	X
		or loan guarantees							1b(5)	1 -	X
٠,,		rmance of services or me	embership or fundrai	isino solicitatio	ons				1b(6)	-	X
٠,		facilities, equipment, ma	•	•		1			1c		X
	-		•				ways show the fair	market value of the goods		sets.	
								on or sharing arrangement,		,	
) the value of the goods,					·· , ·	,			
(a) Line n	<u> </u>	(b) Amount involved	(c) Name of	f noncharitable	e exemp	t organization	(d) Descript	on of transfers, transactions, an	d sharing a	rrangeme	nts
				N/A							
	T										
	4_										
						- <u> </u>					
	┵-		<u> </u>								
			L								
		idation directly or indirec					izations described	•			_
		501(c) of the Code (othe)(3)) or in sec	tion 527	?			Yes	X	No
<u>b lf "\</u>	es," co	mplete the following sch			1	- , -					
		(a) Name of org	janization		(b) ly	pe of organization		(c) Description of relation	ship		
		N/A									
					}		ļ				
					 		 				
					┼		<u> </u>				
	Under	penalties of perjury, I declare	that I have examined the	ie return, includir	DO SCCOM	Danving schedules and	l statements and to t	ne heat of my knowledge			_
Sign		lief, it is true, correct, and cor						ror bas any knowledge	lay the IRS turn with th	discuss t	this er
Here		$\neg \neg \neg \neg \neg \rightarrow \uparrow$	To be	/	ĺ	6/14/6	A.	/T s	nown belov	(see ins	<u>tr</u>)?
	Sign	ature of officer or trustee	11/00			Date Date	Title	/reason	X Yes	š	J No
	J.y.	Print/Type preparer's na		Preparer's s			Date	Check If PTIN			
		J.THOMAS G		, ropulor 3 3	g.,u.(U) C	•	Julio	self- employed			
Paid		JR., CPA	TOTAL TITATA '	T. THOM	12C 1	GRANTHAM	05/23/12	, , ,	0166	602	
Prepa	arer		NTHAM DOC	T'E EU D'ITION	<u>171</u>	DI.T.C	<u> UJ/43/12</u>	Firm's EIN ► 64-0			
Preparer Firm's name ► GRANTHAM POOLE 1			ان دیدر	, نیم	E TITIC		THIN S CIN P 04-1	,,,,,,,	, , 0		

601-499-2400 Form **990-PF** (2011)

Phone no.

Firm's address ► 1062 HIGHLAND COLONY PARKWAY SUITE 201 RIDGELAND, MS 39157

MISSISSIPPI SPORTS MEDICINE FOUNDATION 64-0869099

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		·· ·		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	CONTRIBUTION	
MADISON COUNTY SCHOOL DISTRICT		PUBLIC SCHOOL	HEALTH INSURANCE FOR	
	ļ		STUDENT ATHLETES	6,000
RIDGELAND HIGH SCHOOL		PUBLIC SCHOOL	HEALTH INSURANCE FOR	
		 	STUDENT ATHLETES	5,000
VELMA JACKSON HIGH SCHOOL		PUBLIC SCHOOL	HEALTH INSURANCE FOR STUDENT ATHLETES	3,000
		 	STUDENT ATRLETES	3,000
NORTH THE PARTY AND DEED ACCOUNTY				
NORTHWEST RANKIN ATHLETIC ASSOCIATION		PUBLIC SCHOOL	HEALTH INSURANCE FOR STUDENT ATHLETES	20,000
		 		
		}		
	 	 		
	 	 		
				
	<u> </u>	<u> </u>		
Total from continuation sheets				34,000

MISSISSIPPI SPORTS MEDICINE FOUNDATION 64-0869099 PAGE OF Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate. (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) VARIOUS 06/14/11 1a AMCAP FUND CLASS A VARIOUS 06/14/11 b NEW PERSPECTIVE FUND CLASS A P 12/05/0211/16/11 c NEW PERSPECTIVE FUND CLASS A P d WASHINGTON MUTUAL INVESTORS FUND CLASS A P 12/05/0211/16/11 12/05/0211/16/11 e AMCAP FUND CLASS A P f AMERICAN BALANCED INCOME FUND CLASS A 12/05/0211/16/11 P 03/19/1011/16/11 O ISHARES S&P MIDCAP 400 INDEX P h m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale 49,972. 13,018. 36,954 a 49,972. 36,027. 13,945. h 2,120. 6,980. 4,860. C 949. 6,980. 6,031. đ 9,980. 7,159 2,821. e 1,891. f 9,980. 8,089 10,035. 9,126. 909. q h ١ m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 13,018. а 13,945. b 2,120. C 949. d 2,821. е 1.891. 909. g h m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 <u>35,653.</u>

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

N/A

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT	_	TAL GAINS VIDENDS	COLUMN (A	.)
TRUSTMARK FINANCIAL SERVICES	•		25,090.	_	0.	25,0	90.
TOTAL TO FM 990-PF, PART I, I	LN 4		25,090.		0.	25,0	90.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS			(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
ACCOUNTING FEES		4,995.	2	,497.		0. 2,4	98.
TO FORM 990-PF, PG 1, LN 16B		4,995.	2	,497.		0. 2,4	98.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM		
STATE REGISTRATION FEES		50.		0.		0.	50.
EXCISE TAX ON INVESTMENT INCOME		582.		0.	(0.	0.
TO FORM 990-PF, PG 1, LN 18 =		632.		0.		0.	50.
FORM 990-PF	0	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-			
BANK CHARGES		50.		0.		0.	50.
TO FORM 990-PF, PG 1, LN 23		50.	 _	0.		0.	50.

FORM 990-PF OTHER DECREASES	IN NET ASSETS OR F	UND BALANCE	S STAT	EMENT 	
DESCRIPTION			A	MOUNT	
INCREASE IN UNREALIZED GAIN/LO	SS ON INVESTMENTS			63,053	
TOTAL TO FORM 990-PF, PART III	, LINE 5			63,053	
FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT	
DESCRIPTION	VALUATION METHOD	BOOK VALU		FAIR MARKET VALUE	
AMERICAN FUNDS - MUTUAL FUNDS	COST	1,324,7	77. 1	1,324,777.	
TOTAL TO FORM 990-PF, PART II, LINE 13		1,324,7	77. 1	1,324,777.	
	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT		
FORM 990-PF PART VIII -	LICE OF CHILDRA D	TDECHODO	CMAM	EMENT	
			EMPLOYEE BEN PLAN		
NAME AND ADDRESS DR. LARRY D. FIELD 1325 FORTIFICATION	AND FOUNDATION MANA TITLE AND	GERS COMPEN-	EMPLOYEE BEN PLAN	EXPENSE	
NAME AND ADDRESS DR. LARRY D. FIELD	TITLE AND AVRG HRS/WK PRESIDENT	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
NAME AND ADDRESS DR. LARRY D. FIELD 1325 FORTIFICATION JACKSON, MS 39202 ROBERT R. LODES 1325 FORTIFICATION	TITLE AND AVRG HRS/WK PRESIDENT 5.00 SECRETARY/TREA	COMPEN- SATION 0. SURER	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
NAME AND ADDRESS DR. LARRY D. FIELD 1325 FORTIFICATION JACKSON, MS 39202 ROBERT R. LODES 1325 FORTIFICATION JACKSON, MS 39202 DR. CHRIS P. ETHERIDGE 1325 FORTIFICATION	TITLE AND AVRG HRS/WK PRESIDENT 5.00 SECRETARY/TREA 10.00 VICE PRESIDENT	COMPEN- SATION 0. SURER	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0	
NAME AND ADDRESS DR. LARRY D. FIELD 1325 FORTIFICATION JACKSON, MS 39202 ROBERT R. LODES 1325 FORTIFICATION JACKSON, MS 39202 DR. CHRIS P. ETHERIDGE 1325 FORTIFICATION JACKSON, MS 39202 HARRY WALKER 148 ST. ANDREWS	TITLE AND AVRG HRS/WK PRESIDENT 5.00 SECRETARY/TREA 10.00 VICE PRESIDENT 10.00 BOARD MEMBER	COMPEN- SATION 0. SURER 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0	

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

 $\triangleright [X]$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 64-0869099 MISSISSIPPI SPORTS MEDICINE FOUNDATION File by the Number, street, and room or suite no. If a P.O box, see instructions Social security number (SSN) due date for filing your 1325 EAST FORTIFICATION City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSON, MS 39202 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 990-EZ 01 Form 4720 09 Form 5227 Form 990-PF 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 CHRIS ETHRIDGE, SEC-TREASURER The books are in the care of ► 1325 EAST FORTIFICATION ST - JACKSON, MS 39202 Telephone No. ► 601-354-4488 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | ... If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason. Initial return ___ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 582. nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 1,000. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.